

## **Peer's HCIT Adoption and Optimization Methodology**

Healthcare organizations continue their journey to achieve their vision and improve operations by leveraging information technology. For most, this journey has accelerated with the passage of the HITECH Act. They strive to utilize technology to build a sustainable, accountable structure for the delivery of high quality patient care and also to take advantage of HITECH's Meaningful Use financial incentives.

Peer Consulting designed our *Adopt...Advance...Enhance™* program to help organizations realize their EHR benefits by integrating and enabling three pillars, "People", "Process" and "Technology". While our client engagements typically address all three pillars, we are introducing the "People" pillar in the following article. Specifically, the client case study below demonstrates how our *Adopt...Advance...Enhance™* methodology worked to address the "People" component of adopting CPOE functionality. The next two articles in the series will address the "Process" and "Technology" pillars.

### **Article 1: People: Engaging Clinicians to Kick Start a Stalled CPOE Rollout**

#### **Client Case Study**

A nationally renowned multi-facility healthcare delivery system had implemented Computerized Provider Order Entry (CPOE) and attained Meaningful Use (MU) certification, but utilization plateaued at just above MU thresholds. The health system began a project to further automate clinical workflows, continuing to add functionality and upgrading its EMR to improve performance and enhance workflows, however these efforts and changes were not met with as much success as the leadership team had expected.

When the initiative stalled, Peer Consulting was engaged to evaluate whether the organization was ready for the initiative's next steps. Our methodology started with measuring readiness for organizational change and the current level of clinician adoption. We identified strengths, opportunities, risks and the unique challenges the organization faced in moving this new technology initiative forward. The four key engagement objectives were:

- Validate the initiative's assumptions as they relate to three pillars of HCIT: the enterprise profile (People), clinical excellence (Process), and technology readiness (Technology)
- Identify project risks (uncertainties, liabilities and vulnerabilities) that may negatively impact the initiative
- Recommend actions to mitigate project risks and increase clinician adoption
- Propose modifications to the project scope and timeline as needed

#### **Background:**

Our client traditionally approached technology initiatives as IT projects with limited clinician involvement. CPOE was successfully implemented to achieve the utilization thresholds defined by MU via hospitalist and intensivist programs. However, CPOE use was optional at all facilities for community-based, private physicians and CPOE utilization was not increasing.

As the planning and execution for extending the utilization of CPOE proceeded, the executive team wanted to ensure that activities required to sustain and increase clinician adoption were identified and addressed. They realized that previous initiatives focused on delivering technology to the desktop and training staff on the new functionality rather than on incorporating workflow considerations into technology projects. As a result, the general consensus was that additional focus on clinician adoption was paramount and presented a challenge to the initiative's success.

Peer consultants were asked to gather information from the clinician community and assist with developing recommendations to increase adoption. The executive team's intent was to incorporate the identified recommendations into the organizational change management plan. The executives believed the use of consultants would provide a non-biased approach and that clinicians would more openly engage with them **versus** health system staff.

### **Project Approach:**

Planning and organizing: Three data collection methods were used to obtain information from hospital executives, chief medical and operation officers and hospital staff. Unit tours were also conducted. The data collection methods consisted of:

- Business intelligence data – Information provided by the client on the area's healthcare market, the organization's mission, vision and strategies, market environment, business drivers, and assumptions supporting the new initiative
- Written survey – We developed a confidential survey that was sent to executives, department leaders, physicians, nurses and allied health staff. The survey included questions regarding patient safety and quality, clinical operations and opportunities for improvement. Finally, it assessed participants' understanding and acceptance of the CPOE initiative, organizational change, training, and technology use by discipline.
- Personal interviews – We conducted in-person interviews with key stakeholders in a one-on-one setting, with questions assessing the current state of patient safety, the effectiveness of planning for the CPOE initiative and its launch
- Unit tours – We toured selected areas at each site, primarily nursing units and pharmacy. We developed tour checklists to verify use of current systems, workspace and device availability and procedural issues.

The Chief Information Officer and the Director of Clinical Applications were the project sponsors. They engaged clinical representatives from information technology, nursing, pharmacy, executive leadership and physicians. Peer Consulting provided baseline templates for the data collection tools indicated above. The joint Peer/client project team reviewed and personalized the questions to better reflect the organizational environment. The joint team also developed the project plan, the visit schedule and drafted the messaging that would be used to announce the initiative and inform hospital participants of the activities.

Data Collection and Analysis: Peer consultants led the data collection and analysis activities.

- Written surveys: We distributed 200 electronic surveys to a cross-section of clinicians across 4 inpatient facilities. Simple counts and percentages were computed for all survey items. We analyzed open-ended questions by separating responses into themes by recurring topics.
- Interviews: We conducted individual, in-person interviews with 20 stakeholders including senior executives, pharmacists, nursing and medical staff leadership. We obtained information from participants through these 45-minute interviews using a range of open-ended questions and analyzed participant responses by separating them into themes by recurring topics.
- Unit tours: We toured the Med / Surg unit, ICU and pharmacy at each facility, and then reviewed the unit tour checklists to report overall findings and observations.

Findings Report: Peer Consulting prepared a detailed findings report upon completion of the data analysis. The report categorized findings by the three organizational effectiveness pillars: people, process and technology. We suggested key follow-up activities and next steps in the report. The analysis for each pillar included:

- Pillar (People, Process, or Technology)
  - Strength – Whether there were an existing organizational strength that could be used to support the CPOE advancement initiative
  - Opportunity – Items requiring additional focus

- Risk
  - Potential ramifications if not addressed
  - Suggested strategy to address
  - Suggested specific tactical actions to address each risk

Peer Consulting suggested key follow-up activities and next-steps, including:

- Executive Sponsorship: Ensure that the executive team stays united and “on message” with regard to the importance of the CPOE advancement initiative and its alignment with strategic initiatives
- Clinician Ownership: Increase clinician involvement in the project by assigning physician, nurse and pharmacy champions with clear roles and responsibilities, including participation in key decision making. Ensure clinicians participate in planning, workflow and design activities and system testing.
- Clinician Adoption: Develop a specific strategy and plan for clinician adoption. The strategy should address key clinician concerns, impact on personal productivity and efficiency, ease of use, device availability and system response.
- Measurement and benchmarking: Identify and select a maximum of 3-4 clinician-focused performance metrics that demonstrate workflow improvement and quality as the initiative advances.

**Conclusion:**

The data collected revealed a broad range of understanding regarding the CPOE advancement initiative, from very little clinician understanding to feeling fully informed. Additionally there was a wide range of opinion on the workflow impact, both positive and negative, on the new technology and its anticipated clinician benefits.

This key finding suggested that the communication plan should include consistent messaging and talking points created for and used by the executive team and initiative sponsors to address the knowledge gap. The availability and use of a consistent message reflecting why the new initiative is underway and its anticipated benefits will ensure executive and clinician leadership are seen as visible and vocal advocates for the initiative.

The clinicians’ primary concern was the potential impact to their workflow as well as to their personal productivity and efficiency. To mitigate this issue, we suggested that additional key clinicians should be brought into the project team to participate in design and design reviews as well as to communicate the status of progress to the wider clinician community. Also, we suggested that clinicians should participate in the selection and measurement of a small number of metrics that target workflow efficiency and quality to be used as initiative success criteria.

The findings report provided the engagement sponsors and the executive team with suggested strategies and specified actions that they incorporated into their comprehensive cultural change management plan.