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A Fellow's Perspective on Technology in Healthcare

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A Fellow's Perspective on Technology in Healthcare

Last May, I graduated with a master's degree in health administration from Washington University in St. Louis. The following June, I began a Hospital Administrative Fellowship at Thomas Jefferson University Hospital. My goal in the last twelve months has been to learn as much as possible about the operational processes involved in healthcare as they pertain to both TJUH and the future of healthcare delivery.

During my experience, my preceptor, Alan Brechbill, Vice President and Chief Operating Officer, advised me to seek opportunities that I ordinarily would not have a chance to experience and from which I could potentially learn the most. His advice led me in the direction of a project that I feel ultimately represents an important basis for the future of the practice of medicine and patient care.

In August of 2001, I became involved in the implementation of Physician Order Entry (POE). POE is a process that requires physicians and nurses to place orders and document patient care on a computer system rather than on traditional paper charts. Six years ago, TJUH selected Last Word, a clinical information system developed by the IT company IDX. Last Word was chosen primarily for its capability to support POE. Additionally, Last Word integrated well with other IDX systems currently in place. Other recognized medical institutions that have adopted the same system include Stanford Hospital and Clinics, The Mayo Clinics and Montefiore Medical System in New York.

After two years of exhaustive planning by information system analysts, clinicians and administrators, TJUH decided to pilot POE on a section of the third floor of the hospital—3 Center. A team of 12 individuals was brought together to help implement the new POE system. I was part of the Implementation Team, which was composed of experienced nurses, pharmacists, and laboratory and information systems professionals. Our responsibilities included learning the POE system, training the physicians and nurses to use the system, and acting as the first line of support for both nurses and physicians during the "go-live" phase. The knowledge, camaraderie, and enthusiasm of this team were vital in successfully accomplishing our objectives.

I learned an incredible amount during this period of time. Aside from the basic learning associated with the new information system, I was afforded the opportunity to enter the clinical world, to see how the current process of caring for a patient works from admission to discharge. I observed that nurses and physicians were initially reluctant to adopt something that would completely change how they performed their job. I also saw statistical indicators that proved we were heading in the right direction. One example was the decrease in verbal orders from approximately 1,500 over the course of three months to a total of 4. The highlight of the implementation period occurred when a nurse returned to 3 Center after working a shift in a different area of the hospital where POE did not exist. "I can't imagine going back to the way it was," she said.

This milestone was not reached effortlessly. Numerous individuals from all areas of the hospital worked around the clock to monitor the system, monitor the change in workflow, problem solve and trouble shoot. A large amount of paper was wasted daily (ironically much more than before POE when paper documentation was

required) in order to have hard copy backup files if the system failed. Constant changes were made to the system to meet the demands of physicians and other users. Many system and operational integration difficulties developed in attempting to provide a seamless continuum of care with ancillary departments such as pharmacy, labs and patient testing centers. Many more issues are expected in the future as TJUH rolls out POE to the rest of the hospital within the next two years. My experience has led me to believe that this type of enterprise in healthcare could not take place successfully without tireless planning and a tremendous amount of support from upper management.

My involvement with POE has made me enthusiastically optimistic about the future of health care. POE is a promise that there is the potential for change. POE represents the hope of all of us at TJUH and in the healthcare field that we are heading in the right direction for the patients' sake and that we can all one day say, "I can't imagine going back to the way it was."

About the Author

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