Chapter 4

Big Information Technology Bet of a Small Community Hospital

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EXECUTIVE SUMMARY

Broadlawns Medical Center (BMC) is a teaching acute care community hospital of 200 beds located in Des Moines, Iowa. As other safety net providers across the nation, the hospital operates in a difficult environment with a growing number of uninsured patients and simultaneously dwindling tax support. By 2005, George Washington University and several Joint Commission reports had publicly highlighted the hospital’s challenges of financial sustainability and the provided quality of care. The hospital’s senior management team decided to adopt an Electronic Health Record (EHR) system in an attempt to gain access to real-time performance data. The EHR adoption project posed many organizational, managerial, and technological challenges but also provided numerous eventual benefits. BMC had not only successfully resolved the stated problems of healthcare quality, financial stability, and patient satisfaction scores, but also became one of the national leaders in healthcare information technology.

DOI: 10.4018/978-1-4666-2671-3.ch004

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BACKGROUND

The case study takes place at Broadlawns Medical Center, which is a teaching acute care community hospital in the state of Iowa. The hospital combines multiple clinics, which offer a wide spectrum of traditional and specialty services in such areas as emergency, primary care, pediatric, internal medicine, surgical, foot and ankle, and mental health. BMC was recently recognized as one of the nation’s “Most Wired – Small and Rural Hospitals” by Hospitals & Health Networks magazine (Weinstock & Hoppszallern, 2011). The hospital’s mission statement is based on the premise of providing high quality healthcare regardless of the patients’ ability to pay.

Broadlawns Medical Center values such strategic business priorities as continuous improvement of healthcare quality, commitment to patient satisfaction, development of motivated professionals, and advancing of nursing, dental, and medical student education (Broadlawns, 2011). The hospital has been providing health care to the residents of Polk County for over 85 years with the increasing emphasis on high quality and high value services (Stier, 2011). BMC continues to serve nearly 40,000 people with almost $70 million in uncompensated care on a yearly basis (Stier, 2011). Taxes, which partly support Broadlawns Medical Center, have stayed unchanged since year 2000, but the hospital has experienced a notable 15 percent increase in the number of uninsured patients in 2010 alone (Stier, 2011).

INTRODUCTION

The Joint Commission (TJC) is a not-for-profit health care quality accreditation organization based out of the United States. Many state governments recognize TJC accreditation as a prerequisite to Medicaid reimbursement. Healthcare providers participating in the TJC accreditation program are subjects to triennial accreditation cycles. TJC accreditation hinges on surveys, which are conducted impromptu 18 to 39 months apart. Hospital accreditation decisions and potential Requirements for Improvement (RFIs) are made public with the date accreditation is awarded. TJC updates the standards it uses on a yearly basis and posts them on its website. Broadlawns Medical Center surveys of 1998, 2001, and 2004 did not result in TJC delivering full three-year accreditations due to quality problems. Instead, The Joint Commission issued RFIs with tentative follow-up focus surveys meant to correct the revealed quality deficiencies.

In June 2005, George Washington University released a comprehensive study, which raised doubts about “the continued viability of Broadlawns Medical Center (Jenner, 2011).” The study highlighted such problems as the increasing numbers of uninsured patients, insufficiency of funding sources, and absence of a clear sustainable
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