

# HIMSS EMRAM

19 Jan. 2023  
By Piyanun Y.



# Topic

HIMSS

EMRAM

Case Study

# What is HIMSS


**H** Healthcare

**I** Information

**M** Management

**S** Systems

**S** Society



# *Electronic Medical Record Adoption Model (EMRAM)*



**1st**

**2016**  
**PNP 1<sup>st</sup> EMRAM**  
**Stage 6 In Thailand**

**BHQ – EMRAM**  
**Stage 6**

**2017**  
**Bangkok**  
**Hospital**  
**Hua-Hin**  
**EMRAM**  
**Stage 6**

**1st**

**2019**  
**PNP**  
**1<sup>st</sup> EMRAM**  
**Stage 7**  
**In Thailand**

**2020**  
**PSUV**  
**EMRAM**  
**Stage 6**



# Electronic *Medical Record Adoption Model*

Measuring EMR  
capabilities and  
impact on  
systems, and  
patients

- 7 Integration of data from multiple external sources. Service users receive alerts and reminders to support self-managed care and use automated tools to measure patient outcomes. Digital infrastructure tools enable dynamic patient engagement in managing personal health and care.
- 6 Integration of medical devices. Health Information Exchanges supports data sharing. Service users submit self-reported outcomes data. Wearables and implants support remote monitoring and patient management of health and care. Online services improve access, and health literacy.
- 5 Integration of data from external sources. Change in clinical parameters is continuously monitored by alerts and warnings. Telehealth and virtual care services are available. Intruder Prevention Systems manage unauthorised access. Technology supports bedside processes.
- 4 Computerised Practitioner Order Entry and Electronic prescribing within an electronic medicines administration record. Clinical and Information governance is well defined. Monitoring of Clinical outcome and patient satisfaction targets.
- 3 Electronic clinical documentation is accessed remotely through the CDR. Role based access controls are in place.
- 2 A clinical data repository (CDR) provides access to results and reports. Governance and Policy control Clinical Decision Support opportunities, Training records and IT security.
- 1 Laboratory, Imaging, Pharmacy and Cardiology systems produce patient centric reports and results. Resilience management plans are in place.

# HIMSS Proprietary Analysis Tools

## EMRAM

Electronic Medical Record Adoption Model

Measuring EMR capabilities and impact on systems, and patients.

## INFRAM

Infrastructure Adoption Model

Improving care delivery, reducing risk, and creating a pathway for infrastructure development.

## AMAM

Analytics Maturity Adoption Model

Determining how to leverage data for better care and process optimization.

## CCMM

Continuity of Care Maturity Model

Assessing levels of care coordination, systems integration, and patient engagement.

## CISOM

Clinically Integrated Supply Outcomes Model

Transforming clinical environments to support quality, safety and sustainability.

## DIAM

Digital Imaging Adoption Model

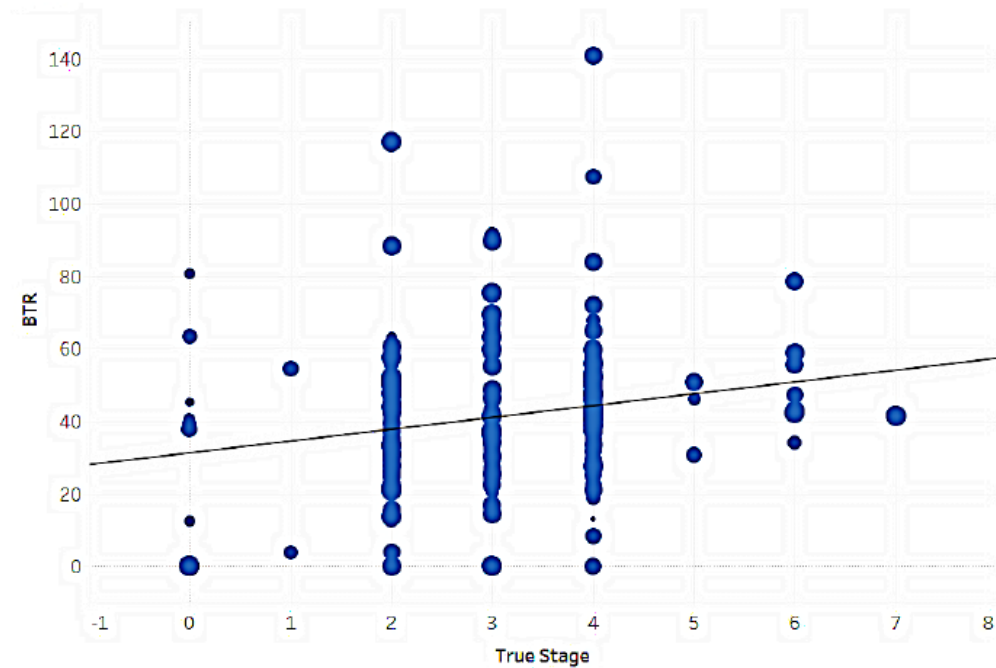
Evaluating maturity of IT supported processes in medical imaging in hospitals and diagnostic centers.

