Defining Clinical Excellence and Realizing It With a Modern Electronic Medical Record

Presented by: Earl Lipphardt, Business Development Director, Zoobook Systems LLC

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Learning Objectives

• Upon completion participants will be able to:
  
  o Apply a new definition of a clinical excellence to addiction treatment.
  
  o Analyze how modern electronic medical records do, and do not, support the definition of clinical excellence.
  
  o Realize pragmatic benefits of clinical excellence in their addiction treatment organization through the use of an electronic medical record.
Clinical Excellence

*Clinical excellence can be profitably considered in terms of 15 pillars which are separated into three categories:*

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Technical Pillars
Evidence-based thinking and practice

- Evidence-based practices is often equated with evidence based solely on published work in standard journals; however, systematic use of personally-collected series of cases is often as valuable.
- While evidence-based medicine is a necessary condition of good medical care, it is not a sufficient condition. The evidence and the guidelines and protocols that are based upon it do not take the doctor all the way to the decision in an individual case. There is room for judgment, for application of common sense, and for modifying practice in the light of the patient’s priorities.
- The quality of evidence, the amount of evidence, and the relevance of evidence need to be critically appraised. However, the maximum benefits may only be manifest when it is applied by an experienced and knowledgeable health-care worker.
- The use of algorithms and problem-solving routines may help make full use of the evidence in question.
- Finally, evidence based practice itself needs to be subject to the rigors of evidence based analysis, with findings from appropriate controlled trials.
Evidence-based thinking and practice

Clinical Decision Support Alerts (3)

1. (CDS-18) Warning: Client may have suicide and depression tendencies. Further assessment is advised using the Beck Depression Inventory, Columbia Suicide Severity Rating Scale, and/or the Patient Health Questionnaire.
2. (CDS-19) Warning: Client has no urine results for the last 7 days.

CAGE-AID Questionnaire

- Name: [Client Name]
- Have you ever experimented with drugs? [Yes/No]

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

- Have you ever felt that you ought to cut down on your drinking or drug use? [Yes/No]
- Have people annoyed you by criticizing your drinking or drug use? [Yes/No]
- Have you ever felt bad or guilty about your drinking or drug use? [Yes/No]
- Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? [Yes/No]

Counselor Signature: [Signature]

Date Signed: [Date]

File: [File Name]
Professional and peer accreditation

• Fields such as academic research, university teaching and school teaching are commonly subjected to eternal peer reviews. There is no reason why this should not be extended to clinical practices.

• It is a commonplace in some countries such as Holland to have external peer reviews with the aim of improving clinical practice and having consistently high standards across health care providers.

• Peer review by colleagues should not be regarded as a threat, but rather as a welcoming addition to the repertoire of the clinician in his/her search for optimal patient care and for the truth in areas of clinical controversy, and has parallels in the search for truth in areas of clinical controversy, and has parallels in the search for truth in other settings, such as medical legal practice.
Decision support efficiency

• Decision support systems vary from simply using commercial search engines such as Google to using dedicated medical databases, database-support systems, use of health information technology, flow-charts with computerized support, guideline-based reminder systems and expert systems with their own algorithmic formulae to suggest possible diagnosis.
• Attempts have been made to integrate decision support guidance within user-friendly systems.
• It would appear that a “high level of intelligence” is no protection against individual making major mistakes that emanate from simple reasoning flaws.

Clinical Decision Support Alerts (3)

1. (CDS-18) Warning: Client may have suicide and depression tendencies
   Further assessment is advised using the Beck Depression Inventory, Columbia Suicide Severity Rating Scale, and/or the Patient Health Questionnaire.
2. (CDS-19) Warning: Client has no urine results for the last 7 days
3. (CDS-20) Warning: Please write Urine Analysis Review Note for Initial Evaluation/Re-Evaluation and Level Of Care of this client
Effectiveness and efficiency

• “Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.” – Albert Einstein

• Outcome measures should include the extent to which the patient can independently and successfully participate in everyday activities that he/she was able to enjoy prior to the illness/injury.

• Patient reported outcome measures (PROMs) have in initial trials been shown to be useful measures of the effectiveness of certain treatments.

