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## Meaningful Use Criteria and Staff Accountability in an Office Setting

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*Walden University*

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# Walden University

College of Nursing

This is to certify that the doctoral study by

Marcia Pender

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University

2021

Abstract

Meaningful Use Criteria and Staff Accountability in an Office Setting

by

Marcia Pender

MS, Maryville University, 2020

MS, Walden University, 2016

BS, University of Central Florida, 2008

Project Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Nursing Practice

Walden University

August 2021

## Abstract

Proper documentation for meaningful use (MU) criteria within electronic health records (EHRs) was identified as an issue for office staff at a local primary care office in a metropolitan area of Central Florida. The project question addressed the local gap in knowledge about MU standards necessary to ensure correct documentation of EHRs. The purpose of this doctoral project was to provide an educational program for staff to ensure compliance with the HITECH Act of 2009. Lewin's Change Theory and Knowles Theory of Adult learning were the conceptual foundations for the educational program. The project question was to determine whether a staff educational program to review current MU standards would increase staff understanding of the need for compliance. A comprehensive review of the literature was compiled from the Walden University Library databases and provided current evidence to support the educational program. Data from the pretest/posttest were collated using Microsoft Excel. Due to the Coronavirus pandemic only three clerical staff and one physician could participate in the educational program, which resulted in a small sample size that does not allow for meaningful educational statistical analysis. A review of the pre/posttest results was conducted and indicated a substantive improvement by the staff in their understanding of MU criteria. There was nearly universal agreement of an improved knowledge of MU, the key component of compliance with the standards. Positive social change included increased office staff confidence, minimization of paperwork and engagement of stakeholders, expanding affordable care access and potentially improved quality of care as well as preventing medical errors and decreasing the cost of healthcare.

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## Dedication

I would like to dedicate this DNP proposal to my family, they have been instrumental in my pursuit of higher education. I would like to thank my son, Jonathan Pender for being an amazing child. He was disciplined on his own so that I would be able to complete my dream of a terminal degree. He too graduates at the same time with me from high school. I also would like to thank my parents Rudolph and Sygrid Kiffin who have been through this tedious but fruitful journey of nursing education with me from start to finish. You have always instilled in me the value of working hard, getting my education, and striving to achieve being the best version of myself that I could be. I also would like to acknowledge my loving grandparents Louise Webb and Aston Kiffin who have been my guardian angels on earth throughout my childhood and early adulthood, and now from the heavens above. You all have loved me and guided me to be the person I am today.

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## Section 1: Nature of the Project

### **Introduction**

In 2009, the Health Information Technology for Economic and Clinical Health Act (HITECH) by the Center for Medicare and Medicaid Services (CMS) was implemented to move healthcare providers and health organizations toward improving healthcare quality and becoming more efficient while using electronic health records (EHRs) to coordinate care (Cohen & Adler-Milstein, 2016). The HITECH Act was implemented to help motivate providers and healthcare organizations “meet Meaningful Use criteria established by the Centers for Medicare and Medicaid” (CMS, n.d., p1.). The problem that was addressed within this proposal was the gap in education of office staff related to proper documentation with meaningful use (MU) at a local primary care office in a metropolitan area of Central Florida. Although there has been some success with organizations and providers implementing EHRs, there still appears to be an issue with completely understanding MU standards and appropriate documentation. If MU is not met, there are penalties which may cost between 1 and 3% of CMS reimbursements. The nature of this project was educational and completed with the use of the Walden University Manual for Staff Education. Reflections regarding positive social change occurred with clinical staff and prelicensure nurse practitioner students who participated in documentation of diagnosis-specific templates in EHRs. This section includes the problem statement, purpose statement, significance, and a summary. These sections expand how this DNP project was completed and led to positive social change.

## **Problem Statement**

MU was instituted by the CMS as criteria to qualify certain healthcare entities for financial incentives. It involves asking providers to implement and use EHRs for assisting in care coordination by exchanging health information through technology. Additionally, measures are in place for healthcare delivery outcomes which are described as high value care (Health IT, 2020). MU has become more challenging and expensive for both providers and the federal government (Grossman & Barsky, 2014). Failure to meet MU standards has been noted to be an issue within the local primary care family office that is the subject of this DNP project. The problem at the local primary care office is the gap in education of office staff regarding properly documenting for MU within EHRs. This DNP educational project involved addressing the problem of office staff not documenting appropriately as identified using MU standards within EHRs. HITECH's MU program, managed by the CMS, was intended to move providers beyond EHR basics, tying financial incentives to increasingly sophisticated use of EHRs for decision support over time (Blumenthal & Tavenner, 2010; Rather et al., 2019). Some offices and organizations continue to struggle with understanding and complying with MU standards. Additionally, some struggle to understand what is required to be inclusive in terms of documenting EHRs properly. According to Rather et al. (2019), one survey of primary care physicians and practice managers identified six substantial or moderate barriers to communication and coordination of care with EHRs: (a) difficulty sending or receiving information electronically, (b) complexity of required workflow changes, (c) lack of provider and practice staff time, (d) direct financial costs, (e) EHR design and function,

