

Beyond the MDS

The Masonic Homes of the Grand Lodge of Pennsylvania optimizes clinical system functionality with HCS INTERACTANT.

by Carrie O'Connell, RN, and Gail Long-Goss, RN, C, BS

The Masonic Homes of the Grand Lodge of Pennsylvania (MH) strives to provide outstanding service and care to its residents. In conjunction with this, MH decided to enhance its information system functionality beyond the federally mandated Minimum Data Set (MDS) assessment.

In operation since 1910, MH is a not-for-profit continuing care retirement community, children's home and community-service organization. It supports a diverse population comprised of more than 1,400 residents and a staff of more than 1,200. The Masonic Health Care Center is a Medicare/Medicaid approved nursing facility providing 453 beds for nursing care.

SELECTION PROCESS

Beginning in 2001, MH went through an extensive process to select a new information system. Part of the criteria was to integrate application functionality and information across all departments and to minimize redundant activity.

After an extensive request for information (RFI) and multiple on-site demonstrations, MH chose Health Care Software's INTERACTANT in early 2002. INTERACTANT is fully integrated clinical and financial information system that supports facilities across the subacute continuum of care, including skilled nursing, assisted living and outpatient providers.

Long-term care providers slowly have been implementing new technology. Information systems can be mixed blessing: They speed up access to data, but some providers think they slow down other processes, such as hand-on care. Currently, all certified long-term care facilities have to enter their MDS data into a computer and transmit it to the state. This often is the extent of electronic clinical charting and is usually done by the MDS coordinator. Some nurses view the computer as moving them father away from their mission to provide resident care, while others state that the survey bodies dislike the "canned" approach to a computerized end product.

BETTER CARE

But MH has found that computers can improve care. MH has PCs at every nursing station so nurses can customize care plan, interventions and assessments for each resident. Moving to the computer does not change the required contents of an individualized, comprehensive plan of care, it just reduces the steps involved in creating one.

One of the visions behind MH's use of clinical applications is to have real-time clinical information available to all clinicians simultaneously and to improve resident care and safety by sharing information via discipline and department. When deciding which data elements must be computerized, providers should ask two questions: Will it be useful and will this data improve efficiency?

The HCS user-defined assessment application captures additional documentation outside the realm of the MDS. For example, skin assessment information, including the Braden Scale and Norton Scale, are used online. Scores are calculated on the system, and MH has added additional questions and information such as mattress used. Management can access reports to ensure that the mattress used matches the resident's skin breakdown risk. Most assessments are maintained online to reduce chart volume.

Caregivers also can enter weights and the system calculates and alerts staff of the percentage of gain or loss in a specified time frame. Physicians communicate their orders via computer to ancillary department.

The entire resident assessment instrument (RAI) process is automated from MDS to resident assessment protocol (RAP) to the comprehensive plan of care.

Information maintained in the resident profile provides a snapshot view of all pertinent resident information including allergies, mobility status and precautions.

MH also uses occurrence reporting to determine target areas for focused problem solving. Due to the organization's high outpatient volume and ancillary services, resident online scheduling has improved overall communication between residents and staff.

Two obstacles faced during the implementation process were staff training and resistance to change. A successful implementation includes good planning, constant reassessment and clear vision. Having multiple training sessions involving members from every department and receiving strong support from department heads can move even the most resistant employee down the IT path.

MOVING FORWARD

In the future, MH is looking to capture even more data in the system and will move toward entering all vital signs, including intake/outtake. The facility will keep a health profile that crosses all levels of care, tracking vital information from vaccines to chronic health issues. It will also create treatment records from interventions in the plan of care that nursing assistants can document against.

MH features an exceptional team of nurses and support personnel who understand the value of using technology to assist in the process of improving care. Tools outside the MDS can enhance quality of care by giving information pertinent to other disciplines without searching through paper charts.

MH's preparation and due diligence ensured successful roll-out and continued partnership with their vendor choice, HCS INTERACTANT. ■

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