

OutReach

A Newsletter for Geriatric Professionals

OUTPATIENT SERVICES

Rehabilitation Clinic

Physical Therapy
Occupational Therapy
Speech/Language Pathology

Memory Disorders Clinic

Get Up and Go! - A Senior Exercise/Wellness Program

Osteoporosis Screening Clinic

Audiology Clinic

Physiatry Clinic

1200 Centre Street
Boston, MA 02131
Tel: (617) 363-8539

Convenient location

Free valet parking

Most insurance plans accepted

HOW TO REFER

MACU, RSU and Skilled Nursing Center at Orchard Cove

To refer patients to our Medical Acute Care Unit, Recuperative Services Unit, or the Skilled Nursing Center at Orchard Cove, please call **877-822-4722**. Our clinical liaison will conduct an onsite clinical evaluation of every patient referred to these units. If the referral is appropriate for admission, the liaison will work with the HRC Admissions office to coordinate admission to the appropriate unit.

Outpatient Clinics

To refer patients to our Outpatient Clinics, please call **617-363-8539** with referral or prescription information, including the desired service and treatment. Prescriptions can also be faxed to **617-363-8809**. Doctor's offices or patients can call the number above to schedule an appointment.

Home Health Care

To refer patients to Hebrew SeniorLife – Home Care Continuum, please call **781-821-3213**. The agency has staff available 24 hours a day, seven days a week, providing services in nursing, physical therapy, occupational therapy, speech/language pathology, social work, and home health aide assistance.



Hebrew Rehabilitation Center, Boston
Long-Term Care
Short-Term, Post-Acute Care
Medical Acute Care
Adult Day Health
Outpatient Specialty Services
Home Health Care

Institute for Aging Research, Boston
Center Communities of Brookline
Senior Housing

Simon C. Fireman Community, Randolph
Senior Housing

Jack Satter House, Revere
Senior Housing

Orchard Cove, Canton
Continuing Care Retirement Community
Short-Term, Post-Acute Care
Long-Term Care

NewBridge on the Charles, Dedham
A multigenerational community on the Dr. Miriam and Sheldon G. Adelson Campus

1200 Centre Street, Boston, MA 02131-1097
617-363-8000 www.hebrewseniorlife.org

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Focus On.....

Promoting Technology to Enhance Clinical Care

With an eye toward reducing costs while improving safety, technology will play an ever-increasing role in the future of health care. The process of moving patients between care settings poses one of the greatest challenges to managing both costs and quality of their care. The electronic medical record (EMR) represents the lynchpin in the effort to ensure that critical information is accurately transferred from one place to another so that appropriate, cost-effective medical treatment can be provided.

Fran Hinckley, chief information officer at Hebrew SeniorLife in Boston, and his information technology team have spent the better part of two-and-a-half years building the infrastructure and foundation necessary to support EMR across Hebrew SeniorLife's system of care. "Many aspects of an EMR system are now in place," says Mr. Hinckley, "and we predict that within a year HSL will be operated with a fully integrated electronic system that supports all avenues of care within HSL and between HSL and other care settings."

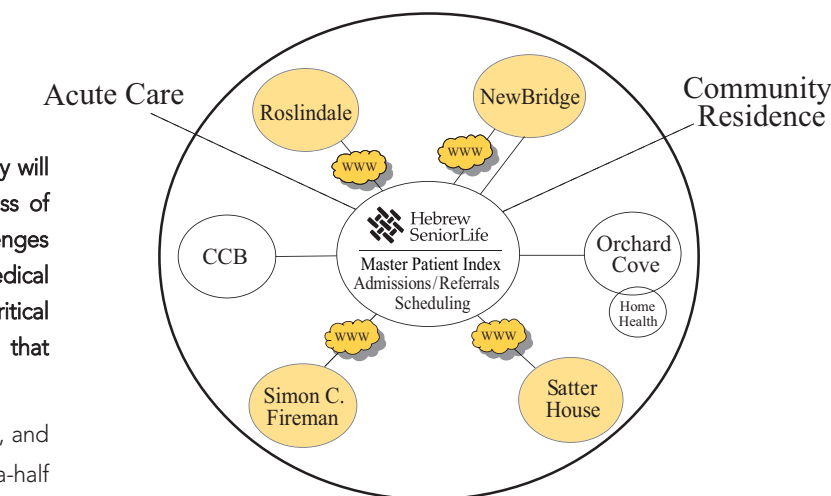
One aspect of the success of the EMR rollout at HSL has been the creation of a Clinical Informatics Council comprised of clinical staff, physicians and IT professionals. This group has been tackling the issues involved in developing, implementing and evaluating patient care information technology that improves how residents and patients are cared for across the seven-site HSL system.