and (f) competing priorities. MU criteria were changed from the original sustainable growth rate, which is how a company grows financially applicable in 2015 and are now implemented using two new quality payment programs which are: Merit-based Incentive Payment Systems (MIPS) and Advanced Alternate Payment Models (APMs). These are both ways that providers may choose participation in Medicare Access and the CHIP Reauthorization Act (MACRA) of 2015. Providers attempt to keep up with criteria as much as possible when changes are adopted. This DNP project initiative involves addressing these barriers in order to improve health care delivery at a local primary care practice, and thus become a model for the field of nursing.

### **Purpose Statement**

The purpose of this doctoral project was to provide an educational program for staff to ensure their competency with HITECH:

*RQ:* Does staff education regarding MU standards and quality improvement indicators demonstrate an increase in knowledge of staff with the ultimate goal of an increase in compliance?

I will implement education to clinical staff in the form of an education program to assist in improving compliance with MU standards and the MIPS. Having MU criteria connect fiscal stability and good patient outcomes after implementing EHRs is a necessary. MU for proper documentation of EHRs will aid in better patient outcomes and being fiscally sound.

### **Nature of the Doctoral Project**

The nature of this project was educational. It was completed with current and scholarly literature which supports the practice-focused question, along with an evaluation of the approach of developing an educational program via relevant sources of evidence for best practice. It involved reviewing articles, including primary research articles, systemic reviews, white papers, and clinical practice guidelines which have been published within the last 5 years. Search terms and Boolean phrases were retrieved from appropriate databases such as the EBSCO Host, ProQuest, Cumulative Index to Nursing and Allied Health Literature (CINAHL), Cochrane Library, and Ovid. The DNP project involved administering approved pre and posttests. The educational program includes information obtained from literature reviews and available evidence-based research from literature published within the last 5 years. EHR use under the HITECH Act was expected to expand the exchange of medical records between doctors, hospitals, and other healthcare entities. Provisions such as financial incentives were included through the CMS to any provider or organization that adopted EHRs which used MU criteria (Schwartz, 2015). Additionally, evidence-based methods and theoretical frameworks were used with in the DNP project. The purpose of the DNP project was to determine if a staff education program increased the knowledge of office staff pertaining to MU standards, leading to an increase in compliance. Stakeholders that were involved in this educational program for the DNP project were physicians in the local primary care office, all employed staff in that office, and patients and their families who are involved in their care. Results obtained from this scholarly project are applicable in terms of helping other

primary care offices that are struggling with changes related to MU and the implementation of the EHR system. The gap in practice is a knowledge deficit related to proper documentation of MU and quality indicators as they pertain to physicians' fees for services in MIPS.

### **Significance**

MU standards and quality indicators involve quality, safe, and timely healthcare, which is imperative in the current healthcare arena. This local facility has been experiencing difficulties such as appropriate documentation in terms of maintaining MU standards due to knowledge deficits involving improper documentation of quality indicators. Educating physicians and office staff in terms of how proper documentation for care coordination will better address the needs of the practice will aid in improving patient care. Improvement of documentation within EHRs to achieve better and more efficient patient outcome would be optimal. Reviews of EHRs should reveal any deficient areas needed to address patient care. Additionally, billing is not being captured correctly for insurance reimbursements to be received timely. The central question is whether in the primary care setting the implemented staff education program has improved knowledge of office staff pertaining to MU standards, leading to an increase in compliance. The goal of this DNP project is to properly educate physicians and office staff on the of importance of compliance with mandates of the HITECH of 2009 and financial impacts from the CMS reimbursements for the purposes of the implementation of EHRs for patient care coordination. Changing current operating procedures within the primary care office will help in terms of addressing the goals of improving the clinical

practice's delivery of services and ensuring financial sustainability. The potential impact this will have on nursing will involve capturing diagnoses and documenting them accurately within EHRs. This will assist in terms of staying in compliance with MIPS with accurate documentation as currently outlined by the CMS. This can be transferred to any organization or physician office. This DNP project has the potential to affect many organizations and physician offices that have implemented EHR systems via accurate documentation and it will lead to positive social change for patient populations that are involved.

