Harvesting a Meaningful Use Crop within a Mainstream Midwest Community Hospital

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Connie Ganz, BSN, RN
Objectives

- Describe the organization, the project and change management strategies employed
- Describe our governance structure and decision-making process
- Identify risks and mitigation strategies employed within our cultural framework
- Share lessons learned
Introductions

**Mary Kay Cody**, MSN, RN-BC, Managing Consultant, Encore, a Quintiles Company, Clinical Advisory Services.

RN, Bachelor’s and Master’s Degrees in Nursing and certification in Nursing Informatics and Change Management. Career in healthcare over 35 years, including clinical, operational leadership and consulting positions.

**Connie Ganz**, BSN, RN, Director, Clinical Informatics, Bryan Health

RN, Bachelor’s degree in Healthcare Management, now pursuing Master’s degree. Has worked for Bryan Health for 37 years. Current role is Director of Clinical Informatics and is the organizational implementation leader for Siemens Soarian clinicals, Meaningful Use and overall clinical transformation initiatives.
Lincoln, Nebraska is the capital and the second-most populous city of the State of Nebraska, after Omaha.

County seat of Lancaster County. Home of University of Nebraska (“Cornhuskers”).

Population in 2013 was estimated at 268,738.

Lincoln was founded in 1856 as the village of Lancaster, and became the county seat of the newly created Lancaster County in 1859.

Lincoln topped the CDC list of healthiest U.S. cities in 2008, and in 2013, was #1 on the Gallup-Healthways list of "Happiest & Healthiest" cities.
Bryan Health and Bryan Medical Center

Bryan Health
Bryan Health includes Bryan Medical Center, Crete Area Medical Center, Bryan Physician Network, Bryan Heart, Bryan College of Health Sciences, Bryan LifePointe, Bryan Health Connect and the Bryan Foundation

Bryan Medical Center
672-bed, not-for-profit, Nebraska owned and governed health care organization

Serves patients from throughout Nebraska, as well as parts of Kansas, Iowa, South Dakota and other states in the region

Services include cardiology, neuroscience, women’s and children’s health, orthopedics, vascular, trauma and emergency centers, intensive care, imaging and mental health, inpatient rehabilitation, mobile screening and diagnostics, gastroenterology, oncology, urology, nephrology, pulmonary and general medicine, robotic assisted surgery and a comprehensive bariatric program
People and Systems

People
• 4000 employees
• 550 physicians on staff, 163 practices, 270 additional providers (APRNs, Midwives, Dentists, Podiatrists, PAs)

Systems
• Siemens Soarian Clinicals, Pharmacy and Critical Care, Healthcare Intelligence and HIE
• Siemens Invision ADT and Billing
• Allscripts ED and Physician Practice application
• SIS OR
• CribNotes NICU and Nursery
• OBIX L&D
• Sunquest Lab
## US EMR Adoption Model™

<table>
<thead>
<tr>
<th>Stage</th>
<th>Cumulative Capabilities</th>
<th>2014 Q1</th>
<th>2014 Q2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 7</td>
<td>Complete EMR; CCD transactions to share data; Data warehousing; Data continuity with ED, ambulatory, OP</td>
<td>3.1%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Stage 6</td>
<td>Physician documentation (structured templates), full CDSS (variance &amp; compliance), full R-PACS</td>
<td>13.3%</td>
<td>15.0%</td>
</tr>
<tr>
<td><strong>Stage 5</strong></td>
<td><strong>Closed loop medication administration</strong></td>
<td><strong>24.2%</strong></td>
<td><strong>27.5%</strong></td>
</tr>
<tr>
<td>Stage 4</td>
<td>CPOE, Clinical Decision Support (clinical protocols)</td>
<td>15.7%</td>
<td>15.3%</td>
</tr>
<tr>
<td>Stage 3</td>
<td>Nursing/clinical documentation (flow sheets), CDSS (error checking), PACS available outside Radiology</td>
<td>27.7%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Stage 2</td>
<td>CDR, Controlled Medical Vocabulary, CDS, may have Document Imaging; HIE capable</td>
<td>7.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Stage 1</td>
<td>Ancillaries - Lab, Rad, Pharmacy - All Installed</td>
<td>3.2%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Stage 0</td>
<td>All Three Ancillaries Not Installed</td>
<td>5.6%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

Data from HIMSS Analytics™ Database © 2014  
N = 5,449  
N = 5,447
Over the Last Several Years

