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
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
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
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
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
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
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
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

MaineHealth
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
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
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
The Patient is ALWAYS at the Center
Questions/Discussion
Thank you!