# Transformation Management

Preparation for an **EPIC** Implementation

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### Disclosures

- \* Ellen Vaugh Makar, the author of this presentation, has no financial or personal relationships with commercial entities that may have a direct or indirect interest in the subject matter of this presentation.
- \* No disclosures.

### Objectives

At the conclusion of this presentation, attendees will:

- 1. Recognize the value of standardization and the complementary value of variation within a set framework (i.e.: a standard is a basis not a limit)
- 2. Analyze the value of "3D" learning through role play for workflow, process, and alignment with organizational policies and procedures (e.g., using the sim lab)
- 3. Evaluate the confluence of organizational culture and the proposed outcome of the change
  - Presenter will outline the differences among specialty areas' needs and identify ways to provide for those needs within the capacities of the system and organization architectures
  - Making a top down culture think like a bottom-up success

### Level-Setting Definitions

- \* Standard Common and repeated use of rules, conditions, guidelines or characteristics for products or related processes and production methods, and related management systems practices <sup>1</sup>. For these purposes, a standard is a basis not a limit
- \* <u>Variation</u> A change or slight difference in condition, amount, or level within a given standard and typically within certain limits
- \* <u>"3D" Learning</u> A method of understanding nuances and unplanned, but significant, elements that go unrecognized in day-to-day operations, but that appear in initiation of the Plan, Practice, and Application of a new process in a live environment

### Level-Setting Definitions

- \* Playground An EPIC setup that allows users to simulate a live environment for training purposes. System must be built and maintained for effectiveness. Requires a build and regular updates (can be detrimental to learning if not properly maintained.)
- \* Organizational culture "a pattern of shared basic assumptions that the group learned as it solved its problems of external adaptation and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems." <sup>2</sup>

## Yale New Haven Health System

- \* Large Academic medical system with 4 hospitals
  - \* Yale New Haven Hospital (1,008-bed urban academic medical center)
  - \* Bridgeport Hospital (425-bed urban teaching hospital)
  - \* Greenwich Hospital (206-bed suburban community hospital)
  - \* Hospital of St. Raphael (511-bed urban teaching hospital) new to system 6 months before go-live

## Yale New Haven Health System

- \* 18-month EPIC transition for the same reasons as most:
  - \* Efficiency
  - \* Interoperability
  - \* Meaningful Use

#### Framework for the Road Ahead

#### **EPIC** Implementation Coordination **Team**

IAT Team: Interdisciplinary Adoption Team

Nursing Cabinet **Ancillary Directors** 

CPPE: Education Consortium **PPP Committee** 

Clinical Informatics: CI Committee **GH and BH TLs** and Education

**MD** Partner

Epic Analysts, Training team Epic Leadership

PSMs, APSMs SLEs, Ancillary Managers, and Superusers

Train the Trainer Approach and e-learning

Nursing and Ancillary Superusers \( \square\) Nursing and Ancillary EndUsers

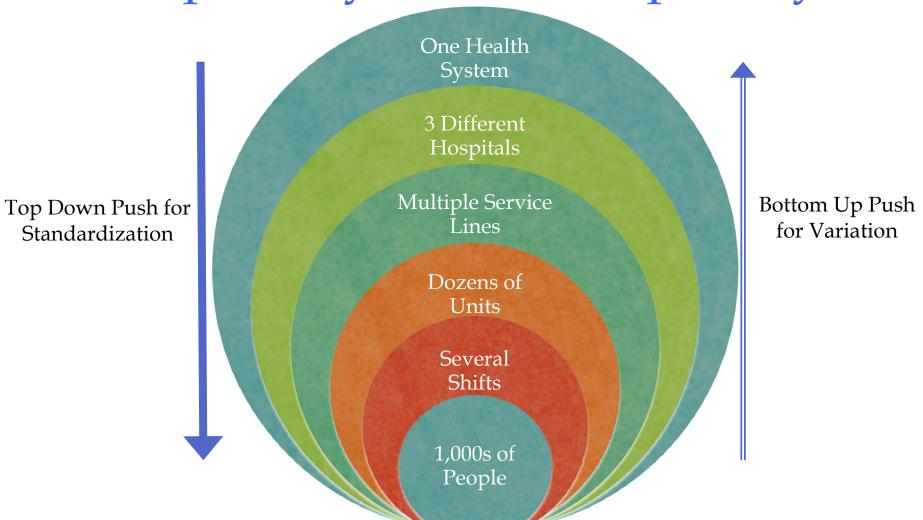


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# Transformation Management

- \* What does that mean? What was the focus?
  - \* Sounds like a change agent, which it was, but not for the whole of YNHHS
  - \* The *real* work included:
    - \* Staff-level (not director level) system adoption
    - Formulating and implementing Policies and Procedures as a colleague and coach
      - \* This is their unit, not mine
    - \* Leading and supporting standardization efforts
    - \* Nursing and other non-MD clinical staff *advocacy*
    - \* Consensus building

