



# RETENTION ACADEMY

HOMEWORK ASSIGNMENT/OFFICE HOUR  
MARCH 21, 2018  
2PM EASTERN

## QUESTION 1: SECURITY

- An active user has over 60 passwords for various applications
- Even those with the best memories might not be able to memorize up to 25%
- 50% of users write down their passwords
- “Some [experts] argue that the concept of password expirations is obsolete, because mathematically speaking, the practice of changing passwords frequently does not gain much security at all”

Adeka, M., Shepherd, S., & Abd-Alhameed, R. (2013, January). Resolving the password security purgatory in the contexts of technology, security and human factors. *International Conference on Computer Applications Technology* (pp. 1-7)

## Current Resources, Tools, and Events (ordered by posting date)



HITEQ Center / Thursday, September 29, 2016 / Categories: Health IT & QI Workforce, Professional Development, Privacy and Security, Privacy & Security Best Practices, Security Risk Analysis

## How to Establish an Ongoing Security Program and Meet Meaningful Use Requirements for Security Risk Analysis

An SRA brief for Health Centers

### Overview

In order to comply with the Security Rule of the Health Insurance Portability and Accountability Act (HIPAA), you need to maintain an ongoing security program. The HIPAA Security Rule mandates security standards to safeguard electronic protected health information (ePHI) maintained by electronic health record (EHR) technology, with detailed attention to how ePHI is stored, accessed, transmitted, and audited. This rule is different from the HIPAA Privacy Rule, which requires safeguards to protect the privacy of protected health information (PHI) and sets limits and conditions on the use and disclosure of PHI.

Meaningful use supports the HIPAA Security Rule. In order to successfully attest in Stage 1, you must conduct a security risk analysis (SRA), implement updates as needed, and correct identified security deficiencies. Stage 2 will include the need to adequately encrypt data. By conducting an SRA regularly, providers can identify and document potential threats and vulnerabilities related to data security, and develop a plan of action to mitigate them. Common security risks in a medical practice include:

## QUESTION 2: VENDOR COMPARISON

**Table 1—Electronic Medical Records Scorecard  
(Abbreviated Version)**

Attribute	Vendor A Score	Vendor B Score	Vendor C Score
Support			
Response time to calls			
Hours of support operations			
Onsite or remote			
System updates: quarterly/annually			
System upgrades: included in annual fees or charged separately			
Support existing products			
Offers connectivity			

Diamond, E., French, K., Gronkiewicz, C., & Borkgren, M. (2010). Electronic medical records: a practitioner's perspective on evaluation and implementation. *Chest*, 138(3), 716-723.

## QUESTION 3, 4, & 5: SCRIBES!

- Small increase in the number of patients per hour seen
  - Potential benefits include revenue and patient/provider satisfaction
- Heaton, 2016

Improves patient care and satisfaction, staff morale, and the administrative financial bottom line

-Shuaib, 2017

Additional visits would generate an estimated \$168,600 annually—more than twice the \$79,500 annual cost of 2 FTE scribes, yielding a 112% ROI

-Earls, 2017

Good patient and clinician acceptance and increased productivity that more than offset the cost of the scribes

-Howard, 2012

## QUESTION 3, 4, & 5: SCRIBES!

Significant improvements in overall physician satisfaction, satisfaction with chart quality and accuracy, and charting efficiency without detracting from patient satisfaction

-Gidwani, 2017

# WHERE TO START

Consider the IHI Framework for Improving Joy in the Workplace:

4. Use improvement science to test approaches to improving joy in work in your organization

3. Commit to a systems approach to making joy in work a shared responsibility at all levels of the organization

2. Identify unique impediments to joy in work

1. Ask staff, “What matters to you?”

# TRY IT!

**2. Identify unique impediments to joy** in their work, specifically those related to EHR use

- What slows down your work?
- What's one quick fix you want out of our EHR?
- What might help reduce your documentation time?

**1. Ask 1 or 2 providers, “What matters to you?”**

- What makes for a good day for you?
- What makes you proud to work here?
- When we are at our best, what does that look like?



TRY IT!

4. Write a very **simple and short-acting PDSA** addressing one of those impediments

- Ensure you've heard their joys and their woes by summarizing and documenting
- If it takes more than one month to implement, aim smaller
- Make evaluation part of the PDSA cycle via a one-question survey (e.g. "Have you noticed a difference with \_\_\_\_\_?")

3. Commit to tackling one impediment

TRY IT!

**5. Be transparent.**

- Showcase the results of your PDSA to all staff, especially if you “abandoned”
- Continue being creative and bold, consistently assessing and addressing staff needs related to EHR use

## OTHER REFERENCES

Heaton, H.A., et al. (2016). Effect of scribes on patient throughput, revenue, and patient and provider satisfaction: a systematic review and meta-analysis. *The American Journal of Emergency Medicine*, 34(10), 2018-2028.

Shuaib, W., et al. (2017). Impact of a scribe program on patient throughput, physician productivity, and patient satisfaction in a community-based emergency department. *Health Informatics Journal*.

Earls, S.T., et al. (2017). Can scribes boost FPs' efficiency and job satisfaction? *The Journal of Family Practice*, 66(4), 206-214.

Howard KA, Helé K, Salibi N, et al. (2012). Adapting the EHR scribe model to community health centers: The experience of Shasta Community Health Center's pilot. Blue Shield of California Foundation Report.

Gidwani, R., et al. (2017). Impact of scribes on physician satisfaction, patient satisfaction, and charting efficiency: A randomized controlled trial. *The Annals of Family Medicine*, 15(5), 427-433.