From Zero to Hero: A Complete EMR in 11 Months

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Learning Objectives

- List strategies for growing an EHR support team
- Describe how to use personnel with deep vendor experience to help guarantee project success
- Detail how your organization may have to plan for additional work when using a vendor's model system
- Describe how systems outside your vendor's platform can impact your readiness to meet federal requirements and incentives such as Meaningful Use
- Describe key considerations in planning for supporting go-live of an EHR

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About DHR

A physician-owned facility, Doctors Hospital at Renaissance has a medical staff of over 550 physicians and provides a broad spectrum of medical and surgical services.

Our rapid and tremendous growth and our successes are a reflection of the continued dedication and support of all our partners and medical staff members. Doctors Hospital at Renaissance has been able to offer the residents of South Texas quality health care through the following facilities:

- DHR Adult and Pediatric Hospital
- The Renaissance Behavioral Center
- The Cancer Center at Renaissance
- The Women's Hospital at Renaissance
- The Wound Care Center at Renaissance
- The Therapy Institute at Renaissance
- Five Free Standing Imaging Centers
- The Rehabilitation Center at Renaissance
- The Diabetes Center at Renaissance
- The Wellness Center at Renaissance
- The Bariatric & Medical Weight Loss Center at Renaissance

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What We Started With

A paper based system

Limited computer systems knowledge

Knowledge of the workflow

Knowledge of the culture

Knowledge of the politics

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What We Knew We Wanted

Experienced vendors

Proven, stable products

Lessons learned from other users of the products

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What We Implemented

- Computerized Provider Order Entry (CPOE)
- EMPI (without Hx upload)
- Pharmacy
- Electronic Medication Administration (eMAR)
  - Electronic Medication Reconciliation
  - Home Medication Documentation
  - Medication Bar Code Scanning
- Orders/Results Management
- Electronic Patient Chart
- Clinical Documentation
- Perinatal Documentation
  - Post Partum. & Gyn (Post surgical doc only)
- Adult Critical / Intensive Care Documentation
  - (all ICUs except NICU)
  - Physiological Monitoring Interfaces (MICU, PICU, & ICU)

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What We Implemented (Cont'd)

- Dynamic Communication Page (everywhere except (MICU, PICU, & ICU)
- Prescription Writer (only internal printing)
- Portlet through Physician Portal to Monitor Quality Measures
- Reporting Modules
- Chart Completion only for billing
- Document Imaging
- Outpatient Electronic Medical Record (Rad, Lab, & Bariatric)
- Registration as downtime application for discharge/transfer management
- Emergency Department Radiology PACS hyperlink into patient chart
- Electronic Communication Tools for the Business Office
- Dynamic View of Patient Results for ICU Patients in a Usable Format

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Strategies for Growing an EHR Support Team

Create a Good Team

- Raise awareness: Engage the whole organization

  - Contest to name the project
  - Project kick-off celebration
  - Make it interesting - make it exciting – make it unique!

- Assign personnel dedicated to the initiative

When you wear multiple hats, quality suffers or tasks keep getting 'priority du jour

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Ensure Teams Work within a Consistent Structure

- Workflows & hand-offs are done the same way
- Hardware is the same (had to add postscript to each printer to allow printing for the EMR)
- Documentation has a common look/feel

It has to fit together in the end

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Team Management

- Be sensitive to uncovered problems
  - Avoid the 'Blame Game' – just get it fixed or corrected
  - Focus on 'Best Practices'
- Ensure each team member is competent to contribute to that team's goals
  - Remember: Availability is not a skill
- Provide rewards not consequences
  - Provide rewards & recognition
  - Minimize fear of reprisal
  - Encourage creative innovation

Don't get caught in a tug of war

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Address Cultural Changes

- Identify if the organization will need to change how it:
  - Rewards
  - Recognizes
  - Appraises
  - Develops
  - Motivates
  - …and manages the people

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Nothing is a waste of time if you use the experience wisely.

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Use Personnel with Deep Vendor Experience to Help Guarantee Project Success

Engage a Company that Shares Your Values and Commitment to Success

DHR's extensive interview process allowed both parties to understand key success drivers and to develop an assurance that both were prepared to do what was necessary to succeed.

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Conduct Interviews

- Interviewing proposed project leadership enables you to ensure both:
  - Depth of knowledge and experience
  - A good personal fit
- Implementing this many systems in a compressed timeline requires “been there, done that” experience
- It also requires the ability to work very closely with one another in stressful situations, to do this successfully you must come from a place of mutual respect

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Ensure Everyone Understands the Goals

- Projects are initiated for many reasons. Understanding these goals is critical to creating a plan that will meet these objectives
- The entire team must be able to articulate the goals of the project
- The hospital and consulting team must be able to speak frankly about any and all concerns in a spirit of partnership
- The chain of command within the project must be clearly documented and followed
- Each decision must be made at the correct level of the organization, documented well, and communicated

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How Your Organization May Have to Plan for Additional Work When Using a Vendor's Model System

No Two Implementations Are the Same

When a “standard build” is proposed be sure that:

- All hospital services been addressed and included
  - Example: Rehabilitation $1M
- Sequencing of mixed solutions is addressed (what’s first, second, third, etc.?)
- There are sufficient resources available to complete the project(s) within in the timeframe