# Case Study

# Why ????

## Operational Outcomes—Productivity

- **BED TURNOVER RATE:** The number of patients treated per hospital bed (*Total Discharges/Total Beds*)
- US hospitals at EMRAM Stage 7 have statistically significantly higher Bed Turnover Rates compared to hospitals with EMRAM Stages 0-4



# First HIMSS Analytics EMRAM Stage 7 validation announced in Thailand

Princ Paknam Hospital becomes the first hospital in Thailand to successfully achieve the HIMSS EMRAM Stage 7 validation.

By Dean Koh | October 16, 2019 | 12:20 AM



Princ Paknam Hospital is a 100-bed hospital based in Nakhon Sawan, well outside the capital city of Bangkok. Upon full implementation of the EMR, Princ Paknam was able to leverage a number of technological applications to improve patient care and safety. Princ Paknam implemented a full Clinical Decision Support (CDS) alert and order set for early detection of septic shock, and enacted guidelines to monitor for patient care against their set of standards.

With an advanced analytics monitoring system, the hospital is able to get real time data on specific sepsis related indicators – to better monitor, and reduce, the instances of sepsis. The hospital's mortality rate, length of stay and costs from sepsis-related treatments have all significantly decreased as a result. According to Hal Wolf, President and CEO of HIMSS, this designation represents the first time any hospital in Thailand has reached this advanced stage of digital healthcare and could lead to significant improvements in patient care in the country, and the region. Princ Paknam Hospital was the first hospital in Thailand to achieve Stage 6 on the EMRAM in 2016.

<https://www.healthcareitnews.com/news/asia/first-himss-analytics-emram-stage-7-validation-announced-thailand>

# First HIMSS Analytics EMRAM Stage 7 validation announced in Thailand

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By [Dean Koh](#) | October 16, 2019 | 12:20 AM



The hospital has realised a 97 percent reduction in pre-dispensing error during the closed-loop medication administration process, a substantial reduction in sepsis cases, and an increase in diabetes protocol compliance.

# Singapore's NTFGH gets successfully revalidated for EMRAM Stage 7

The revalidation was done over three days, along with the successful EMRAM Stage 6 revalidation of the co-located Jurong Community Hospital.

By **Dean Koh** | November 29, 2020 | 09:01 PM



Ng Teng Fong General Hospital (NTFGH), a 700-bed hospital located in Jurong East in Singapore under the National University Health System (NUHS) cluster, has recently successfully revalidated their EMRAM Stage 7 achievement by HIMSS.

**Overall 30-day readmission rate of NTFGH significantly improved from 15.0% in April 2017 to 12.0% in February 2020 ( $p < 0.01$ ).**

*“The HIMSS EMRAM Stage 7 process validates the hard work we have put into making our EMR a safe and efficient system for delivery of care, leveraging our data in a positive cycle of improvement. The feedback from the HIMSS validators are equally valuable as it points management to the areas of improvement, since staying in one place is the same as going backwards,”*  
Dr Gamaliel Tan, Group CMIO, NUHS.