## Organizational Culture Multiple Players in Multiple Layers



# Message to Staff: "You've Got to Give to Get"

- \* What they thought:
  - \* We don't want to do extra work
  - \* We want to give input
  - \* We think implementation is not our job
  - \* We are concerned that this will negatively affect workflow and patient care

# Message to Staff: "You've Got to Give to Get"

- \* Transformational Management leaders led staff to want to:
  - Do extra work
  - \* Give input
  - \* Own the outcome
  - \* Proactively change their workflows to incorporate the system to improve patient care



http://dilbert.com/strips/comic/2012-10-29 Accessed 4/30

# Message to Administration: "You've Got to Give to Get"

- \* What they thought
  - We know the answers
  - \* We don't need to pull staff from units for input/discussions
  - \* We are concerned that the staff might get it WRONG
  - \* Staff input might slow down the process
  - \* We have rules that we cannot violate

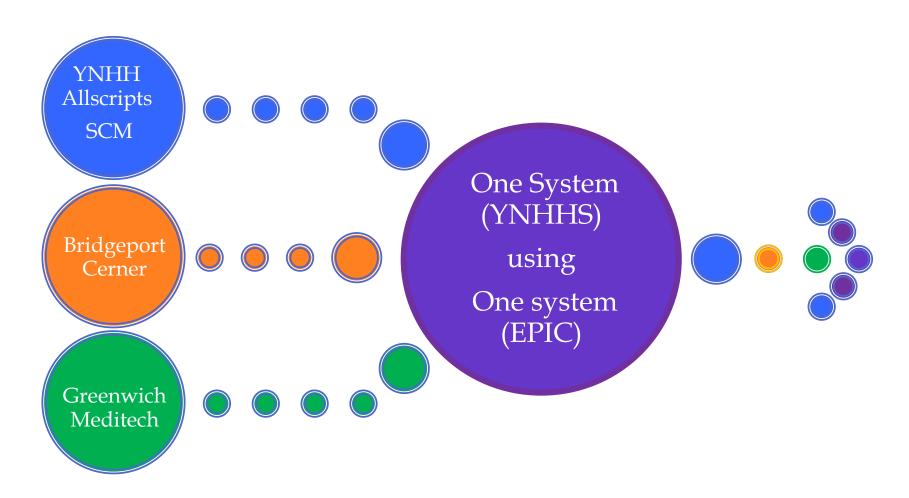
# Message to Administration: "You've Got to Give to Get"

- \* Transformational Management leaders led administration to want to:
  - \* Empower staff ownership of the project
  - \* Foster participation by creating a supportive environment
  - \* Trust that the proximal caregivers know what needs to be done
  - \* Make the investment in staff time to allow all of the above
  - \* Think creatively and out of the box by working with staff and HR to facilitate win-win situations

## Preparing for Success

- \* Good project management basics are essential elements of success
  - \* Employ dedicated PM staff and assign them to service lines/units to ensure adequate representation
    - \* If you have limited resources, use the best people available (e.g., unit educators, QI/QM personnel, etc.)
  - \* Use Gantt Charts and hold stakeholders to the timelines
  - \* Reward success and tell everyone about it
  - \* Document each step, including why certain elements are ahead and others are behind
  - Learn from failures and share that knowledge with other service lines/units

