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The Role of Clinical Informatics in Sharing Patients and Systems

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Agenda

- MaineHealth – Implementation History

  - "One Patient, One Record"

- Challenges – Everyone is Special and the Same

- Governance is Key

- Respecting the Differences

- Positive Outcomes

- Questions?

The New Normal

- Implementations lead the way to Optimization, until the next facility joins your health systems, then back to Implementation

  - IS and Informatics Teams must adjust to support both activities simultaneously

  - Informatics plays a key role in guiding stakeholders in ensuring system design, build and use is as consistent as possible across the health system

- Newcomers are the recipients of a clinical and technical systems, organizational processes and policies that have been created by others

The New Normal

- Clinical System harmonization is one part of the cultural upheaval

  - Newest member may not want to adjust to the new normal

  - Existing members may not want to consider re-adjusting what they have already created

- Clinical Informatics professionals must be proficient in moving parties to consensus while adhering to the guiding principles of the EHR use

MaineHealth History of EHR Rollouts

- 2008 - Initial Ambulatory EHR implementation

- 2012 - Initial Inpatient EHR implementation

- 2014 – First of eight subsequent implementations

- 2015 – Two more…

- Squeeze in an upgrade

- 2017 – Two more…and an upgrade

- 2018 – One in the wings…

- 2019 – Another one…

- 2020 – The last facility, as far as we know

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MaineHealth's Concurrent IS Cultural & Structural Shift

- Individual IS departments within MaineHealth became one Shared Service Department – Finance and HR were also consolidated

- Challenges of small hospitals feeling on the periphery due to size and geography – "dictated to by the larger entity"

- What to do with analysts who support current legacy system as change is made to new enterprise solution?

- Shift to centralized Help Desk and issue logging/tracking system

- Necessity to create a central Service and Project Request system

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Everyone Is Special…and the Same…

- Everyone agrees that Evidenced Based Practice is a standard
  - Challenge comes with various interpretations of how to operationalize those standards

- Each facility has their own:
  - Clinical Policies and Procedures
  - Medical Staff By-Laws
  - Charge Structures
  - Supply Chain processes (think OR supplies and preference cards)
  - Patient Access Procedures

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Challenges

- Disparate understanding of system capabilities among governance members, those on the system the longest likely have the most information

  - It may not be the most current

  - New stakeholders see things through a new lens and will have a different understanding of system capabilities

- Always have the risk of "we have done it like this since we started" thinking

- New members want to keep the same look and feel of their current (legacy) system – staying in their comfort zone

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Challenges

- New functionality and workflow may change roles – think of Medication Reconciliation or Patient Check In

- Emotions related to 'big brother is telling us how to do our job'

- Differences in documentation terms/language and requests for more to be added to the picklists

Harmonization

- Information Technology and Informatics facilitate the build and use of EHRs

    - A single instance of an EHR is best supported by standard build for all locations

        » Patients shared among health system locations are better supported

        » Staff who work among facilities in the health system are better supported

    - Ongoing IT support is enhanced by a standard build

- IT and Informatics must partner with Clinical Practice Governance groups

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Harmonization

- Clinical Practice Governance facilitates the development of collaborative policies, processes and content

    - Becomes increasingly challenging to gain consensus as new facilities are added to the enterprise

    - Without consensus, stakeholders will push for individualized build to meet their local needs

- During times of rapid deployment, organizations may find it hard to get various stakeholders to reach consensus in time to meet implementation deadlines

- "Harmonization" of clinical processes are absolutely necessary to support standard build

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Governance is Key

- Informatics governance is needed to oversee the build and use of the system
  - System content has to be driven by Clinical Practice Governance requests, IS operationalizes those requests
  - Informatics develops solutions using framework that includes:
    » Ability to build it as requested
    » Consistency with existing build
    » End user experience

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Governance is Key

- Guiding Principles provide guardrails for decisions
    - Stakeholder Governance groups review requests that are outside of the guardrails with support from IS and Informatics
    - Senior Leaders depend upon Informatics experts to provide recommendations on actions

- Ensure that governance supports all voices, not just largest or most vocal

- How will decisions be ratified?

- Develop ways to keep the ultimate goal in front of stakeholders and leaders: utilizing the EHR to support safe and effective patient care across the continuum

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Respecting Differences

- Evidenced Based Care is the standard regardless of hospital type or size – Community, Academic, Critical Access

- There are differences:

  - Workflow due to space constraints

  - Staffing roles – especially in facilities where staff wear multiple 'hats'

  - Scope of services provided

  - Reimbursement rules

Respecting Differences

- Informaticists and IS Analysts must work collaboratively with stakeholders to ensure that they understand workflow and need

- Will existing build work with if end user workflows are adjusted?

  - Requires skills at getting parties to "yes"

  - System configuration shouldn't drive clinical practice but support it

Positive Outcomes – Sharing Patients with a Shared EHR

- "Round-Tripper" patients who move from one facility to another for a procedure and then back to their original facility – shared EHR supports:

  - Bed management (their bed is waiting for their return)

  - Orders are managed without stopping and re-entering everything (safer patient handoff and improved hospitalist experience)

  - Clinical documentation is cohesive across the settings (improved patient safety and clinician satisfaction)

  - Information is available to the entire care team across the continuum

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Positive Outcomes – Sharing Patients with a Shared EHR

- Medication Lists that follow the patient

    - Usually needs more work to support use – the functionality is there but the content is only as good as the management by the care team along the way

    - Supports Opioid initiatives

- Comprehensive Stroke Documentation that ensures care started in one ED is readily and immediately accessible at the certified stroke center as the patient arrives

- Telehealth capabilities enable us to provide consultations from specialty services to rural locations minimizing the need for patients to travel distances. Often travel is a barrier to receiving that care.

- Better coordination of patient visits because there is one view into their upcoming appointments across the system

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Summary

- Informaticists and IS team members play a significant role in supporting stakeholders as they become part of the same end user community

- Clinical governance for content and policies is critical

- IS Analysts and Informaticists must work closely with clinical governance to ensure that clinical practice is guiding system build

- Do not underestimate the impact of health system changes on the IS and Informatics teams, they are likely adjusting to the same types of changes as their stakeholders

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The Patient is ALWAYS at the Center

Questions/Discussion

Thank you!