### **Summary**

HITECH was established in 2009 to improve healthcare quality and efficiency involving EHRs. The CMS addresses failure to meet criteria for MU standards by including provisions for financial incentives and penalties. Some healthcare facilities have been experiencing difficulties with maintaining MU standards due to their knowledge deficits, which lead to improper documentation. In an attempt to improve quality care by meeting these standards within a local primary care office, an educational program was developed. It provides information to help improve compliance. By educating office staff regarding proper documentation, this will lead to proper documenting for coordination of care, education regarding adherence to MU standards, alignment with goals of the MIPS, and addressing needs to improve patient care. In Section 2, I address the study's background and context.

## Section 2: Background and Context

### **Introduction**

In the current local primary care office, implementation of a clinical staff educational program will improve compliance with MU standards. The purpose of the DNP project was to determine if implemented staff educational program improved compliance with MU standards. The guiding question of this project was: Will staff education regarding MU standards and quality improvement indicators demonstrate an increase in knowledge of staff with the ultimate goal of an increase in compliance? Half of all physicians were unaware of important changes to the Medicare reimbursement policy that were set to begin on January 1, 2017 (Cardona et al., 2017).

### **Concepts, Models, and Theories**

The following theories were used in this study: Lewin's theory of change and Knowles' theory of adult learning, and the ADDIE model of educational program planning and implementation of educational programs. The ADDIE model is one that is used by trainers to develop educational courses. The educational program was presented to the provider, office staff, and prelicensure advanced practice nursing students. Lewin's change theory was applied. Kurt Lewin's theory has three steps (unfreezing, changing, and refreezing) (Cummings et al., 2016). The theory which was used to guide the method of teaching the DNP project was the Knowles theory which as it is used in the process that occurs in teaching as a learning aid for adults.

The ADDIE model has five phases: design, analyzing, developing resources, implementing the educational program, and evaluating success. The ADDIE model was



used to design the educational program which has a five-part framework: analysis, design, development, implementation, and evaluation of the educational program that covered all steps needed during the instructional design process. This framework aids in the adaptation of MU for care coordination and better patient outcomes. By applying the 6 principles of adult learning:

1. Adults have a need to know and to understand for themselves why they should learn something

2. Adults have a deep need to be self-directing

3. Adults have a greater volume and different quality of experience than children

4. Adults become ready to learn when they experience in their life situations a need to know or be able to do in order to perform more effectively and satisfyingly

5. Adults enter into a learning experience with a task-centered or problem-centered orientation to learning

6. Adults are motivated to learn by both extrinsic and intrinsic motivators

more learning will occur in adults as opposed to those who do not consider those principles (Twaddell, 2019). These practices also remain the same while moving from MU to MIPS which started in 2017. A quality indicator is any measure of a process, performance, or outcome of healthcare delivery that is used to promote patient safety and decrease mortality. HITECH provides the Department of Health and Human Services (HHS) with the authority to establish programs to improve healthcare quality, safety, and efficacy through the promotion of secure electronic health information exchanges. In

2015, the Medicare Access and CHIP Reauthorization Act (MACRA) was passed and changed how reimbursements to providers were made. MIPS, which is part of MACRA, replaced MU requirements that healthcare informatics and quality be based on over the past decade (Zaccagnini & Pechacek, 2019).

### **Relevance to Nursing Practice**

In the past, nursing documentation practices for patient care involved written paper charts, making consolidation and localization difficult. Documentation of healthcare provision is now done via electronic medical record formats. With that change, the HITECH Act was passed to improve healthcare quality and efficiency by using patient EHRs to coordinate patient care (Cohen & Alder-Milstein, 2016). The CMS provides financial incentives and/or penalties to providers and organizations in order to stay compliant with documentation requirements. To ensure nurses and other providers understand what is needed for appropriate documentation, education and reeducation is needed. At times, current practices are comfortable, and change is always unwelcome. This DNP project will help to elicit better documentation and patient outcomes provided by office staff. The project will provide insight in terms of whether the implemented educational program helped with MU standards documentation.

### **Local Background and Context**

A local primary care office located in a metropolitan area in Central Florida was the site where the project was conducted. This office aspires to comply with federal mandates concerning EHR implementation and MU standards related to proper documentation and care coordination. Financial penalties are a direct result of

noncompliance of office staff documenting EHRs improperly and/or incompletely. It has a direct impact on the financial stability of the practice. Implementation of an educational program for office staff to increase knowledge will help to ease the burden of exchanging patient information and documenting that information appropriately to improve compliance. Current operating procedures within the local primary care office are being reevaluated in order to improve organizational processes, workplace flow, and patient satisfaction. The new proposed operating procedure will allow for proper billing and payments along with accurate diagnoses and information completed within the charts. Proper billing and documentation may occur by in the EHR having two staff members review charts prior to checking patients for office visits. The educational program will be used to educate providers, office staff, and prelicensure advanced nurse practitioner students and ensure that they are equipped to complete appropriate documentation within the EHR.