# Confluence of Cultures and Systems

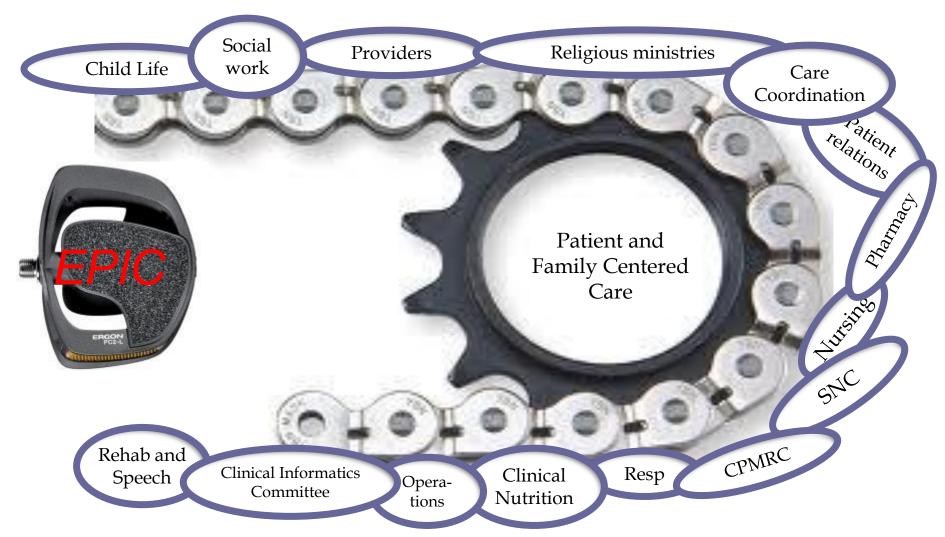


## Projects Don't Just Happen

"If the mountain won't come to Muhammad then Muhammad must go to the mountain." (Francis Bacon, 1625)

- ★ The night shift could not come to me—I had to go to them
- \* The "best" group I worked with while prepping for this implementation were the night shift...Why?
  - \* They are contingent thinkers
  - They understand that it is "up to me to do it"
  - \* They get the idea of "if x, then y"
- \* Night shift workers responded to praise with higher quality work...recognition went a long way
  - \* Maybe this is because they are not usually the "go to" group for projects

### Avoiding Weak Links: An Interdisciplinary Responsibility



### Focus on Essentials

- \* Admission
- \* Transfer in
- \* Transfer out
- \* Surgery/Procedures (Pre op, Post op)
- \* Medication Administration
- \* Discharge

\*\*\*\*\*Outpatient and Inpatient

Everything else was a "subset" of these

## Ramping Up for Go-Live

- Epic classroom training
- Playground use
- Workflow adjustments
  - □ Multidisciplinary understanding of guidelines "top 5"
    - □ There are 200 CPMRC guidelines-pick your top 5 and know them
- Cutover prep
  - □ Get ready.....
- Dress Rehearsal
  - □ Get set......
- Cutover
  - □ Go!!!!





## High Risk Focus

Anticipate and prepare for Failure Modes and develop methods for Event Analysis We chose to prepare for these in:

- \* Blood Administration
  - \* Involve Blood Bank and clinicians in developing a transfusion protocol
  - \* Used role playing and Simulation (Sim Center)
- \* Chemotherapy
  - \* Side-by-side system role play using old system and new to show nurses the differences
  - \* Pro-actively mitigated the workarounds (e.g., dual sign-off for some meds were hard to operationalize)
- \* OB
  - \* High risk birth simulations with all team members at the Sim Center
    - \* Unit clerks, NPs, physicians, RNs, etc.
- \* OR
  - \* Success in OB disseminated to OR, so they wanted the same treatment
  - \* We could not bring them to the Sim Center, so we went to them (Hey Mohammed!)

## 3-D Learning The Simulation Process



Current state (SCM-Allscripts) vs.
Future state (Epic Playground)

NOTE: We filmed and scribed the entire process to facilitate finding and fixing errors, capturing immediate learning opportunities and capture ideas

## 3-D Learning The Nursing Unit

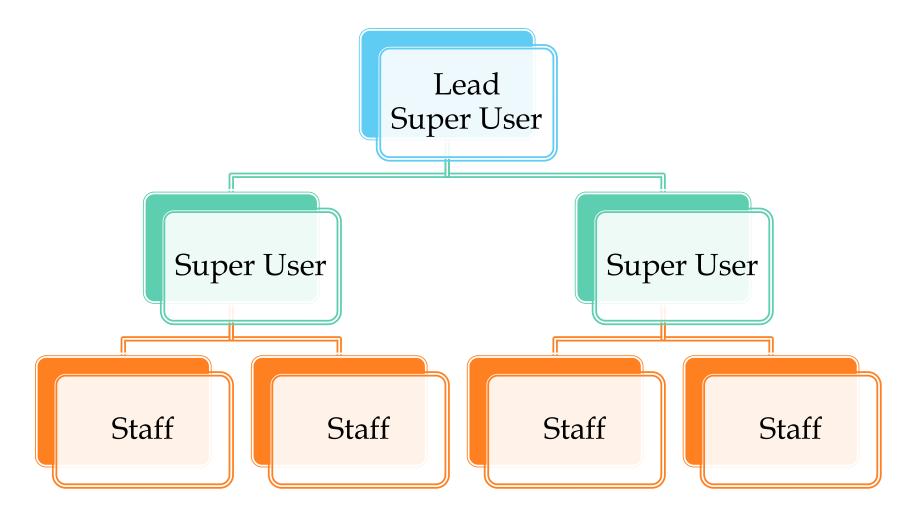
Pair Document clinicians discrepancies, Share and Determine Identify workflow clinicians' challenges, (one on spread activities old, one successes, changes the news! on new) and failures

