

## At a Glance

### Organization

AnMed Health  
Anderson, S.C.

- 560 beds
- 22,000 inpatient admissions annually
- 90,000 emergency/urgent care visits
- 200,000 outpatient visits

### Solution Spotlight

- Horizon Expert Orders™

### Critical Issues

- Inefficient manual processes
- Compliance with CMS Core Measures
- Patient safety
- Medication turnarounds
- Quality outcomes

### Results

- Streamlined ordering with computerized provider order entry
- Instilled best practices for key indicators
- Improved the number of CAP patients receiving antibiotics within recommended guidelines by 42%
- Reduced the average length of stay from 6.7 to 5.5 days
- Lowered the cost of care by 20%
- Reduced the mortality index by 56.5%
- Increased Medicare reimbursement based on improved Core Measure scores

## AnMed Health Improves Patient Outcomes with CPOE

AnMed Health was not achieving desired results in caring for patients with community acquired pneumonia (CAP) — one of The Joint Commission's Core Measures. The hospital turned to Horizon Expert Orders™, a computerized provider order entry/clinical decision support (CPOE/CDS) solution from McKesson to automatically present physicians with evidence-based guidelines when treating CAP patients. AnMed has improved the number of CAP patients receiving antibiotics within recommended guidelines by 42%. With its hospitalist group, AnMed also reduced average length of stay from 6.7 to 5.5 days, lowered the cost of care by 20%, and reduced the mortality index by 56.5%.

### Challenges

AnMed Health is a 560-bed facility offering a wide range of services in Anderson, S.C. In addition to tracking progress against Core Measures, AnMed has been involved in the CMS/Premier Hospital Quality Incentive Demonstration Project, a national pay-for-performance program designed to improve the quality of inpatient hospital care since its inception in October 2003. Despite active team efforts and process changes, AnMed was not achieving state and national benchmarks in the care of CAP

patients. Medical best practices include administration of the appropriate antibiotic within four hours of arriving at the hospital.

"We needed to provide ready access to the latest evidence-based guidelines, but we also wanted to engage physicians in the use of technology and instill best practices," explains Leigh Miller, R.N., director of Clinical Outcomes.

### Answers

AnMed's leadership has long recognized the role of technology in enhancing patient safety and care quality. Executives backed that commitment by funding fully integrated technologies and medication management systems from McKesson. The hospital has deployed robotic medication dispensing tools and a rules-based information system in the pharmacy; an intelligent care documentation system for nursing; and bar-code scanning for medication administration. The next logical step was a CPOE/CDS system.

"We made a commitment to the physicians that we would only deploy CPOE when it would make an impact on patient safety," Miller explains. "That time came when we had all the other components in place for full closed-loop functionality."

# Case Study

**"CPOE is driving our clinical outcomes to higher levels of excellence. ... And physicians know they're consistently giving the gold standard of care to all their patients."**

**Leigh Miller, R.N.**

*Director of Clinical Outcomes  
AnMed Health, Anderson, S.C.*

AnMed caregivers quickly saw that CPOE enabled much faster turnaround of the delivery of medications and ancillary services, and virtually eliminated the prescribing errors associated with handwritten orders. But leadership recognized that the true power of CPOE would be achieved by providing physicians and other clinicians with advanced evidence-based guidelines at the moment of decision making. Since the hospital was not achieving desired outcomes for CAP patients, leadership decided to use CPOE to guide clinical practice.

"We had excellent preprinted outlines, but there were always problems making the paper-based form accessible and ensuring that physicians had the most up-to-date version," notes Charlene Meek, project manager, AnMed Health. "When building Horizon Expert Orders, we moved to iForms (highly visual ordering screens) because physicians readily adapt to them. As the doctors became savvier with iForms and saw the benefits for CAP patients, they asked for more iForms for other conditions."

## Results

AnMed has improved the number of CAP patients receiving antibiotics within designated guidelines by 42%. Additionally, physicians who have adopted CPOE have reduced the average length of stay for

CAP patients from 6.7 to 5.5 days, lowered the cost of care by 20%, and reduced the mortality index by 56.5%.

"CPOE enabled us to drive physicians to evidence-based practice and stay up-to-date with quarterly indicator changes," says Miller. "Plus, improvement in our overall CAP score can increase our Medicare payment for every person discharged with that diagnosis."

Physicians not yet using CPOE still log on to the home page of Horizon Expert Orders to see key order outlines for CAP, congestive heart failure, stroke, AMI, surgery, tissue plasminogen activator (tPA) administration and more. When core measures change, AnMed can update them in real time. Physicians also note a dramatic reduction in callbacks for order clarification related to allergies and dosing when using Horizon Expert Orders. And physicians love knowing that their orders are acted upon immediately vs. the average delay of 43 minutes for paper-based orders.

Miller concludes: "CPOE is driving our clinical outcomes to higher levels of excellence. Physicians know their orders are legible and are not being misinterpreted. And physicians know they're consistently giving the gold standard of care to all their patients."

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