



Managing a State-wide eMR Clinical Transformation

HIC 2008

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Objectives

- Background and rationale
- What is the eMR
- Change Management approach
- Progress and experience to date
- Questions





Background

- Clinical re-design identified improvement required in patient journey
- Growing evidence that Information & Communications Technology (ICT) investment improves hospital performance
- Need to achieve baseline clinical information systems throughout NSW
- State Baseline Build for all applications supports standard and consistent implementation across the State
- Standard implementation methodology will deliver benefits earlier to a larger community



What Does it Mean?

The largest program to date

- \$79 million approved Treasury funding for program to date
- Approx 180 hospitals in 7 AHS will be affected in NSW
- 84,000 staff to be trained, of which 53,000 are clinicians
- Several projects
 - Software implementation
 - Major infrastructure upgrade
 - Change work practices, P&Ps
 - Training and support
- Planning first go lives in SESIH and NCAHS in 2008

eMR Support for the Patient Journey



Emergency Dept.

Operating Theatres

D/C Referrals

Support Tools
for Clinicians

Electronic Orders

Results Reporting

Enterprise Scheduling

Decision Support

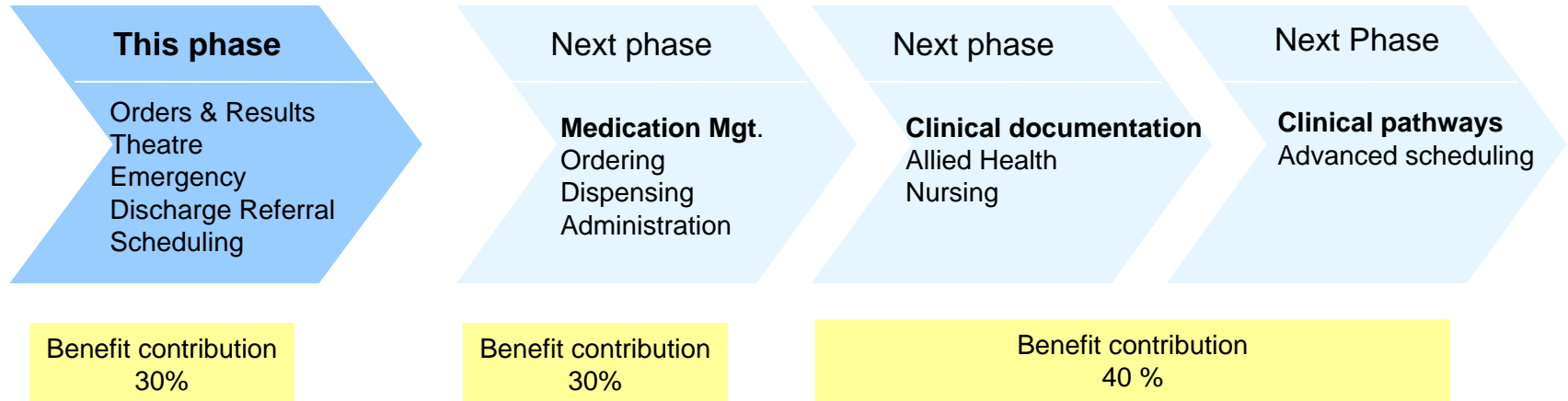
Data Extraction & Reporting

Interfacing

Corporate Systems

Enabling
Technologies

eMR Phases



The first phase is expensive, like building an house. Land, and services are necessary before we can enjoy the full value of a completed house.

The sooner we get through all phases the better.





State-wide eMR Program – Process of Implementation

- Collaborative effort between NSW Health SIM, Health Support Services, Cerner and Area Health Services
- Standardised approach to build and implementation of modules to support the patient journey
- SBB design workshops had state-wide representation from all disciplines, departments and clinical business units
- Change Management formally acknowledged as vital element of implementation
- Central development of strategies, templates and tools to ensure consistent and standardised approach across the State

Is Change Management important for IT implementation?