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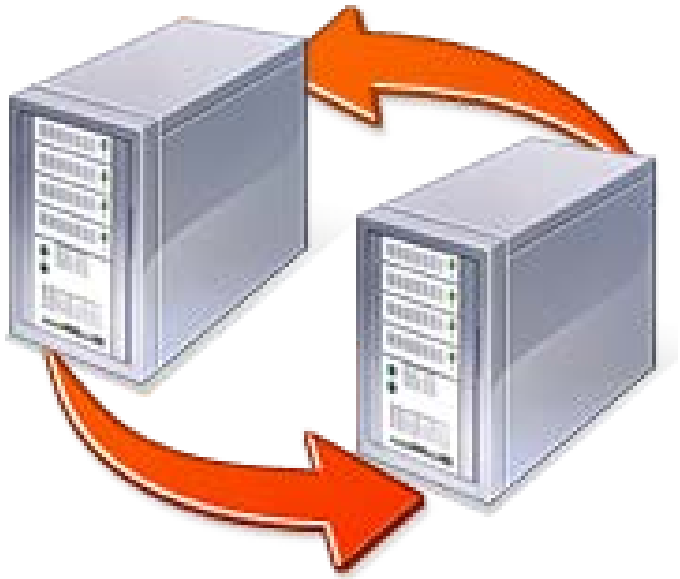
How Systems Outside Your Vendor's Platform Can Impact Your Readiness to Meet Federal Requirements and Incentives Such as Meaningful Use

Meaningful Use and Interfaced Systems

- Emergency Department systems
- Registration and patient demographics
- Core Measures e-reporting
- Functional reports for Meaningful Use attestation
- ONC certified system or vendor?



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Certified Vendors

- Is external system ONC certified, and does it need to be?
- Is core system certified as a complete EHR or modular?
- Some vendors are only certified as complete EHRs, not individual modules

- Certification of contributor systems is not currently required but may be in future stages

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Key Considerations in Planning for Supporting the Go-live of an EHR

Team Meetings: Use a Multi-disciplinary Approach to Bring Users on Board

Several different disciplines met each week to discuss outstanding issues and address pending design decisions to ensure that the implementation of the EHR was successful.

- Leadership Team
- EMR Steering Committee
- EMR Project Team
- Clinical Informatics Team
- Vendor/Client Solution Teams

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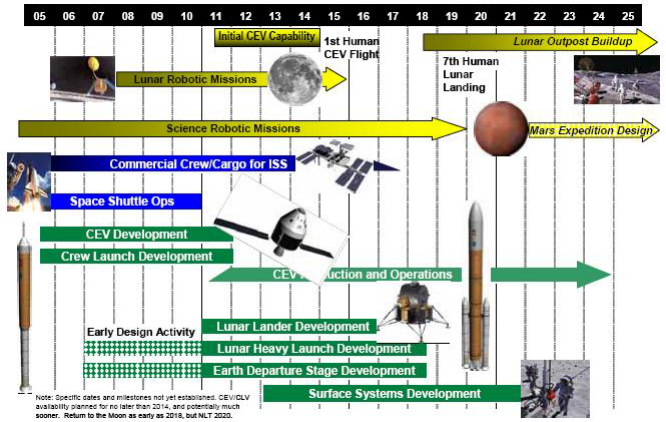
Key Components

Weeks of planning and preparation were required prior to reaching our scheduled go-live date.

- Role-based/Day in the Life Training
- Physician training
- Mapping workflows
- Back-loading selective historical data
- Ensuring 24/7 access to super users was readily available in all areas of EHR implementation



- EMR solution specialist available to provide insight and guidance
- EMR solution vendors on site to assist in immediate resolution of issues during implementation

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End User Training

- Dedicate RNs as full time trainers
- Train your trainers
- Keep classes small (Max of 20 per class);
  1 trainer per 10 students
- Classes greater than 10 required a proctor
- Multiple training locations (if possible)
- Flexible training hours to address day and night shifts
- Keep class time short – no more than 4 hour sessions
- Invest in a Learning Management System to track attendance and competency assessments daily! Integrate with HR system for accurate employee statistics.
- Separate classes by subject matter
- Provide role-based scenarios for practice
- Competency test failed, no access to the system

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Prepare for Take-off

- Prior to the EHR implementation:
  - Map workflows for each area to provide a smooth transition from paper to electronic records
  - Include workflows for patients that travel through multiple departments of the facility during the course of their stay
- A back loading strategy was deployed to minimize effects on patient care:
  - Selective historical data such as vital sign orders, diet orders, laboratory orders, and medication orders
  - Completed the day prior to go-live

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It's Launch Time

Support for end users was available on the day of and for several weeks following the implementation.

- "Super Users" were easily identified
  - Shirts were created and distributed to the "Super User" support teams that were circulating the floors
- Command Center for Issues & Support
  - For the Super Users to call and report issues that they were unable to resolve themselves
  - Solution Analysts as well as vendor Solution Specialists were t able to immediately address the issues
- Dedicated Solution Analysts
  - One lead member was empowered to make final decisions as arose during the implementation
  - Allowed quick resolution of issues

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Lessons Learned

- Carefully review what the vendor recommends for resource requirements and adjust appropriately for your organization
- Don’t field a team of all rookies
- Escalate aggressively to your vendor and be aware of how your organization’s situation deviates from the vendor’s standard
- Tread carefully when selecting systems outside your vendor’s platform
- Plan thoughtfully for go-live (staffing, training, support) beginning at project start-up

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Success!

Go-live – October 2010

11 months of dedication and hard work paid off!

“Man on the Moon” mission accomplished.

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