### **Role of the DNP Student**

My role is project development manager and educator in an educational program. I am a Clinical Review Nurse in a government agency and review patient charts for authorization of appropriate hospital admissions and continued hospitalization in the Central Florida area. The role of the DNP student is to recognize an appropriate clinical problem, write a proposal, stay within Walden University and departmental guidelines and policies, and assist in contributing to this project with staff in the primary care office. As a project leader, I developed, implemented, and evaluated the educational program for staff in a primary care office to assist with improving their knowledge on the topic. In my

role, I assisted in including appropriate documentation for MU and increasing knowledge of staff. My project will help to increase knowledge regarding documentation and changes involving current workflow processes and how they can improve efficiency in terms of daily work performances that will ultimately lead to better patient outcomes and fiscal stability. I addressed areas of concern, identified the gap in practice, and developed an intervention which involved educating staff to increase their knowledge regarding MU standards, which will lead to positive social change.

### **Summary**

The purpose of this section was to address concepts, models, relevance to nursing practice, local background, context, and the role of the DNP student. Section 3 includes the practice-focused question, sources of evidence, analysis, synthesis of the evidence, and a summary.

## Section 3: Collection and Analysis of Evidence

### **Introduction**

In the primary care setting, a gap in practice regarding knowledge deficits related to educating office staff in terms of proper documentation of MU standards within EHRs was addressed. The purpose of the proposed DNP project was to educate staff about proper documentation in EHRs. Using an educational program to improve increased knowledge with MU standards is the goal. The local primary care office located in a metropolitan area of Central Florida aspires to comply with federal mandates concerning EHR implementation and MU standards related to proper documentation and quality indicators. The educational program to address the gap in practice was based on guidelines in the Walden University Manual for Staff Education and findings from literature reviews. In Section 3 of this DNP project, the practice-focused question, sources of evidence, analysis, synthesis, and a summary are addressed.

### **Practice-Focused Question**

The practice-focused question is: Does staff education regarding MU standards and quality improvement indicators demonstrate an increase in knowledge of staff with the ultimate goal of an increase in compliance?

### **Sources of Evidence**

The purpose of this educational program in a primary care office located in Central Florida was to address knowledge deficits involving proper clinical

documentation related to MU standards. The program was developed using literature published within the last 5 years. The educational program was created based on the needs of the primary care office that has a problem related to proper documentation of MU standards. A comprehensive literature review of articles was used involving sources published within the last 5 years using the Walden University Library. Search engines used were EBSCO Host, OVID, CINAHL, Medline, ProQuest, and Cochrane. The following search terms were used: *electronic health record, meaningful use standards, quality indicators, HITECH ACT, MACRA, ACT, MIPS, CMS, sustainable growth rate, Medicare reimbursement, fiscal stability, Advanced Alternate Payment Models, and pre-licensure nurse practitioner students*. Steps to assess lack of knowledge included administering a pretest, educational program, and posttest. The educational program was in the format of a PowerPoint presentation with a 12-question posttest which showed if there was any increase in knowledge by evaluating results using simple percentages. Along with this educational program, course content and a course evaluation tool were developed. Course content and processes were developed in the form of a PowerPoint presentation using the five-stage process of the Addie model.

The Knowles theory was used to demonstrate how adults learn and how this pertains to the education of office staff within the local primary care office. The ADDIE model was used as a guide to develop the educational program. This educational program had a survey component which involved evaluating the educational program and if learning objectives had been met. The completed educational program will be presented to the local primary care office.

### **Analysis and Synthesis**

The DNP project was required to be submitted through the process of obtaining Walden University Institutional Review Board (IRB) ethical approval. Test feedback was analyzed using Microsoft Excel for numerical data in order to collate results. Microsoft Word was used to develop and complete this educational program. Microsoft PowerPoint was used to develop, organize, and track changes to evaluate the educational program during the start and duration phases of development. These software applications served as a means to record, track, organize, and analyze all feedback and results from the pre and posttest.

### **Summary**

In Section 3, the practice-focused question, sources of evidence, and analysis and synthesis were addressed. Section 4 includes a summary of the local primary care facility which was identified as having a need to implement an educational program in order to link MU with fiscal and patient outcomes. Section 4 includes findings, implications, recommendations, strengths, and limitations.

## Section 4: Findings and Recommendations

### **Introduction**

Within the local primary care office, the gap in practice involving knowledge deficits related to educating local office staff regarding proper documentation of MU standards within EHRs was addressed. The purpose of this educational program in the primary care office located in Central Florida was to address lack of knowledge issues with a knowledge deficit of proper clinical documentation related to meaningful use standards.

The DNP educational program was developed from the use of published literature within the last 5 years. The development of the educational program was created based on the need of the primary care office which had a practice problem of gap in education of office staff related to proper documentation with meaningful use standards.