“A “technically best” system can be brought to its knees by people who have low psychological ownership in the system and who vigorously resist its implementation”

(Lorenzi and Riley 2000)

eMR Change Management Approach

- Post Implementation Reviews of most IT implementations in NSW to date, highlight lack of effective change management
- eMR Program – first time Change Management formally acknowledged as vital element of implementation
- Central development of strategies, templates and tools to ensure consistent and standardised approach across the State
- Based on Cerner transformation methodology and elements of other best practice e.g. AIM used by CSRP
- Change Manager funded and appointed at each AHS
- Assistance and support at AHS with managing the change

Change Management Components

- Change Management components include:
 - Current State Analysis (BPR)
 - Stakeholder Management
 - Communication Strategy & Plan
 - Learning & Development
 - Benefits Management
 - Work process gap analysis

eMR Stakeholder Management

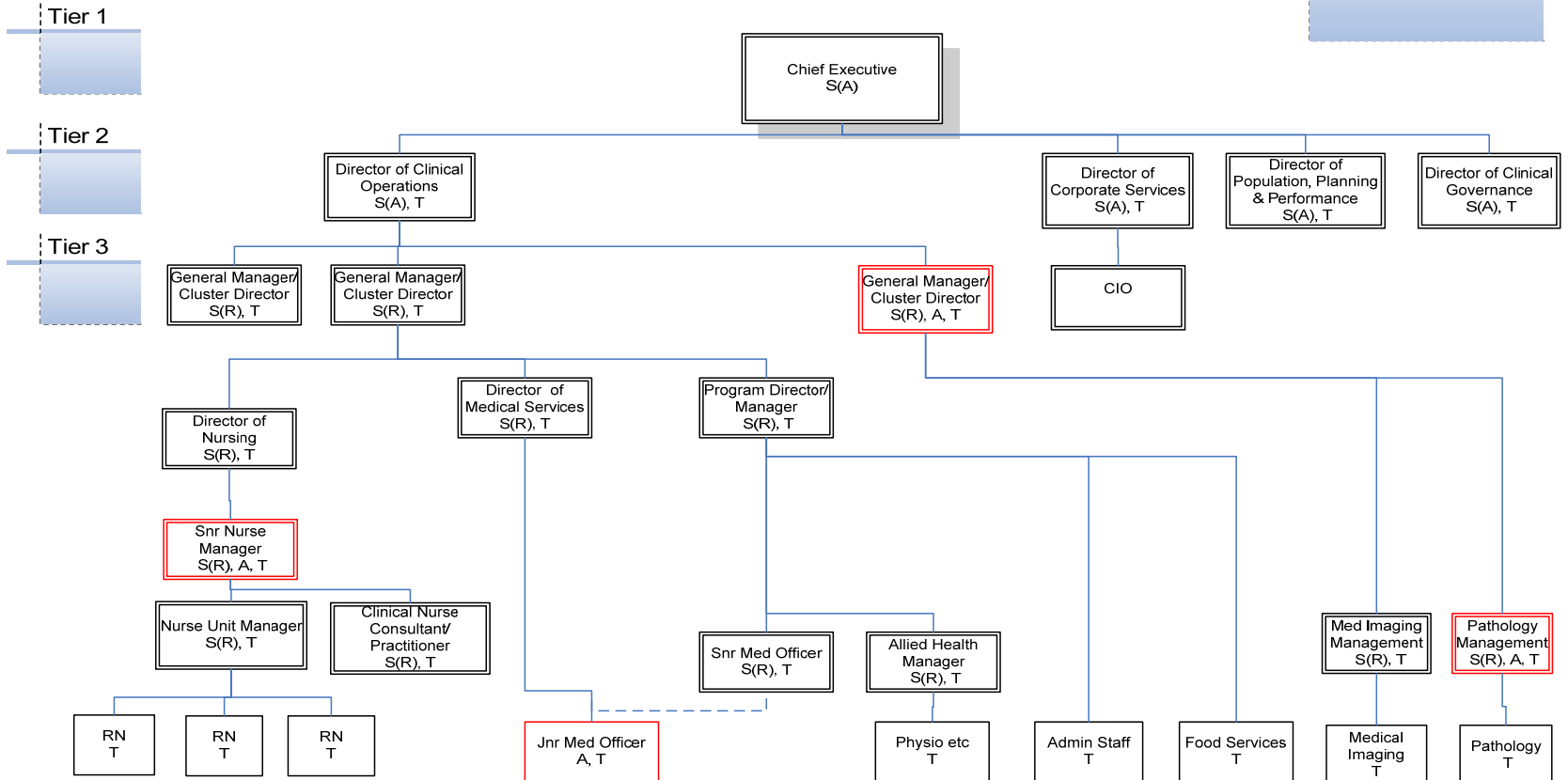
- Identify all stakeholders – groups and key individuals
- Analyse current and desired levels of commitment, impact of project, issues and concerns
- Identify sponsors, champions, change agents and clinical subject matter experts (SMEs)
- Cascading sponsorship model

Key Role Map

Generic AHS Role Map

Legend

S(A) = Authorising Sponsor
S(R) = Reinforcing Sponsor
A = Change Agent
T = Target



eMR Stakeholder Management.....*cont'd*

- Formulate stakeholder management plan to engage stakeholders, address issues and concerns
- Work with sponsors and champions to develop skills to facilitate and manage change throughout the organisation
- Generate clinical engagement - demonstrated commitment and ownership for the change

Attributes required.....

