



## Ambrosia Mandagaran, MSc, MHS, CPHQ, CPPS

*director of quality & risk management,*  
Cibola General Hospital

### Background

Cibola General Hospital (CGH), a 25-bed nonprofit critical access hospital with two outpatient specialty clinics, utilized four different electronic health record (EHR) systems until recently. Only two of the four EHRs interfaced among the three CGH facilities and none allowed patients to access their medical information electronically. Therefore, provider and patient satisfaction and quality of care were not maximized. CGH underwent an EHR conversion in January 2021, at which time the number of EHR platforms was reduced to one — Cerner Community Works. The EHR conversion to Cerner presented an opportunity to leverage technology to improve quality given the fact that the four previous systems were not built with a focus on efficiency and patient safety.

### Approach

The Cerner EHR build began in January 2020, a year prior to going live. During this time, CGH's Continuous Quality Committee (CQC), made up of the hospital CEO, chief nursing officer, quality director, and clinical informatics team met to determine what quality initiatives would be prioritized as part of the EHR build/conversion. Since our hospital is accredited by The Joint Commission and strives to adhere to Centers for Medicare & Medicaid Services' (CMS') quality-related guidance and recommendations for ambulatory hospitals, we determined that **the following quality measures would be the focus of the conversion.**

- PC-01 (Elective Delivery)
- PC-02 (Cesarean Birth)
- PC-05 (Exclusive Milk Breastfeeding)
- PC-06 (Unexpected Complications in Term Newborns)
- ED-1 (Median ED Arrival to ED Departure for Admitted Patients)
- ED-2 (Admit Decision Time to ED Departure for Admitted Patients)
- OP-2 (Fibrinolytic Therapy Received Within 30 Minutes of ED Arrival)
- OP-18b (Median ED Arrival to ED Departure for Discharged Patients)
- OP-23 (Head CT or MRI Scan Results—Stroke)
- IMM-2 (Influenza Vaccination)
- VTE-6 (Hospital-Acquired Venous Thromboembolism)
- Sepsis (Sepsis Measure Bundle—CMS Only)



## Outcomes

Two important components of health care quality, error reduction and patient safety will be positively affected through this improvement initiative because standardized clinical pathways and charting practices can be utilized by hospital staff. The automation and gate-stopping features that exist in the EHR will increase the quality of health care by reducing many of the preventable hospital-acquired conditions and errors caused by hospital staff. This, in turn, likely will have positive unintended consequences in the near term, including increased provider and patient satisfaction, higher CMS Care Compare star ratings, and continued accreditation and regulatory compliance for our hospital.

## Lessons Learned

“One of the greatest lessons learned while working on this improvement project is that **people (i.e., staff) are the most important part of the process.**”

Developing process maps for the quality measures our hospital would be focusing on was time-consuming and an intensive intellectual exercise, but the most challenging steps of this initiative included educating staff on the new ways to utilize the EHRs, gaining support and buy-

in from staff because the new processes are more involved and take more time, and validating the work that staff are doing is, in fact, correct. All three things are still underway, and the work of CQC continues to set the tone for the organization regarding appropriately utilizing the EHR so that quality can be maximized.

## Next Steps



CGH's CQC is continuing to move this project forward and also has committed to focusing on National Healthcare Safety Network safety measures including central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections, MRSA and Clostridium difficile. We have learned that Cerner Community Works has already built some of these bundles into the system, but we need to go through process mapping, modifying the existing templates as appropriate, training staff how to collect and chart patient information correctly and validate their work. Additionally, our hospital's Joint Commission and CMS performance post-conversion reports will be reviewed and compared against pre-conversion performance by our CQC so that we can evaluate what additional steps may need to be taken to ensure and sustain compliance by staff.