• In the case of cost-effectiveness, it is possible that moves to link high quality care with pay (“pay-by-performance”), as envisaged in the Quality and Outcomes Framework of contract for General Practitioners in Great Britain, may result in a greater readiness by both staff and organizations to put cost-effective policies and procedures into practice.
Effectiveness and efficiency
Learning and risk management

• There are three main forms of learning that are relevant in health-care settings:
  – Learning from experience
  – Learning a new set of skills that can be used in routine or emergency clinical settings
  – Acquiring new sets of factual knowledge that may help to inform clinical decision making and procedural competence.

• Risk detection and reduction should apply the principles of preventative medicine to clinical settings such that the potential for errors is realized and steps taken to ensure that they do not occur.

• In case of errors relating to equipment use, it is also important to consider design features that will help prevent errors occurring in the first place.
Learning and risk management

<table>
<thead>
<tr>
<th>Topic Name</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anger Management</td>
<td>The topic of this group is identifying triggers. To present the topic, facilitator utilized RP manual topic #1. The purpose of this group is to assist members in identifying triggers.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managing Anger in an Angry World</td>
<td>Strategies for helping clients learn to not hulk out and destroy Harlem.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow up on client substance</td>
<td>Client's follow up for their test results, a qualitative study.</td>
</tr>
</tbody>
</table>

### Drug Interaction Check

- **Source Name**: DrugBank
  - **Severity**: N/A
  - **Description**: Acetaminophen may decrease the excretion rate of Potassium bicarbonate which could result in a higher serum level.

- **Source Name**: DrugBank
  - **Severity**: N/A
  - **Description**: Acetaminophen may decrease the excretion rate of Levocestrazine which could result in a higher serum level.

- **Source Name**: DrugBank
  - **Severity**: N/A
  - **Description**: Acetaminophen may decrease the excretion rate of Naloxone.

- **Source Name**: DrugBank
  - **Severity**: N/A
  - **Description**: The metabolism of Acetaminophen can be decreased when combined with Naloxone.

- **Source Name**: DrugBank
  - **Severity**: N/A
  - **Description**: The serum concentration of Acetaminophen can be increased when it is combined with Buprenorphine.

- **Source Name**: DrugBank
  - **Severity**: N/A
  - **Description**: The metabolism of Fentanyl can be decreased when combined with Acetaminophen.
Personal Pillars
Interpersonal skills

- Interpersonal skills range from the ability to communicate well with patients and colleagues, to expertise in handling social and emotional aspects of human interaction,
- Errors due to miscommunication between staff and staff and patient interactions lead to incidents such as administration of the wrong medication, “wrong site” surgery, and poor compliance with treatment with the patient.
- Communication lapses are more likely to occur where the relevant parties are not physically present.
- The way in which treatment outcomes are framed may also impact in more subtle ways on communications between clinician and patient.
- Modern communication networks, such as email, have brought their own benefits and challenges- there is a growing trend in some health care systems for email to be used for activities such as appointments scheduling, electronic prescription refills, “web visits” to clinicians and general messaging between clinicians and patient before or after consultations.
- Informal meetings and having team members sit in on one’s activities are often important to good communication practices, and may also encourage mutual respect among team members.
Interpersonal skills
Collaboration and leadership

• In the past few decades, we have also witnessed a minor revolution of sorts, with most health-care activities being more and more of a multi-disciplinary nature, due in part to the increasingly specialized and technical nature of medical science.
• Issues relating to team working and leadership have therefore become more important in clinical care settings.
• Team working should not only ensure that “joined-up thinking” occurs between team members, but also that strong and effective leadership is provided by the head of the team, with adherence to key principles and constancy of purpose, especially during times of reform and uncertainty.
• In surgical settings, errors in information transfer and communication, due to factors such as surgeons’ reduced familiarity with patients and blurring of responsibilities, may have detrimental effects on patient care.
• Good leadership entails skills in directing, supporting and delegating, and also being a good role model for enunciating and persevering with key principles, regardless of obstacles and difficulties.
Collaboration and leadership
Resilience and stress management

• The ability to be able to deal with stressful situations, to persevere in spite of a number of potentially stressful events, and to manage stress constructively are important qualities for a health care professional.

