



Cooper University Hospital Achieves Device Connectivity in Just Weeks

Customer:

Cooper University Hospital

Clinical Information System:

Epic

Challenges:

- Seamless integration with CIS required
- Implementation timeline squeezed
- EMR vendor had limited MDI experience

Results:

- 115 monitors integrated in less than four weeks
- Improved access to data
- Decreased charting time for nurses
- Increased time for direct care

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Mike Walcheski,
Senior Integration Analyst

As an academic medical center committed to world-class patient care, education and research, Cooper University Hospital sees great value in developing the EHR. So much so, in fact, that it's actually a part of this Camden, New Jersey-based hospital's culture. "Maturing the EHR is a corporate-level project with visibility that extends to the board," explains Emma Brandon, R.N. and director of clinical information systems.

Given this commitment, Cooper University Hospital recently recognized the need to enable device connectivity. Device connectivity, or medical device integration (MDI), automates the flow of data from medical devices directly into the EMR, resulting in more robust, timely and accurate patient records.

But hospital demands can't stop for medical device integration. With more than 700 physicians, 75 specialties and 600 beds, Cooper University Hospital needed a connectivity solution that could integrate quickly and seamlessly with its existing EHR.

The Path to the Right Vendor

Cooper University Hospital started its drive towards device connectivity by taking inventory. In doing so, it unearthed more than 12,000 individual devices. Armed with this information, the hospital set out to explore its vendor options in regard to medical device integration.

Because the hospital had already selected an EMR provider, it began its research there. However, the EMR provider could only recommend one MDI vendor, and Cooper University Hospital sought to evaluate at least three. More importantly, the EMR-recommended vendor offered a location-centric solution; it relied on location information, or bed numbers, to associate a patient to a device. Cooper University Hospital wanted a solution that allowed them to associate the device directly to the patient.

"We didn't want to feel limited by our EMR vendor," says Brandon, "especially if that meant settling for anything less than the best option."

Research revealed two more device connectivity providers. As part of its investigation, Cooper University Hospital evaluated the fiscal health, long-term solution flexibility and implementation costs of each provider.

Ultimately, Cooper University Hospital chose iSirona's software-based solution. "In iSirona, we found what we were looking for," says Cooper University Hospital Senior Integration Analyst Mike Walcheski. "Their approach provided us with the functionality we needed. Plus, they showed a great willingness to work with us and go the extra mile, even before the contract was signed."

With a bona fide medical device integration provider selected, Cooper University Hospital set the parameters for the first phase of its connectivity efforts: the integration of 115 monitors on the GE Unity Network.

The Proof Is in the Results

In less than four weeks, iSirona integrated the phase one monitors into the hospital's existing infrastructure and network. In fact, iSirona went further. "Despite our tight timeline, iSirona was able to connect additional devices as well, prior to the deadline," says Walcheski.

As a result, Cooper University Hospital is experiencing improved access to data, decreased charting time for nurses and increased time for direct care. And, Cooper's nurses couldn't be more pleased. "iSirona integrates so tightly with our existing system that our staff needed almost no training," says Brandon. "The transition was incredibly simple."

The transition was so simple in fact, that Cooper University Hospital turned its attention towards the integration of hemodialysis machines. According to Brandon, this proved especially beneficial from a time savings standpoint, as prior to the automation, data from these devices needed to be checked and recorded six times each hour—resulting in approximately an hour of charting per shift.

Given the success of their connectivity efforts to date, Cooper University Hospital is poised and eager for future implementations. "We don't view our integration efforts as one-off projects," says Walcheski. "Our success is the result of a well-coordinated effort by everyone involved. Our clinical staff, the IT department and iSirona's team all came together to get us to a great result. And, on deadline, too."

"We needed to go live in less than a month; a variety of delays had squeezed our implementation timeline. Amazingly, we went live in just less than four weeks!"

**Emma Brandon,
Director of Clinical
Information Systems**



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