If you're having trouble viewing this email, you may see it online.

Share This: ✉

DIVURGENT

Featured White Paper

Using Strategies from the Nuclear Power Industry to Improve Patient Safety

Ever since the Institute of Medicine released its pivotal report "To Err is Human: Building a Safer Health System" in 1999, much attention has been focused on improving patient safety. Tens of thousands of patients die each year as a result of medical errors, two-thirds of which are preventable. Forty-two percent of adults in the U.S. say they were involved in a situation where a medical error occurred, while 84 percent have heard about such an incident.[i] Modern healthcare involves increasingly complex technologies, yet safety practices in medicine have not kept pace with these developments and the risks they pose.[ii]

Nuclear power plants have developed systems to identify the potential for human error and many of these strategies can be adapted to healthcare. istockphoto.com

Considering the frequency with which errors occur and the potentially disastrous consequences when they do, it makes sense for health care experts to look to other organizations where risks are high and safety records are exemplary. High reliability organizations, such as nuclear power plants, have developed systems to identify the potential for human error as well as analyze what went wrong when errors occur. Many of these strategies can be adapted to the healthcare setting, creating an environment that minimizes the potential for error and maximizes the potential for avoiding the same mistake in the future. In fact, in its 1999 report, the Institute of Medicine advised: "The experiences of other industries provide valuable insight about how to begin the process of improving the safety of health care by learning how to prevent, detect, recover and learn from accidents."[iii]

<u><<Read More: Improve Patient Safety>></u>

Interested in other DIVURGENT white papers?

Here are a few of the most recent:

CPOE Project Management
Organizational Structures for Clinical Transformation
Flying Lessons:Crew Resource Management in Healthcare

Project Spotlight

Physician Integration Strategy

DIVURGENT was asked to engage with a level one trauma center, children's medical center and heart transplant center in central Florida to assess and evaluate how to integrate their community physicians with the Electronic Medical Records system they are implementing.

The assessment consisted of a comprehensive review of cost assumptions and project requirements predicated on providing EPIC to its affiliated medical staff under Stark Relaxation, which allows hospitals to subsidize the adoption for EHR for non-employed physicians under certain conditions.

DIVURGENT conducted research, developed tools for colleting pertinent data, and conducted on-site assessment and interviews with key stakeholders to determine the best pricing options allowed under Stark compliance. Specifically we examined the option of, based on providing EPIC to the community physicians across multiple organizations, to form a community-wide EHR shared by all stakeholders.

Our final deliverable provided the hospital with a set of findings, recommendations and next steps that addresses the requirements necessary to share a common EHR platform with community physicians. The deliverable included the following:

1. Shared Vision (Hospital and Community Physician)
2. Interpretation of the Stark Law
3. Community Physician Infrastructure Assessment Questionnaire
4. Community Physician Pricing Model
5. Community Physician ROI Calculator
6. Implementation Plan

7. Sample Physician Contracts

If your organization is interested in exploring the market forces that are pushing both physicians and hospitals towards greater integration, please contact us.

Ready for ICD10?

The United States Department of Health and Human Services (HHS) ICD10 mandate for 5010 transaction sets and the implementation of ICD10 coding is around the corner. As you are likely familiar with the first critical date of January 1, 2012, it is just over one year away which will require 5010 transaction sets to replace the current formats, ASC X12 Version 4010A1. Following this in 2013, all HIPAA transactions with outpatient claims, with dates of service of October 1, 2013, and inpatient claims, with discharge dates on or after October 1, 2013, will require ICD10 coding specification.

Most information currently available focuses on 5010/ICD10 education & awareness or conducting organization assessments or gap analysis. At DIVURGENT, we have been concentrating on the actionable solutions resulting from these assessments or gap analysis. Utilizing DIVURGENT's transformational methodology and our proven project management methodology and tool sets, we have devised approaches to solidify an organization's ICD10 implementation. In our upcoming November newsletter, we will provide a comprehensive white paper describing our approach and the logical answers on how to best meet 5010 and ICD10 challenges.

---

ugm.epic.com

News & Events

Attending Epic's UGM The Musical 2010 User's Group Meeting. Stop by booth 310 and see your name in lights. September 21 & 22. Verona, WI.

Hosting Dinner Event During UGM at Harvest on September 22. Dave Levin, M.D., from Sentara will be speaking on *Successful Clinician Adoption Strategies*. Madison, WI.

Shane Danaher and Colin Konschak will be **presenting on "Tactical approach to**

HITECH and your practice" at the Virginina Medical Group Management Association Fall 2010 Conference on September 27. Hilton, Virginia Beach, VA.

"Consumer-centric Healthcare: Opportunities and Challenges for Providers," Managing Partner Colin Konschak's book, will be released in October.

Here We Grow Again

DIVURGENT's clinical transformation model

Clinical Transformation has been added as a fourth DIVURGENT practice, led by Mary Staley-Sirois, MBA, PT.

Our clinical transformation approach and expertise addresses the following areas:

- Governance alignment
- Benefits realization
- CPOE
- Clinical documentation
- Data standardization and evidence-based medicine

We further support our clinical transformation tools with proven tools and methods in project management and change management. Our goal is to transfer our skills and approach to your organization so that you become self-sufficient in leveraging EHR technologies to optimize processes and practices that support the provision of quality care.

Jeffery Daigrepont

DIVURGENT is pleased to welome Jeffery Daigrepont, CPHIMS, to our board of advisors. The author of two AMA books, "Starting the Medical Practice" and "Automating the Medical Practice," Jeffery has extensive experience managing medical practices, negotiating with many PM/EMR vendors and implementing technology solutions in medical practices that support and improve workflow and effective patient care delivery. He speaks nationally for MGMA, MRI and HIMSS, as well as several medical societies on the subject of healthcare information technology (HIT). Jeffery has also chaired the HIMSS Ambulatory Steering Committee.

Contact Us

www.DIVURGENT.com

Twitter: @DIVURGENT

Facebook: DIVURGENT Healthcare Advisors

LinkedIn: DIVURGENT

Thought Leadership: White Paper Library

Courtesy of technorati.com

New suite numbers for Virginia Beach Office: 228 - 231

6119 Greenville Avenue, Suite 144 Dallas, TX 75206	Toll Free: 1.877.254.9794 Email: info@DIVURGENT.com Web: www.DIVURGENT.com	4445 Corporation Lane, Suite 227 Virginia Beach, VA 23462

This email was sent to **keri.desalvo@divurgent.com**. To ensure that you continue receiving our emails, please add us to your address book or safe list.

manage your preferences | **opt out** using **TrueRemove**®.

Got this as a forward? **Sign up** to receive our future emails.

powered by emma®