

Bon Secours Health System, Inc.

Plan for Implementation: Advanced Clinical Systems/CPOE

Key Lessons Learned During Process

- Well-executed process redesign and implementation is more important than the vendor (assuming functionality and ease of use exists).
- Need significant organizational resources to implement - especially good clinical resources - this is a *clinical effort* with IS support.
- Implementation can be a centralized approach but process redesign needs to be championed by local medical staff and nursing.
- Implementation staff can be centralized but local support staff must remain to adapt system for clinicians and facility structure.
- Local executive time and commitment needs to be high.
- Goals can be achieved incrementally, thereby spreading the investment; implementing too much at one time (“big bang”) can lose focus on benefits.

Key Lessons Learned During Process (cont.)

- There will be a long transition time which will require dual manual and automated systems - must be well thought out or clinical staff will be inefficient.
- Physician use is more important initially than perfect physician use - physician acceptance will be variable but resistors should not drive the plan.
- Clinical alerts can be a problem and a liability if not implemented appropriately - clinicians need to carefully select alerts, educate staff and hold them accountable
- Enough hardware on units is important for clinicians to access.
- IS operating expenses will increase.
- It is too costly to replace all applications at one time to achieve integration - integration is preferred but should be achieved over time as current applications are retired.

Readiness of Local Systems

- Phase I Assessment Objective *to determine readiness to implement an advanced CIS* based on:
 - Cultural/Organizational Readiness
 - IT Readiness
 - Physician and Other Provider Readiness
- Phase II Assessment Objective *to determine optimization possibilities of current systems until ready for advanced CIS*

Readiness Recommendations

- Readiness Recommendations for Phase I Markets Included:
 - Solidify executive commitment to CIS/CPOE
 - Develop CIS/CPOE communication strategy
 - Develop detailed Local System IT Strategic Roadmaps that prioritize BSHSI and Local initiatives
 - Evaluate current IT staffing mix and develop organizational model for CIS
 - Begin standardized content development for specific clinical pathways and order sets prior to CIS/CPOE (to reduce BSHSI variation of care)
 - Lay groundwork for improved IT service prior to CIS/CPOE
- Local Phase I Recommendations included IT resource adjustments, workflow improvements, and initiatives that address physician awareness and acceptance.

Implementation Considerations

- What modules make up the Advanced CIS? How will integration between modules be accomplished?
- What elements of the Advanced CIS should be standardized? What level is recommended for BSHSI?
- How will the Advanced CIS be implemented? What resources will be required? What should the organizational model look like?
- What key factors need to be considered before and during the roll-out of the Advanced CIS? What should the roll-out timeline be?

Implementation Recommendations: Standardization

- Utilize an Enterprise Design approach with emphasis on standardization.
- The Enterprise Design *could* account for approximately 80% of the overall system, and should be consistent across BSHSI. Local variation should be supported but be restricted in certain key areas (to be determined) where variation would conflict with the goals for the Advanced CIS project.
- Opportunities for standardization exist in:
 - Process (“how to do it”)
 - Content (“how to say it”)
 - Application (“how the system will manage it”)

Implementation Recommendations: Roll-Out

- Implement the Advanced CIS/CPOE in two phases at each Local System to focus on benefits of each phase and not overwhelm the organization.
- Demonstrate success with benefits achievement at the pilot site before future roll-out to other BSHSI Local Systems
- Deploy systems using the Franchise Model, beginning with implementation at the pilot health system, then subsequent multiple concurrent deployments across the system.
- Conduct a Pre-Implementation Planning phase with the selected vendor and implementation partner to refine the resource models, implementation approach, and strategy. Include development of key metrics and outcomes to be achieved in the implementation.
- Dedicate substantial effort to clinical processes redesign to ensure the system will be effectively used.