# *Pondok Indah Hospital Group*

## EMRAM Stage 6

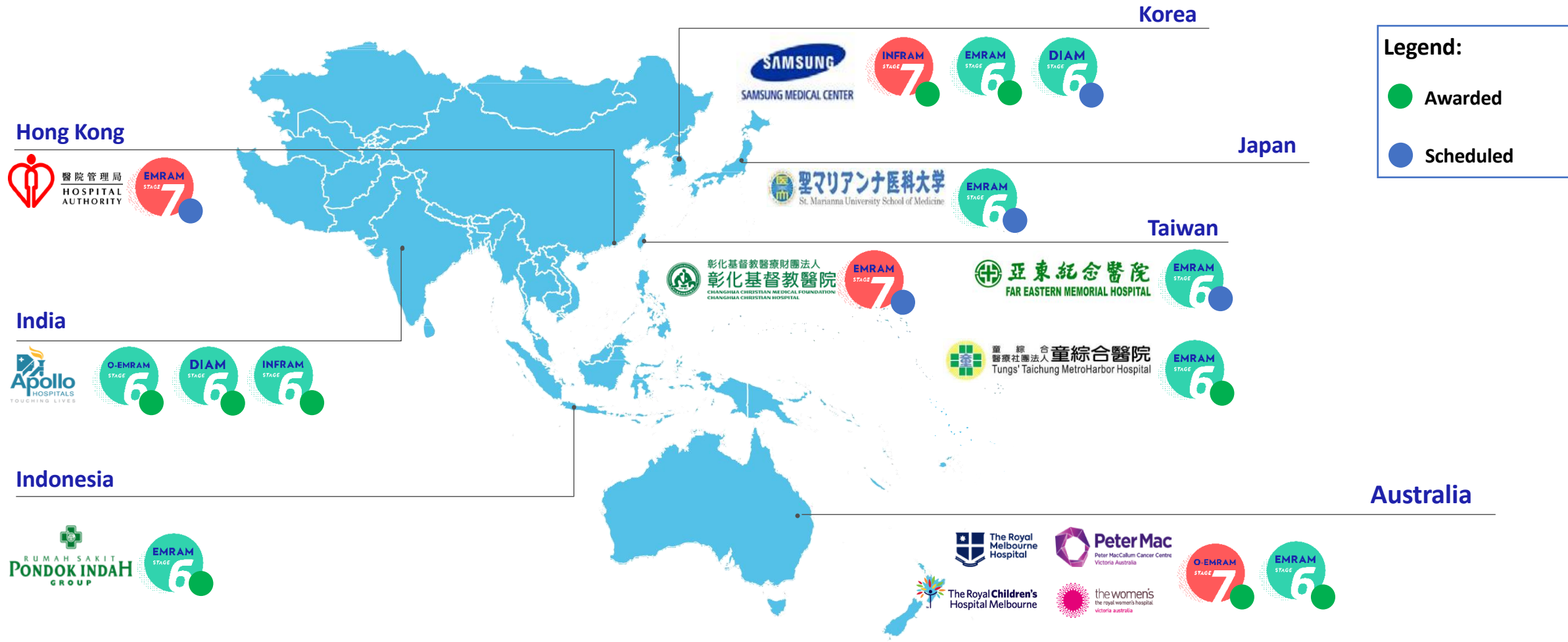
First EMRAM Stage 6 hospital group in  
Indonesia

## The Objective

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Pondok Indah Hospital Group has been committed to improving patient satisfaction through continuous improvement of service quality, achieving its aims through digital transformation. Their digital transformation journey has included integrating supporting services, and numerous software applications and implementing robust IT security systems. PIHG aimed to gauge their digital maturity and determine how to refine its systems and processes to meet the global standards of HIMSS EMRAM Stage 6.