- Order entry/results reporting
- Pharmacy
- Medical Records
- ED
- OR
- Single Sign On and context Management
- Nursing and Ancillary Clinical Documentation
- Barcode Medication Administration
- VDI
- PACS
- L&D system
- NICU system
- Trauma system
- Physician Office EMR
- Clinical dashboard viewer for staff/MD’s
- Critical care with MDI
- CPOE
- Medication reconciliation
- CDS
- HIE
- Patient Portal
- MU Stage 1
In the Next Several Years

- Healthcare Intelligence
- Analytics
- HIE Outreach
- ePrescribe
- Secure messaging
- Physician Documentation
- MU Stage 2
- ICD-10
- EDIS replacement
- More MDI
- Population health
- And the usual primary system upgrades
Cultural Sensitivity

Culture - the dynamic and multidimensional context of many aspects of the life of an individual or organization

Cultural sensitivity - involves an awareness that cultural differences and similarities exist and have an effect on values, learning and behavior – and accepting these differences
Lincoln, Nebraska, cultural constructs frame everyday work relationships:

**Key Themes:**
- “Nebraska Nice”
- Minimize disruption to physicians
- Include others
- Work as a team
- Have a conversation
- Invite participation
- Compliance expected not required
- Ask consultants but we do it our way
To Harvest an Excellent Crop...

...Begin With the End in Mind
Planting the Seeds

- Considered community physician dynamics
- We reflected, researched, planned and established new governance and decision-making models
- We established new roles and responsibilities
- We matured as a leadership team
- CI and IT matured as a team
Governance and Decision-Making

Started With This

- IT Driven Process
- Lack of Physician Involvement
- Physicians as Customers
- Little infrastructure to Support Decision Making

Now We Have This

- Clinician and Physician Driven Process
- Steering Teams for IT Focused Projects
- Operational guidelines and team structure
- Physicians as Partners
- Leadership Engagement
**Clinical Informatics Governance**

- **Clinical Transformation Oversight**
  - **Clinical Informatics Steering**
    - CNO/CIO Co-Chair
  - **Infrastructure Steering Team**
  - **Support Services Steering Team**

- **MEC**
- **PCCC**

- **Physician IT Team**
  - Physicians
  - Physician Extenders

- **Clinician IT Team**
  - Nursing Staff
  - Ancillary Staff

- **Interdisciplinary Practice and Quality**

**Membership:** Shared members from PITT and CITT, co-chaired by chair of PITT and CITT

**Meeting schedule:** Monthly on opposite weeks from PITT and CITT

- **Clinical Decision Support**
- **Cross-over Practice and Workflow**
- **User Training Strategy and Outcome Monitoring**
- **Quality and Adoption Metrics**
- **Implementation Support Strategy and Outcome Monitoring**

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**Establishing Governance**

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**AHIMA Convention & Exhibit**
Vision
Strategy
Project Objective
Deliverables
Organization
Plan

Mapping the Way
BryanLGH will create **new interdisciplinary workflows, practice and order sets** based on established **evidence** and highest standards of care. The product of these new workflows will be a **safe and efficient care experience** for the patients, physicians, clinicians, and other care team members.

The eCHART 3.0 project will create **new partnerships, in particular with our physicians, and our vendors**, demonstrating a **spirit of collaboration** that enables **alignment and consistency of outcome** that meets the quality standards BryanLGH is committed to achieving.

BryanLGH will implement eCHART 3.0 taking advantage of **advanced technology tools** and establishing the **infrastructure** required to support a new era of **meaningful information capture, use and exchange** among physicians, clinicians, patients, other care team members and partners.

This electronic data will enable **measurement, analysis and reporting** that will produce a **sustained capability to continuously improve** care outcomes as rapidly as possible.

BryanLGH will **implement** the new, sustainable workflows, content, tools and care delivery environment using a **comprehensive change management strategy** which ensures a **smooth transition**.
**Workflow and Practice**  
*Process, Practice Implementation*

**Order Sets**  
*Order sets reduced from 770 to 275*

**Tools**  
*Infrastructure, Applications, Devices, Technology, Testing*

**eDATA - MU**  
*Capture, Measure, Report, Improve, Sustain*

**Change Management**  
*Communicate and Reinforce Behavior Change*

- Added Physician Engagement
- Embedded CM and Communications
- Added Training Team
- Added Triage Team
- Shifted focus of OS content to OS translation of content to computer
Physician IT
Triage Team
CTO
Order Set Translation Team
Physician IT
Infrastructure Steering
Senior Leadership
Triage Team
Clinical Informatics Steering
Infrastructure Steering
Senior Leadership
Order Sets
Workflow & Practice
Tools & Technology
Physician Engagement
eDATA - MU
Order Sets
Wrap Support Around Teams
Challenge: Physician Culture

