Shared Electronic Health Record Implementation Journey Readiness Assessment

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Introductions

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Complete Lifecycle of eHealth and HCIS Services

Strategic & Operational Planning
CIS Tactical Planning
CIS Implementation Services
Evaluation and Benefits Realization

Optimization
Interim CIO IT Management
Regional ICT Planning

System Procurement Services
Hospital Build & Redevelopment
Virtual Health
Operational Support
A Shared Electronic Health Record
Benefits of a Shared Electronic Health Record

- Providing **accurate, up-to-date, and complete information about patients** at the point of care
- Securely **sharing electronic information** with patients and other clinicians eliminating the need for paper, faxes, phone calls, etc.
- Enabling safer, **more reliable care**
- **Reducing costs** through decreased paperwork, improved safety, reduced duplication of testing, and improved health.
What is a Shared EHR?

- A shared system
- A shared clinical view of the patient’s record
Sharing an EHR requires consistency in the collection and exchange of patient information

- Standardization needs to focus on the output of information entry in the EHR
- Standards enhance quality of data; improve clinical care; support information sharing at transition points; increase patient safety
- Standardization of terminology, practice and design of clinical system which includes standardization of workflow and clinical processes
  - Terminology
    - Consistent language
    - Common nomenclature
    - Standardized scales e.g. pain scale (1-10)
  - Business Process and Workflow
    - Consistent implementation of language, nomenclature and standardized assessments and scales in practice
  - Design
    - Common design which incorporates standardized, language, nomenclature, assessments and scales
  - Practice
    - Evidence informed best practice

“Clinical documentation facilitates the accurate representation of a patient’s clinical status that translates into coded data. Coded data is then translated into quality reporting, statistical reporting, public health data, and disease tracking and trending”

- AHIMA - [http://www.ahima.org/topics/cdi?tabid=overview](http://www.ahima.org/topics/cdi?tabid=overview)
Impact of Clinical Content in the EHR

Organization A
Numerical Pain Scale
1 - 10

<table>
<thead>
<tr>
<th>Numerical Pain Scale</th>
<th>/10 Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No Pain</td>
<td>10 = Worst Possible Pain</td>
</tr>
</tbody>
</table>

Organization B
Wong Baker Pain Scale
1 - 5

<table>
<thead>
<tr>
<th>Wong-Baker Pain Scale</th>
<th>(/5 points)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 = No Pain = Happiest Face</td>
<td>5 = Greatest Pain = Most Distressed Face</td>
</tr>
</tbody>
</table>

EMR ID Pain Intensity

- Neurological
- Speech/Swallow
- HEENT
- Muscle/Skeletal
- Pain
- Cardiopulmonary
- Nutrition
- ADL's
- Activity/Mobility
- GI/GU/GYN
- Integumentary
- Psychosocial
- Education
- Exercise/Procedures
- Safety

Pain Assessment

<table>
<thead>
<tr>
<th>Date</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/6/06</td>
<td>1</td>
</tr>
<tr>
<td>2/6/08</td>
<td>5</td>
</tr>
<tr>
<td>4/6/08</td>
<td>3</td>
</tr>
</tbody>
</table>

Organization A Documentation
Organization A Documentation
Impact of Clinical Content in the EHR

### IV / Invasive Line Assessment

#### IV Location and Assessment - Occurrence #1

<table>
<thead>
<tr>
<th>IV Modifier</th>
<th>Left</th>
<th>Right</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Site Location</td>
<td>Hand</td>
<td>Wrist</td>
</tr>
<tr>
<td>Reason for IV</td>
<td>Blood/Blood Product</td>
<td>Hydration</td>
</tr>
<tr>
<td>IV Line Type</td>
<td>Peripheral IV</td>
<td>Hickman</td>
</tr>
<tr>
<td>Catheter Gauge</td>
<td>(gauge)</td>
<td>(gauge)</td>
</tr>
<tr>
<td>Catheter Length</td>
<td>(cm)</td>
<td></td>
</tr>
</tbody>
</table>

#### IV / Invasive Line Assessment - Occurrence #1

<table>
<thead>
<tr>
<th>IV Solution</th>
<th>0.9% NaCl</th>
<th>5% Dextrose</th>
<th>3.3% Dextrose</th>
<th>0.3% NaCl</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV Solution Additive</td>
<td>KCl</td>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Line Location</td>
<td>Central Venous Access Device</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IV Catheter Gauge</td>
<td>(gauge)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount to be Absorbed</td>
<td>(ml/hr)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 0.9% NaCl

**14/7/00 13:59**

- **Line Location**: LEFT WRIST
- **Catheter Gauge**: 18 gauge
- **ml of Solution**: 1000 mls
- **Line Rate**: 100.0 ml/hr
- **Reason for IV**: New Line
- **Recorded By**: Niall Hay

#### Left Hand

**14/7/00 13:59**

- **Line Location**: LEFT WRIST
- **Catheter Gauge**: 18 gauge
- **Reason for IV**: Peripheral IV
- **Recorded By**: Niall Hay
Level of Standardization

- Strive/Plan for a high level of standardization
- Components to be standardized:

**Patient Data**
- Demographics
- Patient Headers
- Allergies
- Medications
- Health and Social History

**Physician Documentation**
- Admission/H&P
- Discharge Summary
- Consultation Report
- Progress Notes
- Procedure Notes

**Diagnostic Tests & Results**
- Lab
- Diagnostics

**Orders**
- Order Catalogue
- General/Corporate Order Set

**Assessment and Exam Findings**
- Core Corporate Documentation Tools
- Progress notes
- Standardized Assessments
- Speciality Documentation tools

**Care Planning**
- Consults/referrals
- Discharge plans
- Patient and family education
- Problem Lists
- Kardex
Shared EHR Readiness Assessment
A Vision...

