

CEO explains challenges, advantages of electronic medical records

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St. Aloisius Medical Center in Harvey is making steady progress in implementing electronic medical records. Staff there are currently using clinical documentation software, pharmacy software, and computerized physician order entry. Their newest addition to the records will be lab records. St. Aloisius has implemented electronic records in its hospital as well as in its long-term care facility.

"Like everybody else, we're full steam ahead, but at the same time we're trying to give good patient care. The problem I can see is, being in the health-care business for 30 years, is that the government has continued to push technology, and we've always been forced to do more," Rocky Zastoupil, CEO of St. Aloisius Medical Center, said.

"I'm definitely for change. I originally was a computer science major. I think it can be a good thing. But I think it does take away funds that may be used for other equipment and services, or at least postpones it," he added.

Being a member of the Northwest Alliance for Information Technology has helped offset some of the costs of the project.

"We do have one advantage, being a member of NWAIT. We've worked together to provide support from a technical standpoint and from an executive standpoint to facilitate this. It requires expertise from various departments," Zastoupil said.

In addition to the financial burden, Zastoupil explained, the extra training required of staff members can be time consuming.

St. Aloisius has remodeled a formal education room to include a multi media setup. The staff trains in electronic medical records there, as well as people studying to become paramedics or licensed practical nurses.

"The biggest stumbling block has been getting people trained to use it. Computers either make you work, or you can make them work for you. If we can get everything set up right, it can help. If it's done wrong, it's just another burden," he added.

Zastoupil noted that some older staff members haven't been as quick to adapt to the technology as the younger generation. The reviews of the older staff members have been mixed, from enjoying the technology to disliking it.

"There may be a few who will retire because they are older and they won't adapt to it. Some of them don't want to make that leap or make that change. But, we've also been very impressed with some who are in their 60s, just taking off with it and even amazing themselves. Physician buy-in is a big piece of this, and some already seem to be enjoying it and using it," Zastoupil said.

St. Aloisius first imple-

mented electronic medical records in the pharmacy.

"We first started implementing only about two and a half years ago. We honed in on the pharmaceutical piece first, because medication errors are a big concern in health care. I like the barcoding option that allows nurses to scan the medication and the patient's bracelet. It makes sure that the right patient is getting the right medication," Zastoupil said.

While St. Aloisius is making good progress toward implementing electronic medical records, they may not make many of the meaningful use deadlines set forth by the government to receive incentive payments.

"We will get there, but we will not make the deadlines as others may. I like to take our time and do it right, instead of doing it in haste. We set on some incentives, but it will end up being more of a punishment to us," Zastoupil said.

In addition to meaningful use deadline concerns, Zastoupil said, he is concerned about replacing electronic equipment as it antiquates later on down the road.

Being a part of the NWAIT consortium has greatly helped with equipment costs at the present time, however. The collaboration between rural hospitals has become vitally important to their survival.

"There can be problems when you have 10 captains of one ship, but we all get along, and that cohesiveness has made us better. Together we can survive, but we can't alone. We're not in a competition with each other, we're in a competition with the economy to try to stay alive and provide care to the citizens of North Dakota," Zastoupil said.

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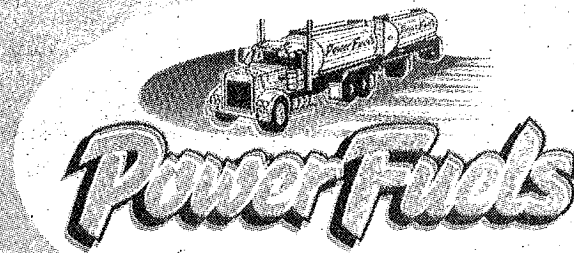
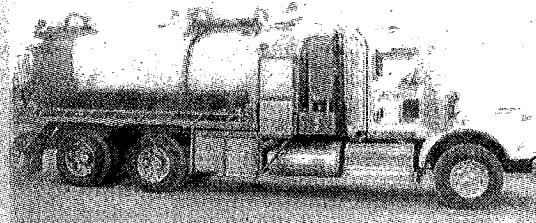
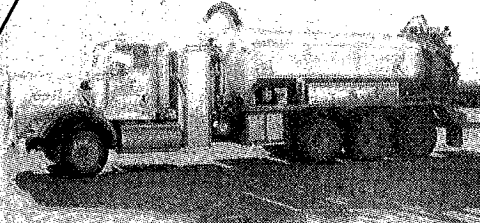
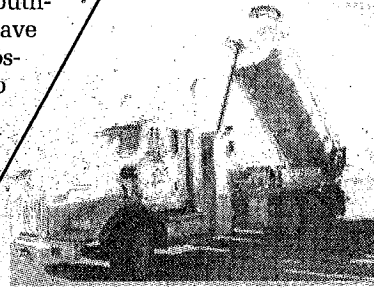
stoupil envisioned similar consortiums throughout North Dakota in different regions as being helpful to many rural hospitals.

"If each region in the state did this, we could have four separate regions - the northwest, northeast, southwest and southeast. We could have most of the rural hospitals connected to the tertiary hospitals and we could all be linked. That I would really like to see," he said.

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