A comprehensive literature review of articles was created from literature within the last 5 years using the Walden University library site and some search insight assistance from the librarian. Search engines such as EBSCO, OVID, CINHAHL, Medline, ProQuest, Cochrane. Terminology such as: electronic health record, meaningful use standards, quality indicators, HITECH ACT, MACRA, ACT, MIPS, CMS, sustainable growth rate, Medicare reimbursement, fiscal stability, Advanced Alternate Payment Models, and pre-licensure Nurse Practitioner students have been utilized.

The steps which were undertaken to assess the lack of knowledge was an administration of a pre-test, the educational program, and then a post-test. The pre-test



and post-test results were compared to assess whether there was an increase in knowledge base.

### **Findings and Implications**

The findings from the educational project led to increased knowledge involving proper documentation of MU within EHRs. may continue to be lack of knowledge that office staff and providers still have as it pertains to MU. The following practice-focused question guided the educational program.

*RQ:* Does staff education regarding MU standards and quality improvement indicators demonstrate an increase in knowledge of staff with the ultimate goal of an increase in compliance?

Towards the latter part of this project, the Coronavirus pandemic created issues. The local primary care office was closed and would only allow limited access and a decreased amount of prelicensure students into the practice due to social distancing. The project had to be implemented during two different sessions due to social distancing. This decreased the number of staff available at one time. The total number of participants that completed the MU criteria educational program and test was four. The limited number resulted in the relative ineffectiveness of using statistical measures to evaluate findings. Substantive findings did show an increase in knowledge directly impacting the compliance with MU.

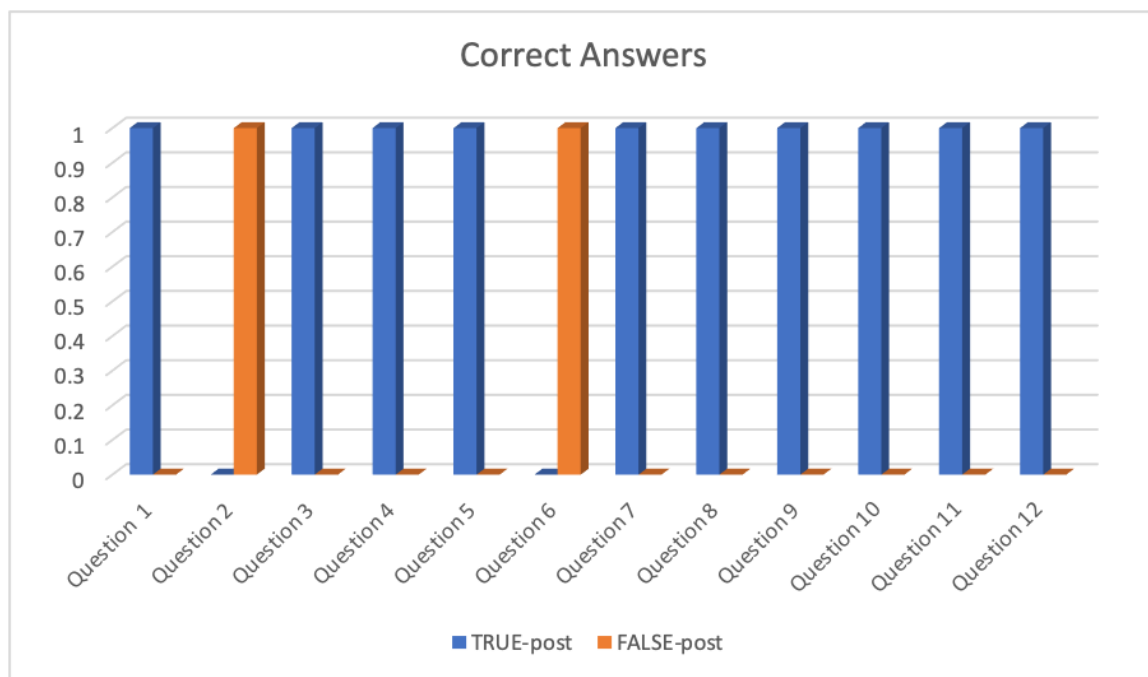
Figure 1 shows correct answers for the test from the MU criteria educational program. Results from the graph in Appendix B included answers provided by office staff prior to the implementation of the educational program. Appendix C shows questions that

were in the pre/posttest. Of the 12 questions, there were two questions that were answered incorrectly both pre and posttest. Interestingly, they were answered incorrectly by staff who previously believed they knew the content. There are several potential explanations for this outcome. According to Cusack et.al. (2018), factors such as academic preparation, increased confusion resulting from questions naturally arising from new information, environment, and attitude impact learner perception of achievement. Of the 4 learners, the educational source of learning about MU varied from on the job training by licensed healthcare professionals to the medical director who was self-taught.

