Team Based Organizational Readiness for an EHR go-live:
Moving from Medical Record to Operating System

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Purpose

- To provide clinical leaders an overview of how to prepare for leading and managing the change of moving to a new operating system for the delivery of the day to day work and care delivered by the organization.
What’s in a name?

- Principle #1
  - This is not an EHR project or an Epic project, it is implementing a new Operating System
    - Like iOS but eOS
Significance: Why Engage?

- Successful adoption of the EHR is a prerequisite for
  - maintaining and improving patient safety and quality
  - receiving a return on your investment
  - ensuring end user happiness
You Are Here

Technical

Cultural

Workflow & Clinical Practice

Nursing Leadership

with the patient at the heart
The Broader Context
Sociotechnical model

- 8 dimensions
  - Hardware/software infrastructure
  - Human computer interface
  - Clinical content
  - People - builders and users
  - Workflow and communication
  - **Organizational features**
  - External rules, regulations, economic pressures
  - Measurement and monitoring

Organizational Features

- 4 Habits of Organizations with High Performance Work Practices (HPWP)
  - Specification and planning
  - Infrastructure design for microsystems
  - Measurement and oversight
  - Self study

Bohmer, RJ, The four habits of high-value health care organizations, N Engl J Med 365; 22, 2045-2047
The Reverse Benner

- Principle #2
  - You are all novices again
- New skill sets and competencies will be required
  - Most of them are non-technical
#3 It starts with accountability

“You are responsible for the success of your own go-live”
- All-employee mailer and flyers

You are responsible for the success of your own go-live.
Participate. Ask questions. Practice, Practice, Practice!

March 14, 2015
#4 Understand the work

- Principle #4
  - Understand the work you do today and with whom you do it
- We take this for granted
- Use of current system data + local knowledge from the team
Maslow’s Hierarchy of Readiness

- **Charges**: Keep your doors open
- **Throughput**: Keep all things moving
- **Safety**: Keep patients safe
#5 Go Local

- Readiness Activities
  - Specialty level champions
  - Content owners and sign off
  - Interdisciplinary simulation testing
  - MD-RN collaborative
- Training
  - E-learning
  - Classroom
#6 Crosswalk your workflows

- Identify your high risk and high volume workflows and processes

Crosswalk

- Current state to future state
- Align related policies to reorient staff
  - Policy shouldn’t change much, but procedure will
#7 Assess your relationships

- When was the last time you did a 360 related to who your department works with most often?
- If you had a problem with a process is it easy to come together and work it out?
#8 Choose your best people

- Find your sages
- Good balance of smarts and suspicion
#9 Think Preceptor

- Too often we miss that the super user role is in fact a preceptor role
- We must build their competencies to reflect expert practice and expert use of a system to support that practice
#10 Don’t forget the docs

- Role modeling dyads in every setting
- Incorporate the team members you can’t live without
  - i.e. ortho: PT and the unit secretary

got docs?
Principle #11

- Have two nurse champions: one for clinical and one for revenue cycle and access / bed management
Principle #12
- Do not tune out
- A reminder about Delegation 101
  - You must know what you are delegating!
#13 Block your calendar now

- It is unlikely you will have any standing meetings during this time
- You certainly won’t be going on vacation
- Your team will need you
#14 Attend training

- Nurse manager training
- Optional but ideal
  - Super user training
- Show up at end user training for a pep rally
Keep Your Eye on the Ball

WARNING: USE ONLY UNDER COMPETENT SUPERVISION.
#15 Learn about Safety Metric

## Patients Needing Review

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Overdue Medication Administrations</th>
<th>Signed and Held Orders</th>
<th>No IV Documentation</th>
<th>No Vitals Documentation</th>
<th>Allergies Not Reviewed</th>
<th>PTA Medications Not Reviewed</th>
</tr>
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<tbody>
<tr>
<td>6</td>
<td></td>
<td></td>
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</tbody>
</table>

**Orders (720h ago through future)**

Start: 10/1/2012 00:00

- moxifloxacin (AVELOX) 400 MG/250ML IVPB Every 36 hours
#16 Learn how to do a chart audit
Accountable Care
#17 Practice makes perfect

- Testing is the new training
- Allow time to practice
- Identify small teams who can simulate high volume, team based workflows such as admissions, transfers, discharges, team based rounds
How can you prepare for go-live?

- Start daily huddles with Site leadership and eCare at least 30 days prior to go-live
  - Go-live is just the middle point; 90 days pre and 90 days post you should assume you will be working as if it was activation day
  - It is imperative to practice working as a team with the Sites and eCare Partners and Epic

- Attend the 90, 60 and 30 day Go Live Readiness meetings
  - Yes, all day. See it as an opportunity to assess the current state on the entire operations of the organization. Ask questions, be skeptical, set the tone of getting others to do the same. We can’t fix what we don’t know about.
Checklist con’t

- Make a plan for training the MD-RN dyads and incorporating them into the leadership and clinical lead structures
  - Specifically review the common, risky handoff and integration points
  - Ask them to identify their key allied/RT/social work counterpart and lead patient care team communication plan for the department

- Dress rehearse command center huddles and issue management
  - Get a tutorial on how issues will be reported, tracked and resolved (or more than likely not resolved)
  - Practice in person issue prioritization with exec team, with CNIO-CMIO, Dyads, eCare, Epic [GLRA and training issues are excellent trial runs daily pre-live]
Checklist con’t

☑ Determine how you will reconcile the top 10 issues per department with ticket tracking
  • NYU process of daily white boarding, Dartmouth, Iowa town halls

☑ Demand the data and use it
  • Get trained on the reports available that you will use to monitor the safety and stability of organization
  • Plan a daily time to look at these; staff someone to modify and adjust them as soon as possible

☑ Assign someone to make a post live training plan
  • Emphasis and structure should be interdisciplinary team based; lead with Dyads and super users; content will be workflow and communication optimization; use of reports
#18 Learn how to fill out a ticket

- “How a bill becomes a law”
- In the world of IT it usually starts with a ticket
#19 Go Live

KEEP CALM AND GO LIVE

Yvonne Wilders @YvonneWiders · Mar 21
Met mijn koffertje naar @spaarnegasthuis om de go live van epic te begeleiden.
#20 Complete a mock survey

- It is an easy way to focus your work immediately post live
- Organize your post live competencies around team communication, plan of care, chart navigation
Common Denominators

- There is an organizational developmental process to implementing an EHR;
- The implementation should become the work rather than being another source of work
- Focus on people and process for long term return on investment
- Keep your eye on the ball! And refer to Maslow’s hierarchy as a compass.
- Training is not enough when you are reinventing the work.
Questions?

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