

Retirement of a Custom Legacy Application While Promoting the Enterprise EHR Solution

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Keywords: Clinical Documentation, Professional Education and Training

Introduction/Background

Prior to the hospital's Electronic Health Record (EHR) implementation in the 2000s, there was a home grown product implemented in the 1990s, Electronic Clinical Documentation (ECD). ECD was used to document electronic notes by way of dictation or direct typing while allowing for multi-contributor notes, custom templates, and distribution of authenticated notes to outside providers. Once the hospital implemented the current EHR, ECD was enhanced to pull discrete data from the EHR into notes and have authenticated ECD notes viewable within the EHR. The EHR and ECD were accessed separately; with duplicate log ins. Hospital leadership identified a need to retire ECD. Hospital resources needed to maintain and further enhance the application were limited. Hospital leadership desired streamlined documentation in one single EHR, which in turn would promote the use and future enhancements of the current EHR.

Methods

The retirement of ECD involved multiple teams including a steering committee, various ISD support staff, clinical education staff, and members of medical records. ECD integrated with many systems; therefore, an assessment occurred to identify the potential impact of ECD retirement. Clinic workflows were assessed, which influenced the note authentication process that varied based on clinical position. Standardization of documentation was led by guiding principles. Education provided to groups and individuals included documentation, authentication, and new non-ECD functionality. Education was supplemented with printed and web based education material. Ongoing support post-live continues in order to sustain clinician engagement.

Results

The transition led to positive engagement of the full EHR user community. Wide variations in user knowledge and skill level within the enterprise EHR were identified. Some end users had suboptimal access, which prevented them from completing documentation required by their job. End users questioned the internal and external distribution of provider documents. The enterprise EHR relies on a more cumbersome electronic distribution versus ECD which was not well liked. However, clinic based decision making models were established related to the use of the EHR which led to improved buy-in of the end users. The project allowed for the standardization of provider documentation in terms of quality and consistency while not removing the ability for user-level individuality.

Discussion/Conclusion/Lessons Learned

A clear project launch must be coordinated including the Executive Leadership team. A comprehensive analysis should be performed to capture the unique workflows of both the current state and systems that have the potential to be impacted. The assessment and analysis phase of the project should be completed prior to confirming a go live (or targeted go live) date. Much of these previous items are achieved through a more clearly defined role and thus greater expectations of all team members. Part of this is having a clear scope and goal identified and maintaining the focus on that goal for a timely and successful implementation. There needs to be improved transparency to the end users throughout the entire process, and the project team should maintain ongoing engagement of the end-users to ensure the trust in their new system.

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