Overall results show that staff were aware and had basic knowledge of MU criteria. Appendix B includes results from the posttest results showing the knowledge base nearly the same, but slightly increased after the pretest based on the two staff members who answered no in the pretest and yes in the posttest and two different members who answered “yes” in the pretest and “no” in the posttest. Clarification of the “no” responses from the posttest was conducted in follow-up meetings with the two staff members.

**Figure 1**

**Correct Posttest Answers MU Criteria Educational Program**



### **Recommendations**

The recommended solution to this current issue involving adhering to MU criteria by properly documenting in EHRs is to provide continuous education until workflow processes match the knowledge base of the staff. Due to a rapid regular turnover of staff, I recommend that each new employee be afforded this educational program to ensure they are up to date regarding MU criteria guidelines to ensure that they are educated to allow for workflow processes to have continuity in terms of documentation in order to stay compliant. The program will allow those who are not aware of MU criteria to become educated. This is especially important to the primary care office, as proper documentation of EHRs involves the office being fiscally sound as well. The gap in education involving office staff is related to proper documentation with MU standards. The primary care office would benefit from incorporating this educational program for all new staff who are employed or any prelicensure nurse practitioner students so that it will ensure all staff have training so they may be held accountable for proper documentation. Education and reeducation involving MU criteria to all new staff as well as reinforcement of current staff is imperative to keep all staff aware of MU criteria.

### **Strengths and Limitations of the Project**

The strengths of the DNP project were that there was a working knowledge of meaningful use by the staff already and the EHR is already set to accommodate meaningful use although it was not being completed. During the initial planning stage of this project, the office manager and medical provider of the local primary care office where the project was completed, both spoke of deficits in documentation that had been

occurring regularly according to staff and prelicensure nurse practitioner students. The office manager and provider knew that office finances were being affected and the CMS was not reimbursing the office appropriately, and they were out of compliance due to this issue.

Unanticipated limitations included limited availability to the full staff since workflow was impacted by the Coronavirus pandemic. Staff were unavailable as there were additional duties to be completed in order to ensure that the office continued to function while providing care. The educational program had to be done over the course of two different days due to social distancing. Going to the office and speaking to the manager and staff was no longer an option. Social distancing was the priority and affected workflow processes. Follow up with staff after the posttest results were conducted using the same practices.

## Section 5: Dissemination Plan

The purpose of this DNP project was to develop an educational program that would assist in increasing the knowledge base of office staff and pre-licensure Nurse Practitioner students on meaningful use standards as outlined in the HITECH Act of 2009. The goal was to have office staff properly document EHRs to ensure compliance as required by the CMS. There are other means for disseminating findings of this DNP project such as office staff meetings, presentations, professional nursing conferences, and publication in nursing journals. I will disseminate this educational program to the primary care office. Due to this topic being a current issue that many healthcare facilities are facing, it would be beneficial to attempt to disseminate to as many organizations as possible. This is pertinent and valuable information to ensure that documentation is completed appropriately and is beneficial to all stakeholders. Some journals that I would like to have this project disseminated in would be *Health Information Technology and Nursing*, *Journal of Nursing Education*, *The Journal of Advanced Nursing Practice*, *Advances in Nursing Science*, *American Journal of Nursing*, and *Computers, Informatics, Nursing*. Some of these journals may have conferences in which this educational program may be featured, and I will be able to reach many nurses who may not be familiar with this current issue. There may also be teaching opportunities that may be available within nursing programs that can be incorporated within graduate level programs.

### **Analysis of Self**

Throughout this DNP project, I realized that through the entire program, I was afforded the ability to learn how I could assist in improving quality patient care by means

of being a practitioner, scholar, and project manager. While becoming a scholar, I have learned how to research and put together an educational program with a goal to educate office staff to become knowledgeable on the topic of MU. While progressing in the role of practitioner as collaborator, I started growing as a scholar as well. I have had the ability to be confident in terms of researching, developing, and implementing this educational program. During this DNP project, I learned there were healthcare workers who had not heard of the term MU.

As the project progressed, I was able to collaborate with the office manager regarding many issues that were being experienced within the office setting that the entire staff should be aware of to enable compliance would be met. During the completion of the DNP project, I learned that at times, there was so much turnover that staff did not know what MU was and had not been educated regarding this topic. Maintaining all staff for this educational program will be necessary in terms of ensuring that compliance is maintained. This is vital for the fiscal stability of the office. It was also difficult to communicate with the primary care office due to the Coronavirus pandemic. This posed a problem in that there was a long time period that the office was closed, and when the office reopened, staff was scant. The educational program had to be implemented over the course of two separate days to achieve completion. While completing this part of my education, I know that I will be able to take what I have learned and completed and apply it to make more social changes in nursing as my career evolves.

