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UPMC Connects to Emergency Medical Services and Physician EMRs Using Integration Technology

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University of Pittsburgh Medical Center (UPMC) of Pittsburgh, PA recently implemented a technology solution that helps emergency medical services personnel provide better patient care and allows them to get bills out more efficiently.

Before the change, EMS crews bringing patients to one of UPMC's 20 emergency departments couldn't leave immediately after completing their run. They had to wait for an ED employee to print a paper with patient demographic information that was used for ambulance services billing.

That slowed the EMS workers down, took away clinician time, and prompted questions about patient privacy, according to Lisa Khorey, chief information officer at UPMC Shadyside, Pittsburgh, PA, and UPMC Braddock, Braddock, PA.

New EDIS Took Away Paper Printing Option for EMS

"Providing paper information really delayed their ability to move quickly and caused a lot of problems getting out into the field again," adds Myron Rickens, director of UPMC's prehospital care program. "EMS services workers want to arrive, drop off the patient, restock if necessary, and get back out there. Any delay in that process is a problem."

But even that paper option looked good after UPMC deployed FirstNet, an automated ED system from Cerner. It didn't make sense to use that paperless system to print EMS information sheets.

UPMC could have created a separate printing system, but that seemed impractical, Khorey says. Patient privacy would still have been a problem, but more importantly, clinicians getting used to a new ED system didn't need new paper-based tasks added to the mix.



In addition, clinicians' patients aren't registered until clinicians have evaluated them. EMS crews could wait and still not get the information.

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UPMC Developed Integration with EMS System

UPMC collaborated with local EMS providers to develop an integrated solution that transfers patient information electronically. Eighty percent of the area EMS companies use emsCharts, a prehospital charting and clinical information management system marketed by a company of the same name, also located in Pittsburgh. UPMC connects to those systems using an interoperability solution from Novo Innovations of Alpharetta, GA.

“Novo acts as a bridge because it provides the ability to link our two systems across secure connections. It also identifies the EMS system as a trusted partner for data exchange,” says Khorey. “Once we had the infrastructure in place, the process went very quickly.”

In fact, says Khorey, it took about three months to bring the first EMS service provider up, but only three weeks for the most recent one.

Patient Information Is Sent Directly to EMS Systems

UPMC sends patient name, date of birth, insurance information, and social security number to the Novo system. Technicians dropping off an ED patient can log on to the charting system from the ambulance or their office to access the patient’s data. The system matches the information to the emsCharts system.

Both EMS and UPMC clinicians have benefited. “Each time EMS arrived at the ED, they used to have to seek out a particular person, get them to print out the right information, and then re-enter that information into another system later,” Rickens says. “There was a lot of room for error. Now, all they have to do is return to their ambulance.”

Same Technology Also Used to Integrate Physician EMRs

UPMC has found other use for Novo’s technology. It is using Novo’s bridge system to send information to physician practices, including test results and medical images, that was mailed or sent by courier before, says Khorey. That information is now transferred directly to the physician’s EMR in real time.

“We did a little survey in April of this year and found that for EMS, the system relieved the technician from having to provide this patient information to the billing office,” Khorey says. “For physician practices, they said that by enabling electronic transfer of information, they could act on results faster because information came up within their own decision support system. It enabled them to take more advantage of their own EMR. Both responses were very compelling.”

— Correspondent Maureen McKinney