# Stage 6/7 Validations in 2022



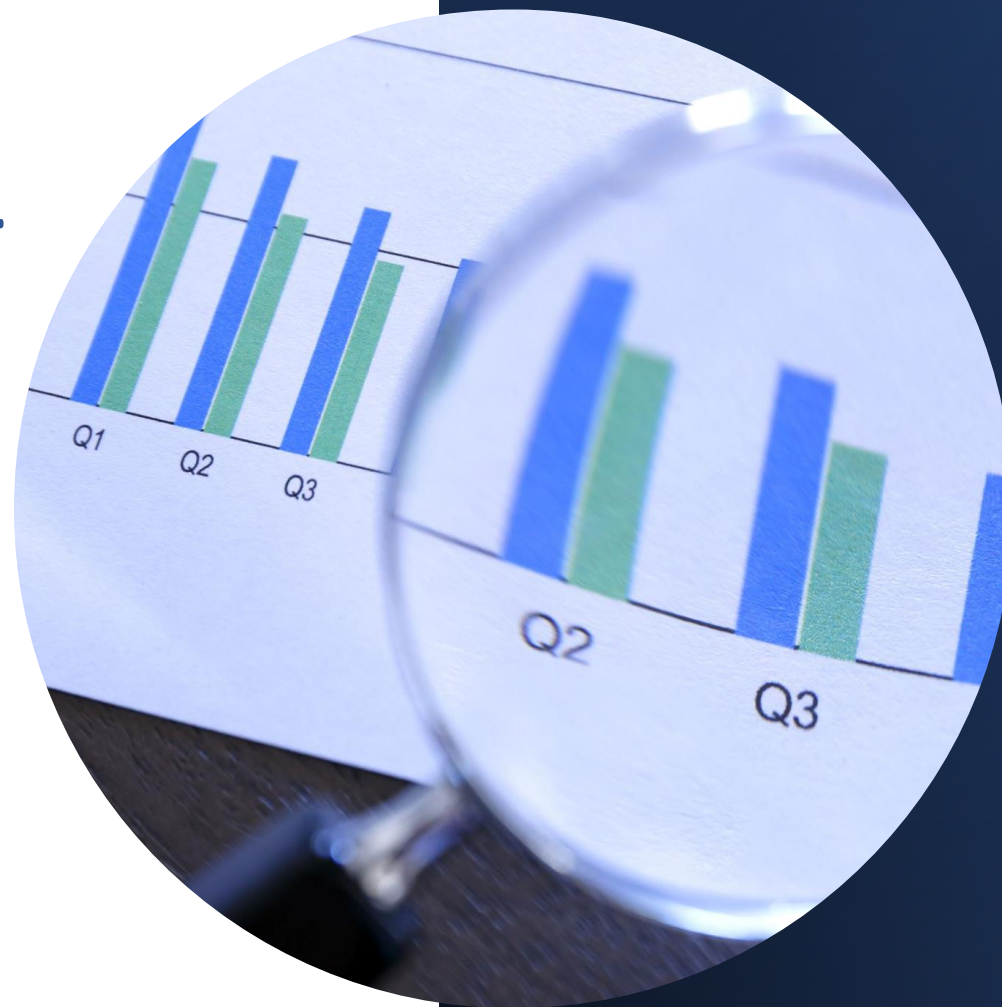
Note: Latest as of August 2022

# Key APAC Analytics Projects in 2022

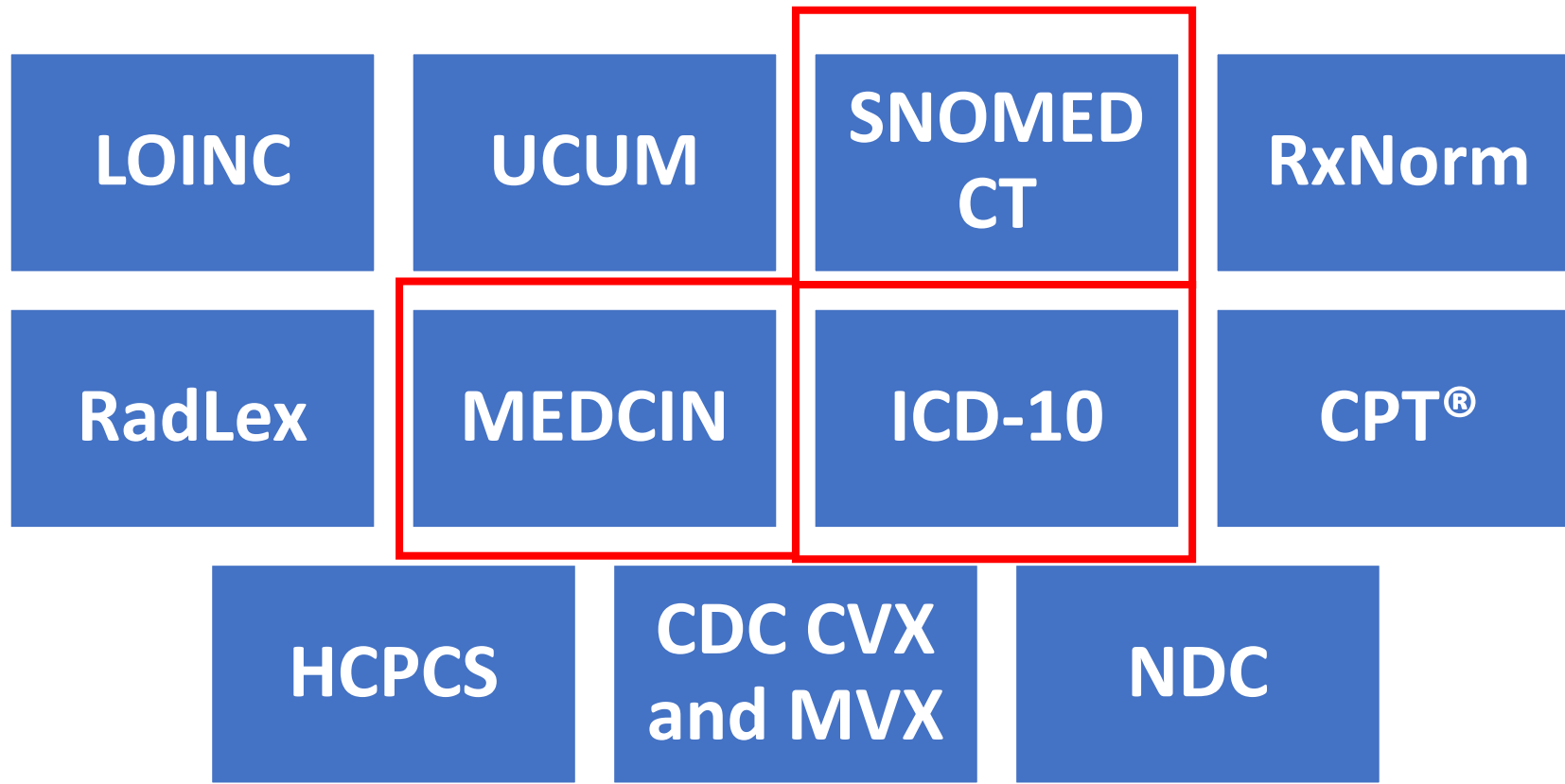


Note: Latest as of August 2022

# Clinical Documentation & Proactive Alert & Structured Data & Data Analytics



# *Terminology Standards*



Source : <https://www.himss.org/terminology-standards>

headach

▶ R headache

▶ S headache

▶ D headache syndromes

T headache disability index questionnaire

H headache gets better at home and worse at work

D post-ictal headache

S convulsions followed by headache

S fainting followed by headache

H taking medication for headaches

▶ R acetaminophen + calcium carbonate

R neurology goals: reduce headaches

T the stress test induced headache

▶ D arbovirus: fever, malaise, headache, myalgia

S fainting preceded by sudden or severe headache

S middle-night awakening with headache

10 - headache

Properties

Strings

Codes

SNOMED Info

Diagnostic

Cross Diagnostic

Index Data

Vocabulary	Group	Prefix	Result	Relationship	Code	Description
CTCAE				SameAs	10019211	Headache