### **Summary**

The staff education program was developed to answer this practice-focused question: Does staff education regarding MU standards and quality improvement indicators demonstrate an increase in knowledge of staff with the ultimate goal of an increase in compliance? The four key staff members responsible for billing verbalized an improved understanding of the link between compliance and the outcomes of correct application of the MU criteria. The DNP educational project was substantively successful, for example, one staff member who does the billing was appreciative of the presentation because it provided her with more insight on MU. That staff member stated that because there were parts that she still does not understand, the course gives her the wherewithal to research and ask more questions. The anticipated goal was achieved, and the program appears to have allowed staff to become more aware of MU and should lead to efforts to make MU more efficient and accurate in this setting.



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## Appendix A: Site Approval Form for Staff Education Doctoral Project

Name of Doctoral Student: \_\_\_\_\_

Name of Doctoral Student's Partner Organization: \_\_\_\_\_

Date: \_\_\_\_\_

The doctoral student named above is involved in Staff Education that will be conducted under the auspices of the organization named above. This form is the student's formal request to evaluate the staff education by administering anonymous staff questionnaires and analyzing internal, de-identified site records that this form's signer deems appropriate to release for the student's doctoral project. This permission to use the organization's data pertains only to this doctoral project and not to the student's future scholarly projects or research (which would need a separate request for approval).

As per DNP program requirements, the student will publish a scholarly report of this Staff Education project in ProQuest as a doctoral capstone (with site and individual identifiers withheld), as per the following ethical standards:

a. In all reports (including drafts shared with peers and faculty members), the student is required to maintain confidentiality by removing names and key pieces of evidence/data that might disclose the organization's identity or an individual's identity or inappropriately divulge proprietary details. If the organization itself wishes to publicize the findings of this project, that will be the organization's judgment call.

b. The student will be responsible for complying with the above-named organization's policies and requirements regarding data collection (including the need for the organization's IRB review/approval, if applicable).

c. Via a Consent Form for Anonymous Questionnaires, the student will describe to staff members how the data will be used in the doctoral project and how the stakeholders' autonomy and privacy will be protected.

