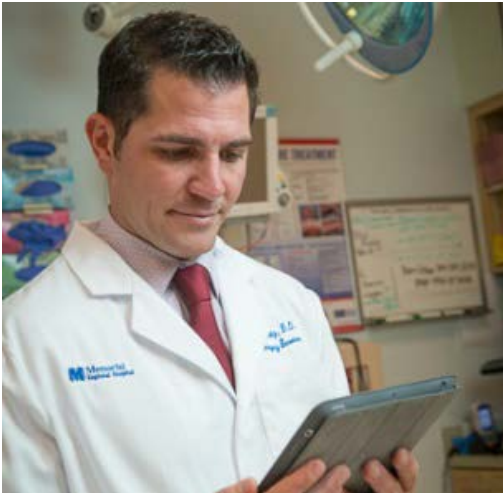


CASE STUDY: Innovation



Hospital Information

Kadlec Medical Center
Richland, Washington
Annual ED Volume: 59,000+

TeamHealth Services

Emergency Medicine
Freestanding Emergency Department
Hospital Medicine

Results

30% decrease in fast track length of stay
(from 90 minutes to 60 minutes)

“Our partnership with TeamHealth has made the transition to EDIS much easier and more effective than if we decided to go it alone.”

- President and CEO

Challenge

As a long-term user of a paper-based medical record system, Kadlec Medical Center (KMC) began to find its emergency department (ED) buried in paperwork, resulting in difficulty to retrieve records of prior visits in a timely manner and other documentation deficiencies.

Solution

TeamHealth established a Division of Clinical Informatics under its Patient Safety Organization to promote high quality, cost-effective medical care among its client hospitals by facilitating the use of computers and information technology. TeamHealth's EDIS task force continuously evaluates the products in the market and provides an annual report on the state of EDIS vendors, identifying market leaders. This team also provides consultative services to clients undergoing the implementation process.

After working with TeamHealth's EDIS experts to evaluate products, KMC selected the system they felt would best meet their goals of improving documentation accuracy, compliance, and optimizing reimbursement. TeamHealth consultants supported KMC through every step of the implementation process, including providing extensive training for all system users and pairing new staff members with experienced users for speed adoption.

Results

The ED experienced significant improvements, including higher chart quality and improved ability to quickly find records. Additional advantages included:

- The physician order entry component resulted in decreased time to process orders and improved compliance with quality initiatives.
- Due to the enhanced focus on measured processes and tracking ED performance, the length of stay for patients within the Fast Track decreased from 90 to 60 minutes on average.
- The bedside order entry component positively impacted patient flow, while turnaround time for charts fell significantly, and downcoding was virtually eliminated.
- An unexpected benefit included increased satisfaction of the primary care physicians due to more rapid access to their patients' records.