Health Policy Newsletter

Volume 17 Number 2 June, 2004 Article 14

Frankford Health Care System Installs Wellsoft Emergency Department Information System

Robert Beyer, DO, FACOEP*

Copyright ©2004 by the author. *Health Policy Newsletter* is a quarterly publication of Thomas Jefferson University, Jefferson Medical College and the Department of Health Policy, 1015 Walnut Street, Suite 115, Philadelphia, PA 19107.

Suggested Citation:

Beyer R. Frankford Health Care System installs Wellsoft emergency department information system. Health Policy Newsletter 2004; 17(2): Article 14. Retrieved [date] from http://jdc.jefferson.edu/hpn/vol17/iss2/14.

^{*} Frankford Hospitals

Frankford Health Care System Installs Wellsoft Emergency Department Information System

Intelligent decisions for any phase of hospital management are information driven, both in the clinical and administrative arenas. The emergency department is no exception. Unfortunately, in the controlled chaos of a busy emergency department, extracting useful hard data from a paper system is labor intensive and difficult at best.

In September of 2002, the emergency department (ED) at Frankford Torresdale Campus "went live" with the first phase of the Wellsoft Clinical Information System. The Frankford and Bucks County campuses followed with their "go live" dates in February and May of 2003 respectively. These events were the culmination of several years of research, discussion and hard work on the part of Frankford Health Care Systems' (FHCS) ED, information service, nursing education and administrative staffs in their search to find a complete information system solution for their three emergency departments.

The Wellsoft System is an emergency department information system designed by ED physicians and nurses. It reduces paper charting, improves patient tracking, and provides better care for patients through improved efficiencies and reductions in error potential. These goals are realized through the use of computerized triage, patient tracking, discharge instructions, prescriptions, nursing and physician documentation and detailed management report generation. The information WellSoft provides allows for much easier extraction of clinical measures that are required by the Centers for Medicare and Medicaid Services Premier Demonstration Project, Joint Commission of Accreditation of Healthcare Organizations Core Measures, American Hospital Association Quality Initiative and Jefferson Health System Member Performance Report.

Phase 2 of the Wellsoft System included an electronic patient record. The use of an electronic medical record allows for real-time access of active and archived patient records. The added security and privacy of an electronic medical record features "role-based" access to the patient record, one of the more difficult HIPPA challenges. Users have access only to the portion of the medical record that is relevant to their position. For example, a technician may be permitted to view the tracking screen but not the individual patient record. A nurse will have access to view the entire record but is limited to generating his or her own note in a time- and date-stamped field. He or she may view notes generated by others but is "locked out" from editing them.

Patients are tracked from pre-admission through final disposition. All encounters and interventions are displayed on a computer Patient Tracking Display to allow the emergency department staff an instant, "at-a-glance" encounter summary. The Patient Tracking Display may be configured to sort and filter patients based on parameters developed by the user. For example, a physician may choose to display only his/her own patients. A charge nurse may filter or sort patients based on severity of illness or room assignment. This flexibility allows for staff to react to the quickly changing environment of the ED.

The third and final phase of the Wellsoft project is scheduled for the second quarter of 2004. This phase enables real-time computerized physician order entry (CPOE)

and results reporting. Orders will be selected from a menu and/or template based on the patient's chief complaint. The tracking display will automatically alert staff to tasks to be completed or results reported into the system for physician review. Elapsed times will be displayed on the tracking display and captured behind the scenes for quality assessment and quality improvement reporting.

The staff and administration have already been reaping the benefits of the WellSoft System. Detailed reports permit analysis of patient flow versus physician and nurse staffing patterns and have resulted in more effective deployment of caregiver resources. Immediate access to the records of prior ED visits provide valuable history and save time in critical patients as well as routine patients. The Wellsoft tracking screen provides a "window" to each of the emergency departments within FHCS. Staff and administration can, at a glance, view patient volumes, wait times and staff assignments to allow for on-the-fly management decisions regarding patient surges. The easy access to the ED database permits the generation of performance reports such as return visits and patient time studies, which were previously extremely labor intensive and limited in scope.

We look forward to the upcoming completion of this project with the implementation of the third and final phase. CPOE will not only reduce staff workload but significantly reduce the potential for error.

About the Author

Robert Beyer, DO, FACOEP, is the Director of the Emergency Department at Frankford Hospitals. Please address questions and comments to rbeyer@fhcs.org.