Approval signature from site representative: \_\_\_\_\_

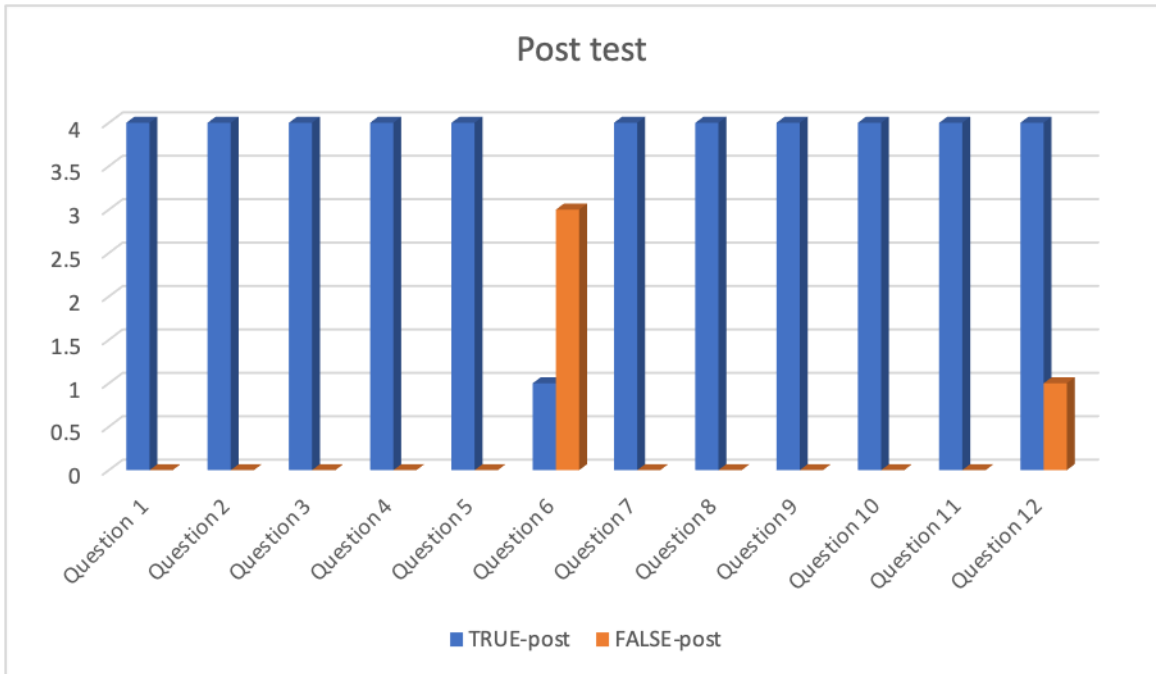
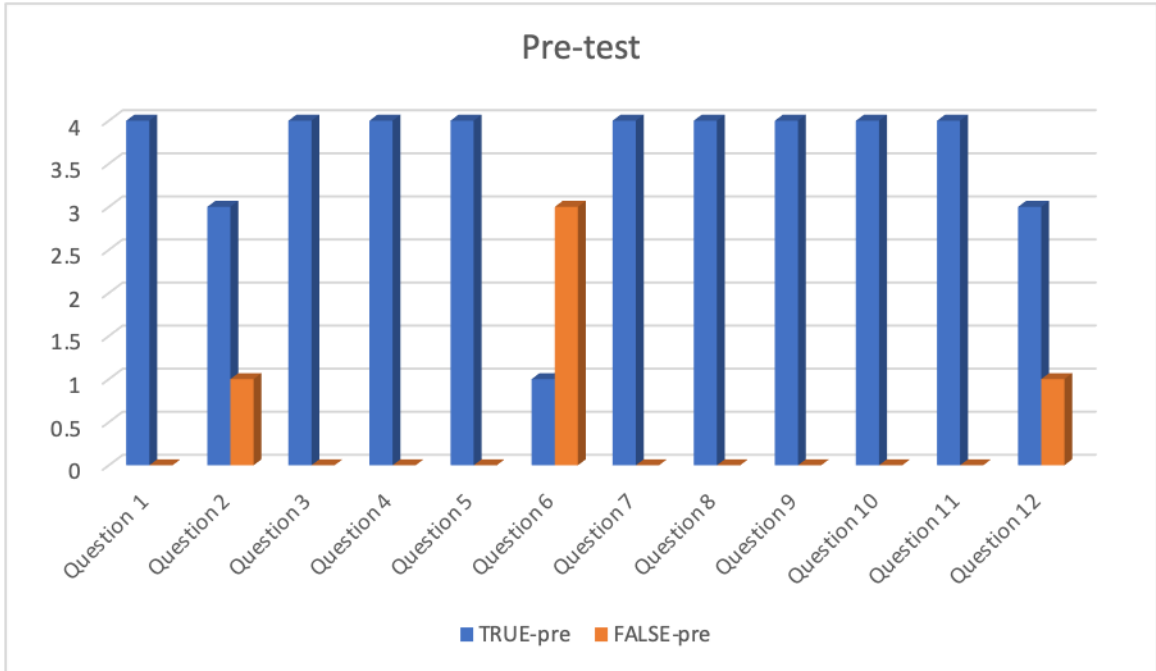
Name of signer (print legibly): \_\_\_\_\_

Position of signer within organization (must be authorized by the organization to approve the questionnaires/data release described above): \_\_\_\_\_

Signer's contact information: \_\_\_\_\_

IRB approval # is 03-08-21-0562677

Appendix B: Pre/Post Test



## Appendix C: Copy of Pre/Post Test

| Pre/Post test

1. Is the definition of meaningful use- to use certified E Technology ensuring that the EHR technology ensuring that the EHR technology will provide exchange off health information to improve quality.
  - a. True
  - b. False
  
2. Was meaningful use created to get financial incentive payments?
  - a. True
  - b. False
  
3. According to the Centers for Medicare and Medicaid staying in compliance will be achieved by capturing diagnoses and ICD codes.
  - a. True
  - b. False
  
4. Was Health Information for Economic and Clinical Health Act (HITECH) developed to improve healthcare quality and efficiency?
  - a. True
  - b. False
  
5. Did meaningful use make workflow more efficient?
  - a. True
  - b. False
  
6. Was HITECH established originally in 2011?
  - a. True
  - b. False

7. Will proper documentation in the electronic health record improve healthcare quality, efficiency, and maintaining compliance?
  - a. True
  - b. False
  
8. Will the result of not staying compliant with meaningful use criteria bring a penalty assessed to the healthcare organization?
  - a. True
  - b. False
  
9. Has the term meaningful use changed to two different quality payment programs such as Merit-based Incentive Payment Systems (MIPS) and Advanced Alternate Payment models which are ways that would remain compliant in Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)?
  - a. True
  - b. False
  
10. The seven criteria of documentation in the EHR are: ICD Codes, diagnoses, demographics, vital signs, medications, problem lists, and referrals.
  - a. True
  - b. False
  
11. The results of proper documentation and compliance are: coordination of care, accuracy, compliance, quality, high values care, and better patient outcomes.
  - a. True
  - b. False
  
12. The Centers for Medicare & Medicaid Services developed the HITECH Act in 2009?
  - a. True
  - b. False