Sponsors, Change Agents and Champions need:

- Successful personal and organisational history
- Credibility with organisation
- Trust with end users
- Awareness of culture and subculture differences
- Belief in the project
- Courage

eMR Communications

- State-wide Strategy to ensure consistency and standardisation of messages
- Local AHS Communications Strategy & Action Plan
- Brochures, posters developed centrally
- State newsletter 'eMR At A Glance'
- Local newsletter
- State eMR website:
- <http://home.htech.health.nsw.gov.au/emr>
- eMR web page on AHS intranet
- Feedback loop



eMR Learning and Development –State Approach

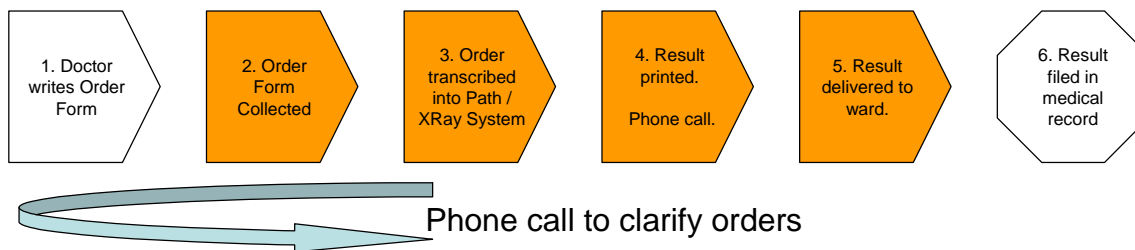
- Blended approach to training:
 - WBT tools for Results, Orders, FirstNet, SurgiNet
 - ILT & learning materials (e.g. quick reference guides)
 - TRAIN domain activities
- State approach to curriculum & learning materials development
- LPDS with each AHS to develop local learning plan
- Localisation of learning materials

eMR Future State & Gap Analysis - Purpose

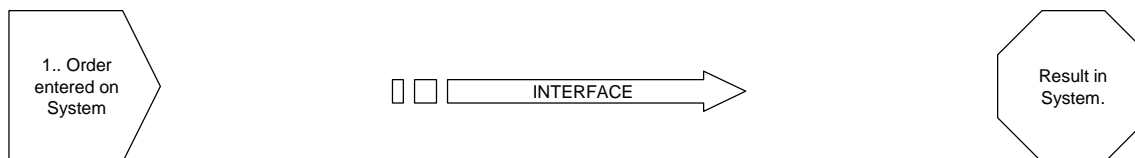
- Identifies changes in processes and workflows
- Facilitates understanding of new work processes allowing clear communication of changes
- Informs Learning requirements
- Informs test scripts
- Identifies Policy and Procedure adjustments/updates
- Identifies changes to responsibilities and skill requirements
- Maximises utilisation from the eMR
- Opportunities for process improvement
- Provides opportunity to quantify change for benefits realisation

Work practice change – Laboratory staff

Current work practice

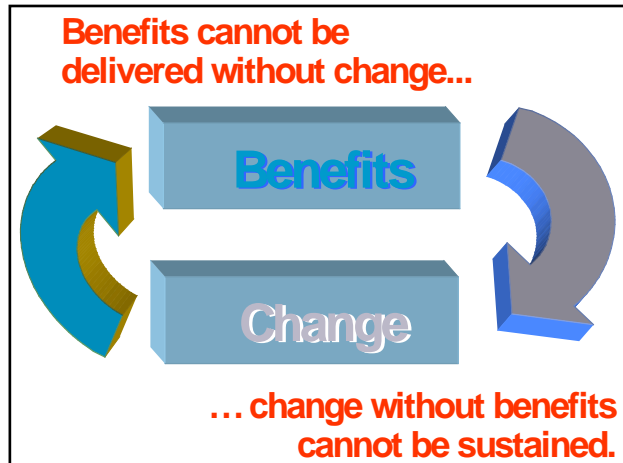


Future work practice



- Order is guided with mandatory fields
- Order sets guide the right combination
- Duplicate alerts prevent over ordering

Benefits Realisation



- Critical to successful implementation as well as supporting future business cases.
- Mandated by Treasury.
- Principles include:
 - Identification of measurable benefits
 - Ownership by clinicians and management in managing the delivery of benefits
 - Baseline measures pre-implementation
 - Post implementation measures and targets
 - On-going initiatives to get the full value.
 - Benefits need to be managed, they don't just happen.
 - Benefits rely on effective change management