Replacing the old paper system

Electronic medical records are a digital version of the old paper system of patient information, including medical history, medical encounters, test results, medications, and other pertinent information, that also make patient care safer and more efficient. These electronic records allow physicians and other caregivers to communicate and share patient information more accurately, effectively and consistently than do paper documents. The focus clinically is to make the EMR richer and more robust.

"Our goal is to integrate electronic medical records into clinical practice," says Robert J. Schreiber, M.D., physician-in-chief at Hebrew Rehabilitation Center, "and make them more user friendly. This will help us to proactively identify problem areas that might occur, including medical interactions and abnormal lab results, and to communicate our findings in a more timely manner across the entire HSL system and with our acute-care hospital partners."

Creating an Integrated HSL Delivery System



Betsy Moody, M.D., medical director of HRC's Medical Acute Care Unit (MACU), and individuals on her staff on this post-acute care unit are piloting a template for admitting history and medical examinations. This and other work planned to develop templates for progress notes and discharge summaries will help to transition to an EMR that will provide comprehensive information about each patient. With appropriate security for privacy protection in place, this will be available to both covering and consulting physicians. By making the information available to community primary care physicians, outside consultants, and facilities that share in the care of the same patient, the concept of team can be extended to the whole continuum of care.

Intercepting medication errors

Another component of the HSL EMR system is computerized physician order entry (CPOE), which is being used by the long-term care units at Hebrew Rehabilitation Center and was rolled out this summer on the MACU and its other post-acute unit, the Recuperative Services Unit (RSU).

"CPOE is a quality-oriented patient safety initiative," says Ann Walsh, director of applications and reporting in HSL's Information Technology department and co-chair of the Clinical Informatics Council.

CPOE is an electronic prescribing system that intercepts errors at the time medications are ordered. When a physician enters orders into a computer, the orders are integrated with other patient information, including laboratory and prescribing data, and then checked automatically for potential errors or problems. The Leapfrog Group, a health-care watchdog organization, says that medication errors, including administration *continued on page 2*

HSL People



Sharon Inouye, M.D., M.P.H., director of the Aging Brain Center at Hebrew SeniorLife's Institute for Aging Research, has been elected to the highly competitive and prestigious Association of American Physicians. This non-profit professional organization is dedicated to the advancement of scientific and practical medicine and serves as a "repository of the best medical minds," providing role models for upcoming generations of physicians and medical scientists. Each year, 55 individuals are elected to the AAP.



Eran Metzger, M.D., associate director of psychiatry at Hebrew Rehabilitation Center has been named a Practice Change Fellow by The Atlantic Philanthropies. The fellowship program is designed to expand the number of health-care leaders who can effectively promote high quality care to older adults in a wide range of health-care organizations and to develop projects aimed at implementing a new geriatric program or service line. Dr. Metzger will use his fellowship to develop a new Psychiatry Support Service for long-term care residents at HRC.

says. "It has made us more aware of the reasons we do certain things. It has made us more accurate."

In addition to clinical orders, HRC's laboratory service is fully integrated with the CPOE system. After lab specimens are analyzed, the results are available to HRC physicians on computers that have been converted to CPOE.

More than 28,000 clinical orders, 29,000 laboratory orders, and 39,000 medication orders have been placed to date using the computerized system. Nearly 530 staff, including physicians, nurses and ancillary staff, have been trained to use CPOE.

Single sign-on and other advances

In addition to CPOE and electronic medical records, HRC's post-acute units are now testing single sign-on technology using a fingerprint biometric. With this technology, physicians can log on to any computer in the facility (and, in the future, at home, though using a different application than biometrics) with the touch of a finger and be brought to the last document they were working on when they left their computer.

"It's frustrating to be on a computer, get called out, and then have to go back through numerous logins to get back to what you were working on," says Dr. Moody. "With the touch of a finger, this [single sign-on] is very simple and it takes you back to where you were working, without reinventing the wheel."

The introduction of single sign-on technology, says Ms. Walsh, is a result of physician frustration with numerous logins required to protect privacy and confidentiality. This technology is easy to use, she adds, and respects a physician's time.

