Valley Health Increases Provider Compliance for VTE Prophylaxis Ordering by +14% in Under 2 months

The Challenge

When Valley Health System in Ridgewood, NJ first converted from MEDITECH MAGIC to 6.x, there was a noticeable reduction in the amount of VTE Prophylaxis Orders placed within 24 hours of admission. In the MAGIC platform, they had developed complex protocols (using attributes) to drive compliance for these quality measures (VTE-1/VTE-2 & PSI12).

Consistently achieving an average of 95% compliance with MAGIC, Valley dropped to just 79% compliance in just six months post implementation of 6.1 in 2015.

We don't have as many hospitalists or employed doctors, so it's difficult for us to use policy to direct workflow. We needed to implement a solution that is automatic and intuitive like the attributes that drove this protocol in our MAGIC system.

-Chris Neumann, Senior Project Specialist, Quality/Risk Management, The Valley Hospital

The Solution

The first step in optimizing an EMR is to engage the people that have to use it. We knew that compliance was down and that we needed to design an intuitive workflow to replace lost functionality.

When we met with the Valley Physician Advisory Counsel (PAC) we asked, "ideally, how do you envision this working" and then "what can we do to make this easier for you?" Their feedback (shown in the graphic on the right) was crucial to the design process.

It is also helpful to reference best practices from validated published studies, research, and institutions. In this case, published protocols from the Agency for Healthcare Research and Quality (AHRG) and the U.S. Department of Health were referenced.

About VTE medical condition &

2nd most common: medical condition & cause of excess LOS

50%

of all VTE cases are caused by hospitalization 24%

of VTE cases are attributed to Surgery

\$23,100 avg cost per case0.78% avg CMS penalty

A 150 bed facility sees an average of

\$107.530.100

in VTE related hospitalization costs annually.

This could cost over (\$301,106) tin non-compliant CMS readmission penalties

CHAT with the PAC

Client collaboration is key to a successful optimization strategy

Alerts only for Admitting/Attending

Alerts on common orders (i.e. CBC)

Assess risk and place orders at the same time

Track alerts vs. actions

The Workflow

The AHRQ best practice document states that to achieve over 90% compliance, your EMR protocol should recommend prophylaxis or require contraindications based on a patient's risk level. Lets see how the ENGINUITY protocol (shown in the graphic below) measures up.



We've seen excellent results with ENGINUITY. The VTE protocol delivered by ENGINUITY is instrumental in improving compliance. There is no doubt ENGINUITY has prevented patients from getting blood clots.

-Dr. Joseph Yallowitz

VP & CMO, The Valley Hospital



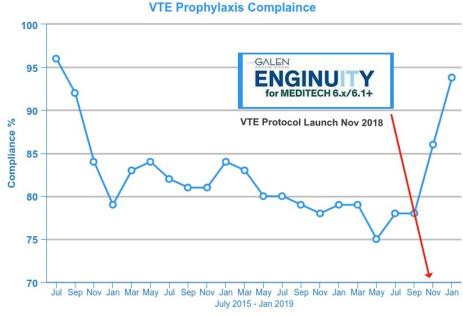
The Results

Since implementation, Valley Health currently maintains 93% compliance for the VTE1/VTE2 eCQMs and PSI12. (14%+ increase). Indirectly increasing compliance for VTE/DVT/PE's will have a significant impact on readmission, morbidity, and mortality rates.

Although the Valley providers have received over 2000 alerts since launch, physician satisfaction is currently 100%. This is a true indicator alert fatigue can be mitigated by sending meaningful messages to users that need them.



14%+ Compliance increase in 2 months 100% Provider Satisfaction



Knowing that the era of value-based care is on the horizon, smart organizations who optimize clinical workflows to meet quality measures will pay less penalties to CMS, and see more payers willing to refer patients to their organizations at a lower cost.