ICD-9-CM					784.0	Headache
ICD-10-CM	1			SameAs	R51	Headache
ICD-10 WHO	1			SameAs	R51	Headache
LOINC				BroaderThan	45715-0	Headache:Find:Pt:Patient:Ord:MDS
SNOMED-CT	1			SameAs	25064002	Headache (finding)
SNOMED-CT	2			BroaderThan	279016001	Cervicogenic headache (finding)
SNOMED-CT	3			BroaderThan	398126006	Muscular headache (disorder)
SNOMED-CT	4			BroaderThan	445511002	Orthostatic headache (finding)

# CLINICAL DECISION SUPPORT AT THE POINT OF CARE

Vital sign   Early Warning Score **2** score(s)

Date / Time	Temperature	Respiration	Pulse	SBP	DBP	%SpO <sub>2</sub>	Conscious
12-Oct-2021 13:38 ▼	39						▼

Alert!!!! ☒ call rapid response team \*\*\*CPRcode Tel.888\*\*\*

Vital sign   Early Warning Score **7** score(s)

Date / Time	Temperature	Respiration	Pulse	SBP	DBP	%SpO <sub>2</sub>	Conscious
12-Oct-2021 13:38 ▼	39	22	100	80	40	100	Reacted to voice ▼

# EASILY APPLY CPG AT THE POINT OF CARE

## Chief Complaint and Present Illness

**Reason for visit** ☐ Acute illness ☐ check-up ☐ insurance certification ☐ medication refill ☐ preoperative exam ☐ postsurgical follow up