• Key features of “physician resilience”-
  – Ability to prioritize work activities
  – Having well-structured work routines
  – Having peer support mechanisms in place
  – Ensuring good work-life balance
  – Being aware and reflective of one’s strengths and limitations
  – Having core values
  – A degree of optimism and altruistic frame of mind
  – Maintaining a sense of humor
  – Element of acceptance and forgiveness of oneself and others

• Having a personal support network is important at an individual level, especially dealing crisis situations.
Resilience and stress management
User Involvement

• The user involvement pillar of clinical excellence simply stipulates that we ask those who directly or indirectly use a service what they think of the service that has been provided.

• Patients and their families should be given every opportunity to comment on their care in a health service, and there is evidence that in some situations feedback from at least 50 patients would be a value in gauging satisfaction.

• The idea of 360 degree feedback (multiple source feedback), which is common in some areas of industry, but is less common in a health service, tries to espouse similar concepts to those which are incorporated within user-feedback.

• An issue that remains open for discussion and research is the extent to which the content of such feedback should be linked to specific rewards or even to pay.
User Involvement

Follow-Up After Discharge

Client Information

- **Name**: Johnny Appleseed
- **Admission Date**: 2/9/2018
- **Date of Birth**: 1/1/1973
- **Payer Source**: Blue Cross Blue Shield of N.J. - Johnny Appleseed
- **Referral**: Atlantic Count IDRC
- **Level of Care**: Intensive Out Patients
- **Company Branch**: All

Post Discharge Follow-up

- **Interval of Follow-up**:
  - ☐ 3 Months
  - ☐ 6 Months
  - ☐ 1 Year
  - ☐ Other

- **Have you used AOD since D/C from treatment?**
  - ☐ Yes
  - ☐ No

- **How soon after discharge?**
  - ☐ 1 Month
  - ☐ 3 Months
  - ☐ 6 Months
  - ☐ 9 Months
  - ☐ 1 Year or More

- **Have you sought treatment after Awesome Company?**
  - ☐ Yes
  - ☐ No

- **Where**

- **When**: 3/28/2019

- **Have you continued attending self-help meetings?**
  - ☐ Yes
  - ☐ No

- **How often?**
  - ☐ 1 - 2 x Week
  - ☐ 3 - 5 x Week
  - ☐ 6 - 7 x Week
  - ☐ Other

- **Have you been employed since discharge?**
  - ☐ Yes
  - ☐ No

- **Have you had new legal involvement since discharge?**
  - ☐ Yes
  - ☐ No
Moral Principles

• In the goal-driven and competitive environment of many health-care settings, it is easy to forgo moral principles, such as the key Gandhian principles of truth and compassion.

• Such principles need to be strictly followed in dealings with both patients and colleagues, even if this involves a degree of self-sacrifice, personal distress or loss of self-esteem.

• Health-care professionals in the developed world should be encouraged to grasp such opportunities.

• Having an ethical compass and key values is critical in order to survive the challenges of modern health care-environments.
# Moral Principles

## Treatment Plans Due

<table>
<thead>
<tr>
<th>Client</th>
<th>Primary Counselor</th>
<th>Admission Date</th>
<th>Has Initial Treatment Plan</th>
<th>Initial Treatment Plan Due Date</th>
<th>Expected # of Master Treatment Plan</th>
<th>Actual # of Master Treatment Plan</th>
<th>Master Treatment Plan's First Due Date</th>
<th>Is Current Master Treatment Plan Outdated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cricket, Jimmy</td>
<td>Suzie Quarter</td>
<td>7/2/2018</td>
<td>Yes</td>
<td>7/5/2018</td>
<td>4</td>
<td>0</td>
<td>8/1/2018</td>
<td>Yes</td>
</tr>
<tr>
<td>Danko, Ellie S</td>
<td>Ruben M Peary, PhD, LPC</td>
<td>11/28/2016</td>
<td>No</td>
<td>12/1/2016</td>
<td>11</td>
<td>0</td>
<td>12/28/2016</td>
<td>Yes</td>
</tr>
<tr>
<td>De Franco, Isabel</td>
<td>Joan D Howard</td>
<td>2/5/2018</td>
<td>Yes</td>
<td>2/8/2018</td>
<td>6</td>
<td>0</td>
<td>3/7/2018</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Future Pillars
Policy and Succession Planning

