

3 Tasks Healthcare CIOs Should Pursue During a Pandemic



In this e-guide

3 tasks healthcare CIOs should pursue
during pandemic p. 2

Further reading p. 6

In this e-guide:

This guide explores 3 efforts healthcare CIOs can optimize to ensure those on the frontlines are supported by the technology infrastructure, including:

- The patient portal
- EHRs for coronavirus
- Managing patient flow

In this e-guide

3 tasks healthcare CIOs should pursue during pandemic p. 2

Further reading p. 6

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The COVID-19 crisis is ushering in a new era for health IT, making healthcare CIOs critical players in clinical care delivery.

Not only are they enabling a remote workforce and making telehealth as [accessible as possible](#) to patients, but healthcare CIOs also need to utilize technology to manage the deluge of patients flooding into healthcare systems.

"This is probably the first time in human history that technology has had such a predominant role in directly responding to a [pandemic]," said Jeffrey Becker, a Forrester Research analyst.

Additional efforts healthcare CIOs can take to ensure those on the front lines are [supported by the technology infrastructure](#) include optimizing the patient portal and the EHR system for the coronavirus crisis, as well as using analytics to track the patient flow within their healthcare systems.

In this e-guide

3 tasks healthcare CIOs should pursue during pandemic p. 2

Further reading p. 6

1. Optimize patient portal

Typical patient portals are not designed for the deluge of COVID-19 queries that are coming in, which means healthcare CIOs will need to revamp the portal to address patient needs and concerns related to the pandemic.

Becker said healthcare CIOs can do this by creating a page on the patient portal that guides patients to the right resources. Those resources should include an [online symptom-checker service](#), information on the healthcare system's protocols for virtual visits, how to get tested and what measures patients should be taking to keep the community safe.

"That is probably the first step in the CIO playbook," Becker said. "Making sure the outbound-facing messaging reflects the ongoing state of the local community, the risk local citizens are facing and what health systems need to do to address that."

2. Optimize EHRs for coronavirus

Next, healthcare CIOs should focus on updating the EHR system so healthcare workers can intake, diagnose and treat patients with COVID-19 symptoms, according to Becker. He said doing so is like creating a treatment pathway for any common condition.

Healthcare CIOs need to standardize the triage and screening process in emergency departments for COVID-19. CIOs will also need to build their healthcare system's evidence-based order sets, which are predefined templates for conditions that are used as a clinical-decision support tool. Order sets should include an initial emergency department triage order set, an admissions order set and a discharge order set.

In this e-guide

3 tasks healthcare CIOs should pursue
during pandemic p. 2

Further reading p. 6

"You're going to want to build a documentation template that is as automatic and prepopulated as possible because we don't have the time for doctors to be clicking information into the [EHR] note," Becker said. "We need to make this as simple as possible."

Gartner analyst Mandi Bishop said CIOs will need to work with both EHR vendors and revenue cycle management vendors to make sure the software is ready to implement new Current Procedural Terminology codes for COVID-19 testing, as well as International Classification of Diseases-10 codes for [COVID-19 diagnosis](#). The codes are provided by healthcare systems to insurers for reimbursement.

"Ultimately, being able to financially sustain what's happening is going to rely on your ability to bill," she said.

3. Manage patient flow

Moving forward, healthcare CIOs will need to use patient flow analytics to [better manage hospital capacity](#), Becker said.

Vendors such as [Philips](#), GE Healthcare, Change Healthcare and TeleTracking Technologies specialize in patient flow technology as well as build analytics and [predictive models](#) to optimize patient throughput and capacity forecasting. Becker said the faster a hospital can get patients treated, recovered and discharged, the more high-risk patients a healthcare system can see.

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In this e-guide

3 tasks healthcare CIOs should pursue during pandemic p. 2

Further reading p. 6

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"There is value in understanding, with 95% accuracy, what your emergency department population is going to look like in three days, how many patients are going to need to be admitted, how many patients are going to be in the ICU, how many are going to be on ventilators [and] what the forecasted discharge date is for every patient in your hospital," Becker said.

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Further reading

In this e-guide

3 tasks healthcare CIOs should pursue during pandemic p. 2

Further reading p. 6

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