**Chief Complaint** ☐ fever ☐ cough ☐ headache ☐ diarrhea ☐ Other

**Alert signs** ☐ chest pain ; ☐ abdominal pain ; ☐ limb weakness ; ☐ aphasia ; ☐ multiple injuries ;

### Quick SOFA score

☐ mental status change ☒ tachypnea ☒ systolic blood pressure

### Other Symptoms

## !!! CPG Alert !!!

☒ following clinical practice guideline ; ☒ notification of provider ; Wasin Date & time ▼

!!! Alert !!! ☒ rule out septicemia ; Date & time ▼

Stroke Pathway

Chestpain

Acute abdominal pain care map

Multiple trauma care map

Notify Physician before start Sepsis pathway

## !!! CPG Alert !!!

☒ ☐ following clinical practice guideline 07-Jul-2019, 11:54 A ; ☒ notification of provider ; Wasin Date & time

!!! Alert !!! ☒ ☐ rule out septicemia ; Date & time

Sepsis pathway

### CPG Details:

SepticShockInitialScreeningSection

#### Past Medical History

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> denial of any significant medical history | <input type="checkbox"/> patient is bed-ridden                       | <input type="checkbox"/> cholelithiasis               |
| <input type="checkbox"/> cirrhosis  | <input type="checkbox"/> thalassemia                                 | <input type="checkbox"/> prior use of corticosteroids |
| <input type="checkbox"/> systemic HTN   | <input type="checkbox"/> chronic kidney disease (NKF classification) | <input type="checkbox"/> diabetes mellitus            |
| <input type="checkbox"/> heart disease  | <input type="checkbox"/> Other past medical history                  |   |

#### Evaluation Criteria of SIRS (Systemic Inflammatory Response Syndrome)

- |  |                                      |  |
|--|--------------------------------------|--|
| <input checked="" type="checkbox"/> hyperthermia | <input type="checkbox"/> hypothermia | <input type="checkbox"/> heart rate              |
| <input type="checkbox"/> band neutrophil count   | <input type="checkbox"/> WBC count   | <input type="checkbox"/> blood PaCO <sub>2</sub> |

#### Source of infection:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> pneumonia        | <input type="checkbox"/> urinary tract infection                    |
| <input type="checkbox"/> gastrointestinal infections | <input type="checkbox"/> infections of skin and subcutaneous tissue |
| <input type="checkbox"/> joint infection             | <input type="checkbox"/> other infection                            |

6 Bundles

#### Resuscitation approach to 6 bundles

##### 1. Take Hemoculture

- ☒ ☐ blood culture Both arm 07-Jul-2019, 11:55
- ☒ First Blood lactate level 4 mmol/l

## 2. Give Empirical antibiotic within 1 hr

☒ antibiotic therapy within 1 hr Cef3 07-Jul-2019, 11:55 ▼

### Suggestion :

- Community acquired --> Ceftriaxone 2 gms
- Rule out Meliodosis (DM, Thalassemia, Cirrhosis, Gall stone, CKD) --> Ceftazidime 2 gms
- Healthcare associated infection --> the most broad spectrum antibiotic : Carbapenem

## 3. Intravenous Fluid Giving

☒ parenteral fluids by IV: total volume administered 100 ml /1 hr

loading 3 liters in 1 hour

loading 1.5 liter in 1 hour

☒ MAP after loading : 80 mmHg

## 4. After loading MAP < 65 mmHg please give

☐ norepinephrine 4 mg + 5%D/W 250 ml start 15 ml/hr

## 5. Foley's catheter

☒ urethral catheterization urine output from Foley catheter ml >>> Keep Urine Output > 30 ml/hr <<<

## 6. Consider for Intubation + Respiratory support

☒ endotracheal tube insertion no Strap cm

Goals:

Goals	Evaluations	Recorder	Goal after diagnose	Achievement
administration of antibiotics	07-Jul-19 11:55 ▼	Piyanun Yenjit	within 1 hr	goal not met
mean arterial pressure at rest (mmHg)	80	Piyanun Yenjit	MAP > 65 mmHg within 6 hrs	goal met
provision of blood specimen care / Hemoculture	<div><div>Y</div><div>N</div></div>	Piyanun Yenjit	has been taken	goal met
in-hospital transfer to ICU	▼		within 3 hrs	▪
provision of adequate total intake	100	Piyanun Yenjit	1500 ml within 1 hr	goal not met
overall condition:	▼		100% survival	

