

Holyoke Medical Center

HOLYOKE, MA

\$500,000

AWARD EXPENDED

Prior to CHART Phase 1, Holyoke Medical Center was one of the last remaining hospitals in the Commonwealth using paper medical records in its emergency department (ED). As part of CHART Phase 1, Holyoke Medical Center identified and implemented an electronic emergency department physician documentation system. An electronic emergency department information system is a foundational element for care delivery transformation initiatives.

CAPABILITY AND CAPACITY BUILDING

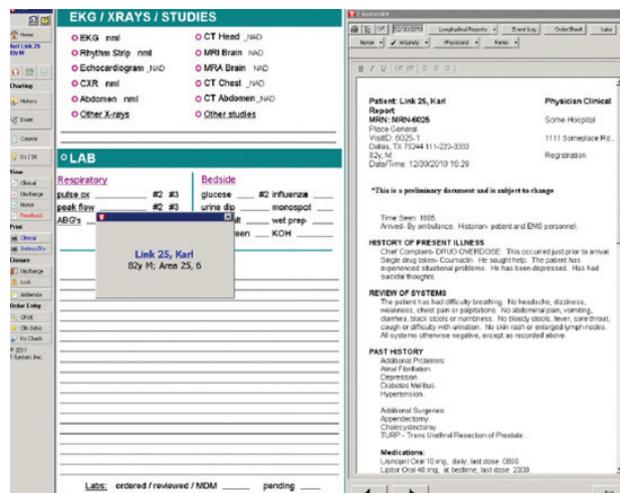
The goal of implementing the emergency department physician documentation system was to streamline the recording of healthcare information and to provide capabilities to transmit emergency department medical information to surrounding community providers including other acute care facilities, behavioral health facilities, primary care and behavioral health providers in order to decrease ED revisits.

Holyoke Medical Center implemented the electronic ED physician documentation system prior to the conclusion of CHART Phase 1. In addition, the hospital mapped how use of the electronic system, along with clinical processes, and in the future will help patient care teams flag high-risk patients, analyze their medical information and ultimately improve their care to reduce readmissions for that population.

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NURSES AND MEDICAL STAFF WERE TRAINED ON AN INTERVIEW PROTOCOL AND DATA COLLECTION FORM IN THE NEW SYSTEM TO EVALUATE REASONS FOR READMISSION TO THE ED WITHIN 30 DAYS OF DISCHARGE.

ED physician documentation system screenshot



This example represents sample data on a fictional patient.

CHART PHASE 2 AWARD

In CHART Phase 2, Holyoke Medical Center will provide a broad array of enhanced behavioral health services. With key community partners, Holyoke Medical Center will provide cross-continuum care management for patients with behavioral health conditions, centered on a high risk care team in a redesigned emergency department. Together, these initiatives will support the goal of reducing 30-day emergency department revisits by patients with primary or secondary behavioral health conditions.