- *is where you want to be, what you want to look like and when it will happen*

- *provides direction, aligns key players, & energizes people to a common purpose*

- *describes a future that reflects optimism but is realistic*

- *stretches the imagination & motivates people to what is possible*
Sharing The Vision

- What is important for the organizations sharing an electronic health record?
- What will change with the introduction of a shared electronic health record?
What is the Vision?

- Create a patient-entered interprofessional EHR to enable the coordination of care for patients in the NE LHIN
- Patient-centered, fully adopted to provide a full patient view: equity of care, equal inpatient and outpatient services, core value of quality and safety
- Quality, safe collaborative and evidence-based care across the continuum for patients in NE LHIN, supported by an integrated EMR
- One truth, one story for best outcomes throughout (my/the) healthcare journey
- One record, shared journey together
Vision

One Person. One Record. One System - Transforming Clinical Quality, Through Regional Care Standardization within a Unified Health Record.
Guiding Principles

- Any **principles** or precepts that guide an **organization** throughout its life in all circumstances
The primary goals of the shared standardized EMR are to improve patient safety and quality of care within each organization. Secondary goals include use of data for administrative; reporting; care and evaluation; patient and family engagement; and care planning.

The collaboration will involve the standardization of documentation and processes wherever possible in the system utilizing a 80/20% rule unless patient risks and safety issues are identified. If risks and safety issues are identified, alternatives to standardization that meet the needs of both partners and the populations they serve will be determined.

The EMR will facilitate and enhance opportunities for population health, business and clinical data analytics, teaching and research within and among the partners.

Each organization has unique tactical needs that need to be met through an effective EMR support structure in accordance with a service level agreement.
Governance

- Governance is a priority
  - In a shared project it is vital to project success
- Well defined
- Roles and responsibilities need to be clear
  - Shared/Joint roles and responsibilities vs local
- Decision making
  - Clear processes and responsibilities
  - Escalation process
Implementation Governance Structure

Senior Oversight

Executive Committee

Management

Site Leads
PMO

Steering Committees

Finance & HR Steering Committee
Technical Steering Committee
Clinical Steering Committee

Working Groups

Billing, Supply Chain, Quality & Analytics, General Finance, HR / Payroll

Bar, MM/AP, QRM/BCA, GI/FA, HR/PP, STS

Reports, Interoperability / Conversions, Architecture / MIS / Technical

Med Mgmt, Patient Access, Pharmacy, Lab, ITS, HIM

Build Teams

Clin Doc

Order Set Subgroup

PAC

Order Sets

Clin Doc

Order Set Subgroup

PDoc Subgroup

Order Sets

PDoc

PCM

Order Sets

Note: the working groups have been consolidated in this illustration; each build team corresponds directly with a working group (e.g., Billing working group corresponds with BAR, Supply Chain working group with MM/AP, Quality & Analytics working group with QRM/BCA, etc.)
Roles and Responsibilities

- Clearly defines
- Who does what?
- Shared/joint roles vs local
Governance and Decision Making

- Centralized design
- Localized review and feedback
- Regional approval
- Localized implementation
## Decision Making Framework

The following matrix depicts suggested decision making process:

<table>
<thead>
<tr>
<th>Working Groups/Design Team</th>
<th>Site Specific Committees</th>
<th>EMR Standards</th>
<th>Clinical Systems Steering</th>
<th>MEDITECH 6.1 Steering Committee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>System Set Up/Parameters</strong></td>
<td>Recommend</td>
<td>Vet</td>
<td>Vet/Endorse</td>
<td>Approve</td>
</tr>
<tr>
<td><strong>Corporate Clinical Content</strong></td>
<td>Recommend</td>
<td>Vet/Recommend</td>
<td>Vet/Endorse</td>
<td>Approve</td>
</tr>
<tr>
<td><strong>Program/Service Clinical Content</strong></td>
<td>Develop/Approve</td>
<td>Vet/Recommend</td>
<td>Vet/Endorse</td>
<td>Escalation/Oversight</td>
</tr>
<tr>
<td><strong>Timelines</strong></td>
<td>Recommend</td>
<td>N/A</td>
<td>N/A</td>
<td>Recommend</td>
</tr>
<tr>
<td><strong>Budget</strong></td>
<td>Recommend</td>
<td>N/A</td>
<td>N/A</td>
<td>Recommend</td>
</tr>
<tr>
<td><strong>Resources</strong></td>
<td>Recommend</td>
<td>N/A</td>
<td>N/A</td>
<td>Recommend</td>
</tr>
<tr>
<td><strong>Risk Management</strong></td>
<td>Recommend</td>
<td>Vet/Recommend</td>
<td>N/A</td>
<td>Approve</td>
</tr>
</tbody>
</table>
Defined Scope

- What’s in scope vs out of scope
- Change process for ongoing decisions
  - Decision documents
Change Management

- Clinical Transformation Project NOT an IT Project
- Assess readiness for change
- Local change management strategy and tactical plan
- Shared change management strategy and tactical plan