- No employed physicians
- 550 independent physicians in over 160 practices
- Precedent: Physicians leaving to start own hospital and procedural areas within their practice offices
- No CMIO or Medical Director of Informatics
- Loose Medical Staff Department/Division Structure
- Deference to physicians
Challenge: Culture of Hospitality

- Rural environment
- Staff longevity
- Conversational not Confrontational
- Strong Physician service culture
- Invite to participate – don’t mandate
Challenge: Leadership and Decision-Making

- Leadership turnover several years ago with 9 out of 12 senior leaders less than 5 years in position
- Integration of IT and strategic planning – Squeaky wheel got the money
- Conversational culture with appetite for slow, incremental change
- “Fear of Missing Out”: Both too little *and* too much participation incurred criticism
- Decision days, workflow design sessions, Triage Team, Order Set Translation Team
Challenge: Questioning the Value

- Physicians unconvinced of the value of CPOE or MU
- Physicians reluctant to give up autonomy in favor of standardized order sets and workflow practice

A CPOE system, at a minimum, ensures standardized, legible, and complete orders and thus has the potential to greatly reduce errors at the ordering and transcribing stages.
Challenge: Workflow Changes

- Admit orders no longer on paper
- ED using different system and must enter heights and weights also in eCHART
- Standardizing capture of ED arrival/departure/decision to admit time
- Some documentation gaps for ED patients
- Scope of practice issues surfaced
## What We Did

<table>
<thead>
<tr>
<th>What</th>
<th>How Many</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports</td>
<td>33 new reports</td>
</tr>
<tr>
<td>Assessments</td>
<td>7 new assessments</td>
</tr>
</tbody>
</table>
| CPOE-related workflows        | 75 workflows analyzed, revised  
                                   40 SMEs involved  
                                   120 contingency orders “fixed” |
| CPOE Day 1                    | 122 providers entered orders  
                                   7500 Orders placed, 700 CPOE (~50%) |
| Order Sets                    | 750 reduced to 250  
                                   17 protocols  
                                   3500 med order sets built for Pharmacy  
                                   6700 mini “convenience” order sets |
| Training – Staff              | 1000 M/S + 90 ED + 200 Mom/Baby staff + 250 SU + 60 Pharmacists + 40 Pharmacy Techs |
| Training – Providers          | 550 Providers 2-hour CPOE Basics + practice labs |
| Trainers                      | 12 Internal + 7 External CPOE Trainers |
| MU                            | MU S1 assessment, remediation, 90-day reporting, ready to attest, S2 prep in progress |
Nourishing Seedlings...Rotating Crops

Moving people around, changing models, creating new structures
Developed internal resources

• Cultivated our own “crops”
• Created functional role of MU Coordinator
• Added consultant expertise
• Sought physician support
Harvesting the MU Benefits

Reporting, Remediating, Sustaining
Planning Future Crop and Field Expansion

*Positioning the organization for future MU stages*
Risks and Mitigation Strategies

How did we keep moving forward in the face of challenges?
Leverage What Makes You Different
Embrace Your Culture

- Culture creates competitive differentiation
- Cultural miscues are more damaging than strategic ones
- Strategies can be copied but no one can copy your culture
- Culture provides a level of risk prevention that strategy alone cannot achieve
- Culture will have a significant impact on your future bottom line

Joe Tye Values Coach Inc.
Leading and Managing Change
Prosci’s ADKAR® Model

**Awareness**
- Of the need for change
- Of the nature of the change

**Reinforcement**
- To sustain the change
- To build a culture and competence around change

**Desire**
- To support the change
- To participate and engage

**Ability**
- To implement the change
- To demonstrate performance

**Knowledge**
- On how to change
- On how to implement new skills and behaviors

Prosci © 2010
How much **project management** is the right amount?
Depends on the *complexity and degree of change* to processes, systems, organization structure and job roles.

How much **change management** is the right amount?
Depends on the *amount of disruption* created in individual employee's day-to-day work and the organization attributes like *culture, value system and history* with past changes.

This Project has:
- **High** Complexity
- **High** Degree of Change
- **High** Disruption

This Project Needs:
- **Strong** Project Management
- **Strong** Change Management
So What Did Our “Crop” Yield?

<table>
<thead>
<tr>
<th></th>
<th>April</th>
<th>August</th>
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<tbody>
<tr>
<td>MU Core</td>
<td></td>
<td>CPOE in ED Only</td>
</tr>
<tr>
<td>MU Menu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MU CQM</td>
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</table>

We are also evaluating med errors, length of stay, turnaround time for lab tests, use of eCHART, use of standardized order sets
Lessons We Learned

• Start the conversation early
• Expand the comfort zone
• Ask for help
• Playing nice with others helps a lot
• Dare to be different!
Wrap-Up
Thank You!

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