- Forward policy planning may not be among the immediate concerns of more junior health professionals, but it is a skill that will be in demand in the later stages of his or her career.
- The ability to predict developments that will impact on healthcare practice, and to make necessary preparations in advance, is a key skill that needs to be nurtured and supported.
- There is an increasing realization in health-care systems of the importance of succession planning so that there are no major, unexpected gaps in a service when someone retires or suddenly dies or becomes incapacitated.
- Succession planning incorporates a wide variety of activities, from teaching juniors about all of the technical and managerial skills involved in performing certain tasks, to writing books and papers that convey lessons that one has learned in one’s career.
Policy and Succession Planning

Substance Abuse Policies
- Name: Substance Abuse Policy #1
- Description: Don't use drugs.
- File: Substance Abuse Policy.pdf

Administrative Policies
- Name: 
- Description: 
- File: 

[Form fields for saving and adding new records]
Teaching and Training

• Excellence in imparting knowledge may be evident in specific outcomes, whether they be successful health professionals or clinical publications that become standard sources of reference for patient care.

• Telemedicine has opened up new opportunities for sharing knowledge, and skills with others at considerable distance from the base unit.

• Patients are making increased use of web-based resources to inform themselves about health issues, and perhaps on occasions being overwhelmed by information of varying degrees of reliability.
  – It is therefore important that both health-care professionals and governments try to help patients discern the valuable from the worthless or the misleading.
Teaching and Training

- Admitting a Client
- How to Use Zoobook
  - Admitting a Client
  - General Billing Demo
  - Scheduling Individual and Case Management Sessions

- Records
  - Show 10 entries
  - Topic | Description
  - Anger Management
  - Managing Anger in an Angry World
  - Follow up on client substance qualitative study
  - finding yourself
  - Observance

Showing 1 to 6 of 6 entries
Innovation

• Progress comes through innovation, and specifically through development of new knowledge, new procedures and new treatments.

• The challenge is how can you nurture and reward creativity in a health-care staff, while ensuring high standards at the same time.

• In the UK, the NHS Institute of Improvement and Innovation has been specifically established to improve healthcare by helping to introduce new ways of working, new technologies and high-quality leadership.
Innovation

You are about to start the following session

Appointment Details
- Service Type: Telemedicine SA Individual
- Time: 9:00 AM - 10:00 AM
- Room: Room 1 - Individual Room
- Participants:
  - Counselor: Reuben Peary
  - Client: Johnny Appleseed

Notifier Form

<table>
<thead>
<tr>
<th>Client Info</th>
<th>Referral</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Ellie S Danko</td>
<td>Atlantic Count IDRC</td>
</tr>
<tr>
<td>Admission Date: 11/28/2015</td>
<td>Intensive Out Patients</td>
</tr>
<tr>
<td>Date of Birth: 6/1/1980</td>
<td>All</td>
</tr>
<tr>
<td>Payer Source: Aetna</td>
<td></td>
</tr>
</tbody>
</table>

Notification Preferences

- Primary Referral Source
  - Name: Robert Widitz
  - Contact: Phone: (609) 645-5890
  - Email: widitz_robert@aclink.org
- Secondary Referral Source
  - No contact details specified.

Notification Options

- Subject: Urine Test Result Notification - Ellie S Danko
- Additional Message: Additional Message
Innovation
Research and Publications

• It is important to note that many of the greatest discoveries in medicine were based on the ability to make acute and astute observation, and to draw clinically relevant conclusions from such observations (research).

• Good research does not always require a budget of hundreds of thousands of dollars, batteries of computers and an electron microscope; the essential requirement is a question that can be answered positively or negatively by carrying out a series of measurements and making the correct mathematical or statistical analysis.

• Research skills and competencies should be rewarded in health-care professionals, especially where these have been acquired on the initiative of the individual involved.
Income-Resource Generation

• The ability to generate income and to attract resources, such as grants and collaboration with industry has seldom been perceived as a distinctive skill for professional in clinical practice to acquire.

• Skills and success in generating income and resources need to be acknowledged and rewarded but need also to set in the context of ethical principles.

• It also needs to be in the best interest of patient care and scientific process.
Income-Resource Generation
THANK YOU!

To Learn More About How A Modern Electronic Medical Record Can Help Your Agency, Call or Email:

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Business Development Director  
Zoobook Systems LLC  
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Earl.lipphardt@zoobooksystems.com