HRC is also working on technology through which physicians can read digitized images of radiology tests from Beth Israel Deaconess Medical Center on their computers. By early 2008, says Ms. Walsh, HRC physicians will be able to click on an icon in a patient's electronic medical record and read these digitized images. She says this will be more efficient because less film is used, increase turnaround time (since films won't have to be delivered from one facility to another), increase patient safety, and give physicians a longitudinal record of previous scans. Digitized images also maintain a much higher quality and won't fade over time as traditional films can, resulting in clearer images and more accurate assessments by the radiologist and other caregivers.

Physician buy-in and organization-wide commitment

The implementation of these and other technology initiatives has taken an enormous commitment on the part of HSL and its medical and nursing staffs. Physician buy-in, says Drs. Moody and Schreiber, has been high, adding that the medical staff is supportive and understands the benefits of the technology.

"On the MACU," says Dr. Moody, "our younger physicians have been exposed to CPOE and electronic medical records during their training. They understand their benefits. We'll be able to learn from our younger doctors about the best ways to use these technologies."

Adds Dr. Schreiber: "The overall value is making people think through medications and patient monitoring to provide better care and using appropriate medications and lab tests to facilitate better outcomes."

What's New at Hebrew SeniorLife.....

RSU, MACU receive CARF accreditation



Hebrew Rehabilitation Center's two post-acute units — the Medical Acute Care Unit (MACU) and Recuperative Services Unit (RSU) — have received three-year accreditation from CARF, the Commission on Accreditation of Rehabilitation Facilities. In its letter to HRC, CARF said, "This achievement is an indication of your organization's dedication and commitment to improving the quality of the lives of the persons served." The 42-bed MACU provides extended medical and rehabilitative care for patients with complex medical conditions or multiple acute or chronic illnesses. The 46-bed RSU offers short-term, skilled nursing care for patients who require rehabilitation services following an acute hospital stay before returning to their home in the community.

care team, including Madhuri Reddy, M.D., a geriatrician who specializes in wound care, provides wound assessment and management, diagnostic services (including radiology and laboratory tests), and home health care coordination and referrals. For more information or to make referrals, call 617-363-8539 or visit www.hebrewseniorlife.org.

Managed care contracts in place for MACU

Hebrew Rehabilitation Center has signed managed care contracts with Harvard Pilgrim Health Care and Tufts Health Plan for its Medical Acute Care Unit (MACU). The HPHC contract began on April 1, while Tufts was completed in June. HRC is currently negotiating a contract with Blue Cross Blue Shield for the MACU, as well.

Focus On continued from front page

of the incorrect drug, drug overdoses, and overlooked drug interactions and allergies, contribute to nearly 7,000 deaths annually.

"This system," says Dr. Schreiber, "allows for a geriatric-friendly formulary, with minimizing of drugs that are contraindicated for the health and well-being of elderly patients."

Only about 8 percent of health-care facilities in the United States use CPOE systems, including those that are piloting projects. Hebrew Rehabilitation Center began using CPOE on all of its long-term care units last year; the MACU and RSU went live this summer. Plans are underway for integrating CPOE into clinical practice at the skilled nursing facility at Orchard Cove, HSL's continuing care retirement community in Canton, and at NewBridge on the Charles, the organization's planned, multigenerational campus that is being built in Dedham.

"Medication errors are one of the major safety issues that CPOE addresses," says Dr. Moody. "There's a wealth of good data showing that CPOE does indeed improve patient safety."

Claire Hunt, R.N., nurse manager of one of HRC's long-term care units, was a pioneer in CPOE use at HRC and, after some early apprehension, is now a strong advocate of the system. "CPOE has increased our efficiency," she

Wound Healing Clinic opens

Hebrew Rehabilitation Center has opened an Outpatient Wound Healing Clinic that treats and promotes the healing of chronic wounds. The clinic treats pressure ulcers, diabetic ulcers, venous stasis ulcers,



peripheral vascular disease, post-surgical wounds, pyoderma gangrenosum, and vascular ulcers. A qualified health-

Did You Know ???

- Hebrew Rehabilitation Center boasts a **2 percent to 3 percent pressure ulcer rate** versus a national average of 12 percent.
- Of the patients admitted to our Medical Acute Care Unit, **67 percent were discharged to their home.**
- Patients on our Recuperative Services Unit were admitted with a Functional Independence Measure (FIM) score of 76.6 and discharged with a FIM score of 99.7. This **increase of 23.1 points equals the national average.**
- Our fall rate of **6 percent is half the national average** of 12 percent.