Current state (SCM-Allscripts) vs.
Future state (Epic Playground)

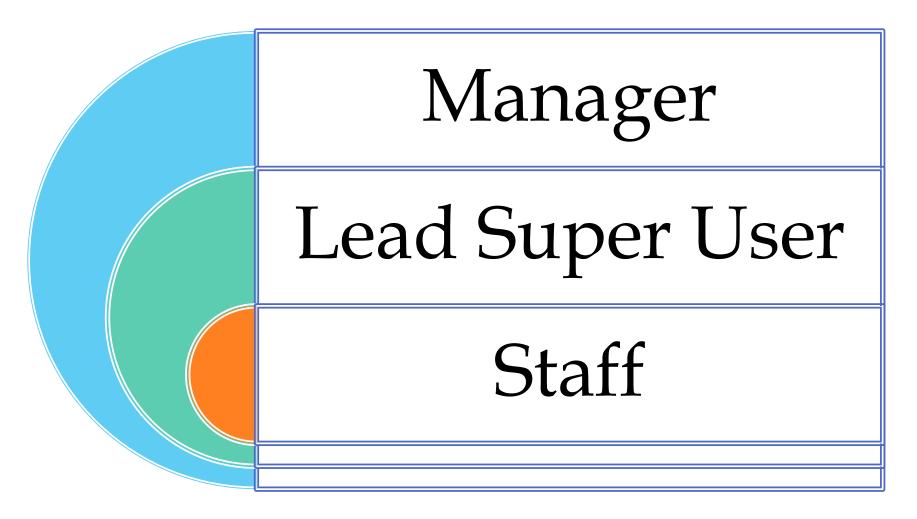
## The Difference between Presence and Attendance

- \* For participants, training is a chore—it is work! Make it easy on them! (even if it is "not my job.")
  - \* Essentials conducive to good training
    - Cleanliness (use a cleaning service)
      - \* No left-over food waste
      - \* No trash
      - \* Plenty of toilet paper and paper towels in rest rooms
    - Environmental controls (plenty of air circulation)
    - \* Manage noise levels
    - Open spaces/personal space
  - \* Make it more fun; make it rewarding
    - \* Ease of access to the training center
    - \* Food
    - \* Ease of scheduling

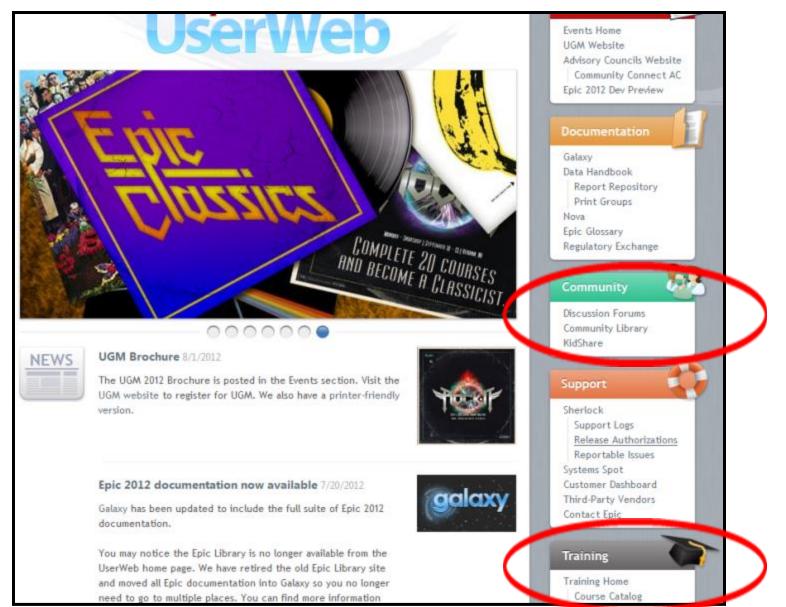
### Unit Communication Structure



### Checklists



### EPIC User Web Tools



## Handoff to Implementation Staff

- Once the planning and training was finally done, the implementation staff took the baton
  - \* We presented them with staff and technology as ready for implementation as possible. Whew!!



## Questions