Progress to date

Progress to date

- Current focus on one metro, one rural site
 - SESIH: iPM PAS/non Cerner site, go live 2008
 - NCAHS: existing Cerner site, go live 2008
- SWAHS: iPM PAS, existing Cerner site
 - phase 1: Orders, ED system underway
 - phase 2: LIS, OT system and Cerner PAS to commence in 2009
- CHW: existing Cerner site, planning underway
- GSAHS and GWAHS: iPM PAS/non Cerner sites, eMR planning underway
- NSCCAHS: existing Cerner site, eMR to commence in 2009

Seeing is believing

- It was difficult to see the value of the eMR without having access to the system.
- The compelling reason to change was missing.
- While there was a strategic vision, there was little awareness at the AHS level of the cost and benefits for the AHS.
- The involvement of the AHS stakeholders was minimal in the contract stage and getting commitment took several months after the start of the program to resolve.

Stakeholders without a story

- It was difficult to communicate to the stakeholders the reasons for the change without having the evidence.
- WIIFM was done for each level of the organisation, however it all seemed to be just words.
- Many of the changes and benefits are across the hospital and not just with a single department. Strong leadership is required to get one group to do more work so that another group benefits.
- Several versions of governance structures and diagrams evolved. It took time to create clinical engagement through the Clinical Advisory Groups

State Baseline Build issues

- SBB is major undertaking and was underestimated in its potential and future role.
- State Based Build workshops would have benefited from the outcomes of the BPR workshops.
- SBB participants would have benefited from having access to the system to guide their input to the designs
- Change management for the SBB is a complex task in a program of this size. The balance between imposing a system on an Area versus the Area taking ownership and developing good local solutions is challenging.
- The worst case is that the SBB is seen as barrier, whereas, the process is on-going and requires consensus building

Taking the pulse...

	Executive		Staff involved		Staff not involved	
Pre-Conversion Change Readiness	Hospital A	Hospital B	Hospital A	Hospital B	Hospital A	Hospital B
Stakeholder Management	2.5	3.2	3.4	3.4	3.7	3.1
Project Management	3.3	3.5	3.3	3.8	4.0	2.0
Communication	3.3	3.5	3.2	2.9	4.4	2.9
Clinical Workflow	3.6	3.4	3.8	3.3	4.5	4.0
Policy and Procedures	3.2	4.1	3.3	4.3	1.0	2.0
Training	3.0	4.2	3.4	3.8	3.4	2.6
Benefits Realisation	4.2	3.9	3.2	2.6	4.0	2.0
Post go Live	4.0	4.5	4.0	4.0	4.2	2.5
Percent of questions with "Unknown" answers	39%	37%	16%	33%	62%	65%

Rating is based on a range of 1 to 5. % being the highest risk

Involved are clinical staff attending implementation meetings

Not involved are clinical staff with no implementation roles

Current State Analysis

- BPR sessions provided a wealth of issues
- Sessions would have benefited from access to what the system could do as well as a strong vision by sponsors.
- The process and resulting issues log was seen as an end product. Other project demands took over and these were not fully resolved.
- The issues were seen in isolation from system design and future state issues.
- We will address this by closing the loop post implementation to confirm with the original participants that the issues have been resolved. This is also part of the “realisation” aspect of benefits.

Resources

- Project teams were working almost beyond capacity on system design and build issues.
- This was followed by pressure to develop test scripts and test the system.
- The Change Manager was restricted through lack of access to business analysts for stakeholder and communication activities.
- Still having difficulty in getting acceptance that change management and benefits delivery activities will continue for many months post implementation and needs to be resourced.



Change and Benefits

- Business case benefits were split into direct and measurable benefits.
- Business process review issues provided good evidence of problems which will be solved by the eMR.
- Engagement with hospital stakeholders was achieved through having the facts about the change.
- Satisfaction survey was difficult to get responses because "the clinicians do not know what they don't know".
- Steering committee engagement helped manage expectations that benefits will flow after the implementation. It also assisted in getting a focus on outcomes rather than software installation
- Change management provided strong evidence to support the benefits case, in particular, a list of "what must be done to achieve the benefit / change"

Conclusion



- There is solid acceptance of the methodology.
- Earlier identification of the change and vision.
- Protect resources for change work in future implementation
- Successes with future state development and baseline measures for benefits
- The program has been successful in getting clinical groups to work together on processes which have previously never been reviewed
- Benchmark has been set for all future projects



Questions?

For more information: <http://home.htech.health.nsw.gov.au/emr>

or contact: emrfeedback@hss.health.nsw.gov.au