# E-MAR



# Implementation Idea

**When..**

**When should we start & Certify?**

**Step by Step.....**

**Until it is our natural workflow/ Process**

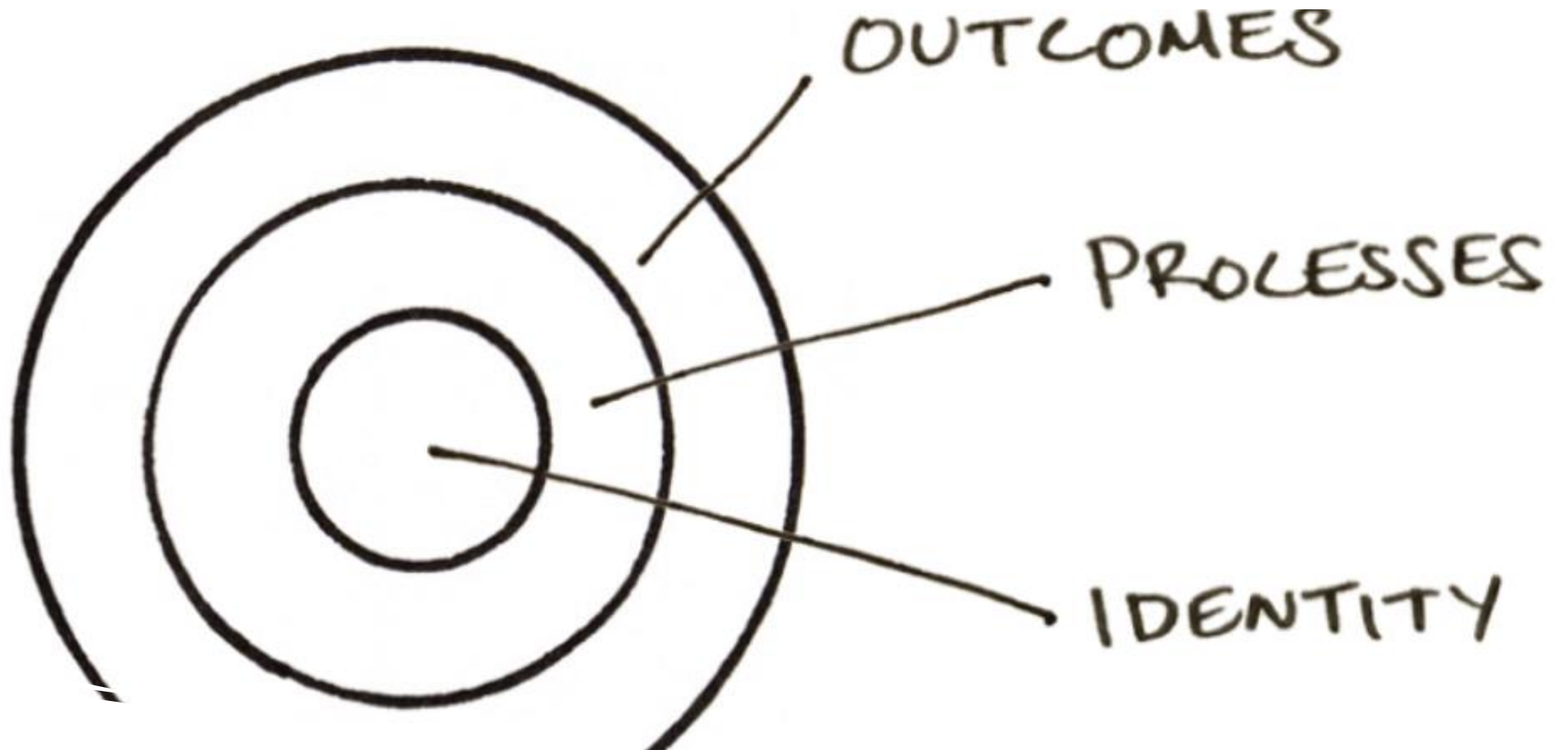
**Until it is in our daily behavior**

**Until it is our standard**

**Until Certify is not a big deal (Chill Chill)**

**We can start now and certify later (by this year) !!!!**

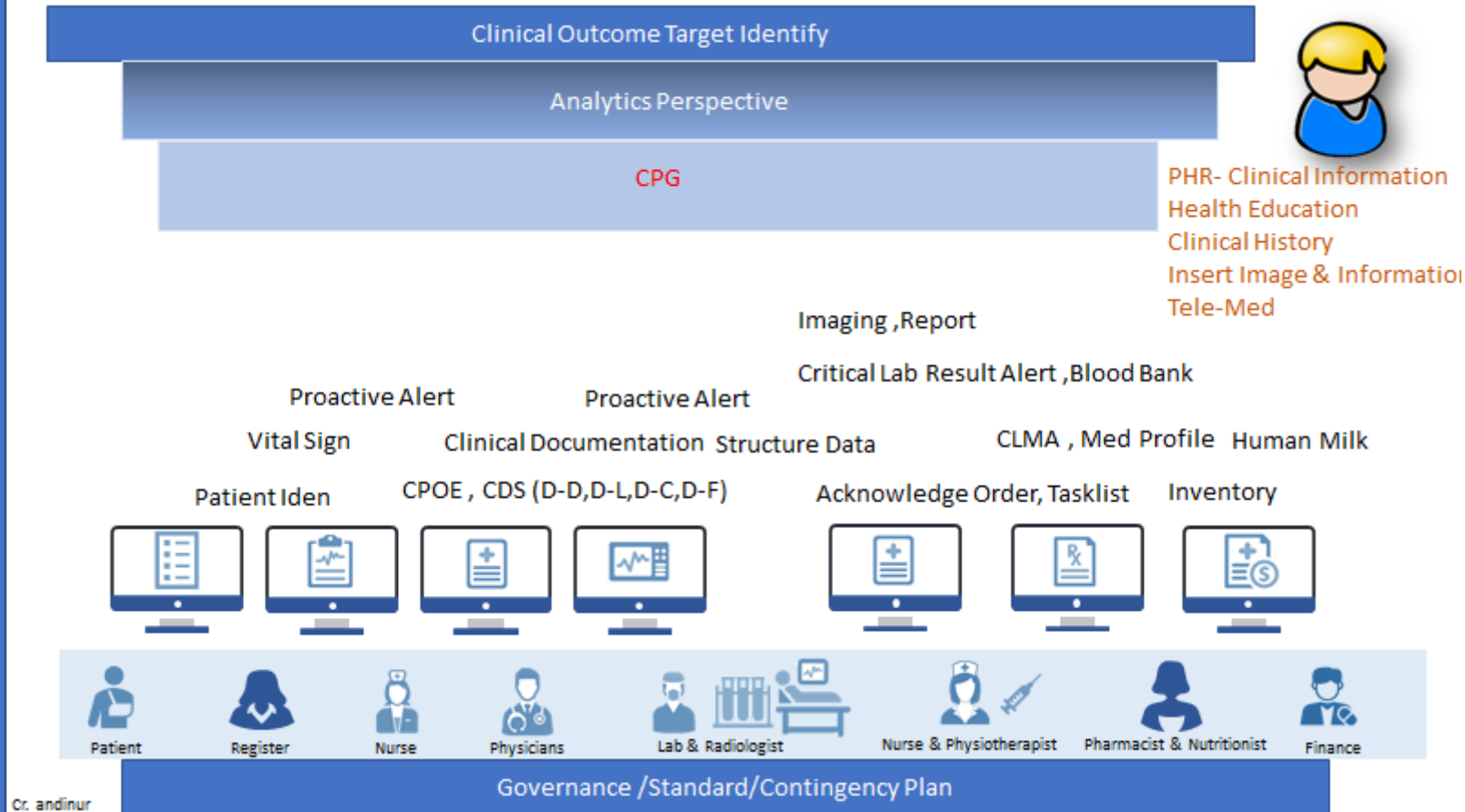




- Outcomes are about what you get.
- Processes are about what you do.
- Identity is about what you believe.

# IT

Technology  
Provider,  
Supporter



Cr. andinur

# Steps/ Action Plan Sample

## 1. Identify Current Situation ,What you need to improve?

- Vital Sign incorrect
- Proactive alert or Patient care class not identify
- Number of Re-Admit & Revisit, Number of transfer to higher level, Poor guideline Compliance
- Number of Transcribing error , Admin error ,Indication for admission

## 2. Gap Analysis (Site Visit)

## 3. Sign LOE with HIMSS

## 4. Revisit & Mock Survey

## 5. Validation

## 6. Post-Validation : Maintain & Improvement

# Key Success factors & Challenges from experienced

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- Communication
- Mindset
- Training
- Usability Issues
- Technical/Functional Resource Limitation
- Proper Training Shortcomings
- Ignorance / not interest



# Key APAC Analytics Projects in 2022



# Thank you

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