Plugging Behavioral Health into Electronic Medical Records
2:15 – 3:15 pm
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Objective

- Describe at least two strategies to utilize to assure a successful EMR implementation.
- Identify benefits and barriers in the implementation of an EMR.
- Identify key phases in implementing an EMR.
- Describe one lesson learned to use in your “Go Live” and beyond.

- 149-bed freestanding, privately operated psychiatric hospital
- Populations include children, adolescents, adults, and older adults
- Full continuum of Behavioral Health services including chemical dependency detox and rehab
- Inpatient, outpatient, and partial hospital programs
- Two satellite campuses (East County & Mid City)
- Sharp Vista Pacifica 14-bed freestanding Chemical Dependency Recovery Hospital

Sharp HealthCare is a not-for-profit integrated regional health care delivery system based in San Diego, Calif.
- Four acute-care hospitals
- Three specialty hospitals
- Two affiliated medical groups
- Health plan
EMR Vision Statement
Developed 1995

In order to become a truly effective delivery system and to meet the mission of providing quality, cost-effective and convenient care to our community, it is necessary for Sharp HealthCare to implement an Electronic Medical Record.

The EMR will provide the essential resource for sustaining a single accessible healthcare record, support appropriate clinical decision making and add value to both care providers and patients.

History

Current Applications Portfolio

Future

Future Applications Suite
Implications for SMV
- CPOE - Computerized physician order entry
- Clinical documentation
- Electronic MAR
- Results and transcription viewing
- Physician electronic signature transcriptions and verbal orders
- Pharmacy, laboratory and radiology systems
- How to manage the papers still needed

Design and Implementation Timeline
- 10/2006 Design phase begins with 108 people including 21 physicians
- 1/20/2008 Sharp Memorial
- 1/2009 new Stephen Birch at SMH
- 11/1/2009 Mary Birch Hospital for Women and Infants
- 6/2010 Sharp Mesa Vista, Vista Pacific and Outpatient Satellites
- 10/2010 Sharp Grossmont Hospital

Our Opportunity
- Transforming our practice through leadership, behavior and technology
- The organization does not just do something new, it builds its capacity for doing things in a new way
  - Vision of the future
  - What behaviors are expected in maintaining the personal connection with our patients and clients
  - Use the technology to enhance our practice
Getting Ready for the Transition

- 1/2008 Cerner CNO forum
- 6/2009
  - Started with current workflow
    - Start, stop, continue
  - Assessment of current forms
    - 735 different forms that we needed to consolidate
- Mobilizing commitment

Leadership and Design Structure

- System Executive Steering
- EMR Operations Committee
- Behavioral Health Steering Committee
- Design Teams

"I'm not telling you it is going to be easy. I'm telling you it's going to be worth it." - Art Williams

Physician Involvement in EMR Implementation

- BH was involved from the beginning of the Sharp design as a whole
- This allowed us to make sure that basic decisions were made with psychiatry in mind (e.g. DSM)
- BH assisted when the main med surg hospital went live
Physician Involvement in Design

- When the resources were directed to BH, at least 1-2 psychiatrists were available at all times when decisions were made.
- When we built order sets we asked "expert panels" to come in and participate.

Know your Team

- The project involves several people in several disciplines, that might not be clear to you (Cerner people).
- Many of them are not clinicians.
- Even if they are clinicians, their knowledge of BH is limited (meds, laws, protocols ...).
- You have to translate to them what you do and what you want.
- They will tell what is doable and what is not in EMR.
- They might suggest a simpler, linear way of doing things.

Know your Customers

- Medical staff are divided in three broad categories:
  - Excited participants (future key users and super users)
  - Cautious participants (not too excited but will come along), can start as avoidant.
  - Resistant, avoidant, non-participant.
Maximizing Physician Involvement

- Your goal is to increase the middle group as much as you can
- Individualize plans for each one if needed, use political capital
- Be a real mediator between administration/engineers on one hand, and the clinicians on the other

Communication

- Keep the medical staff in the loop
- Be honest with the medical staff about the changes they will be dealing with, but assure them that they will be kept in the loop and will have a lot of support

Preparation

- Train, train, train
- Post the training schedule
- Give them enough time to adjust their schedule
- Remind, remind and remind
Just-in-Time Advice

- Try to log on with the majority of your doctors a day or two before going live to iron out any system problems (i.e., wrong position or locations...)

Physician Lessons Learned

- Ask for help when you need it
- Try to have fun in the process
- Pace yourself
- Don’t burn out

Cerner Implementation Strategy

- Design
- Build
- Test
- Train
### Design Goals

- Begin with the end in mind.

> -Stephen Covey

- Don't recreate what we have. Design for what we want it to be.
- Strategize ahead of time about what the future workflows should look like and design the system to the future.

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### Design/Build Phase

- **People**
  - Leadership
  - Design Team (dedicated staff 3d/wk)
  - Super Users (computer literate, unit leaders, enthusiastic)
  - Information Systems Liaison/Build Partners

- **Content**
  - What can we use? What is already available?
  - What do we need?
  - Musts vs. wants
  - Special Needs: ECT, Outpatient

- **Future driven**

- **Technology placement**
  - Get out of the Nursing Station

- **Security**

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### BH Patient Care Summary

- BH Patient Care Summary
  - Screen shots of patient care summary forms and interfaces.
BH Initial Assessment
Suicide Risk Screen section

Testing
- Unit Testing
  - Forms/flow
- Integration Testing
  - Orders to downstream systems
  - Results back
- Workflow Testing
  - Test all possible workflow pieces
  - Test all possible workflow pieces again...

Training & Staffing
Personnel required to support
- Trainers (IS)
- Key Users (Design Team)
- Super Users
Training:
- Windows basic skills (online test)
- Basic application use (4hr)
- Work flow based training
- Physician education (3hr)
- Practice opportunities (Training PCs)
Plan for Go Live
Beyond the Computer

- Meaningful connections class
- Increased staffing needs for training and go live (travelers)
- Recruitment from other entities for go live support
- Room for IS on site support (Command Center)
- Super Users scheduled out of staffing for go live and weeks following
- Caring for staff

Cutover Lessons Learned

- Planning
  - Determine critical data input – do not try to enter everything
  - Run mock cutover
    - Determines when to start cutover
    - Helps Super Users practice
- Pharmacy
  - Bring in lots of staff
  - Allow extra time
  - Have MAR checked by Rx and RN

GO LIVE
Lessons Learned

- Be prepared for delays (downtime)
- Communication is KEY!
  - Communicate early and often
  - Go live is dynamic, information will be too
  - Bulletins – Educational and Alert
  - Meetings – 1 per shift
  - Define staff expectations for staying knowledgeable
- Change management process during go live must be well defined
- Prevent burnout
- Go live is really the beginning, not the end
Know What to Expect

- **EMR Implementation Staff Phases**
  - Excitement
  - Anger – It will happen ... and it will pass
  - Resignation
  - Acceptance
  - Knowledge advancement

Benefits

- Flow of information
- Chart accessibility
- Work flow improvements
  - Treatment team notes
  - IPOC is a living a document
  - Pre-Admission, admission and discharge are more efficient
- Auditing
- Trending
- TBD- Rounding

Challenges

- Keeping everyone on the same page
  - There is more that one way to document EVERYTHING in Cerner
  - Different unit and shift workflows/cultures
- Outpatient utilizing an inpatient product
  - Medication management
  - Nursing notification
Unanticipated Outcomes
- Identified non-standardized practices
- Built teamwork
  - Interdisciplinary
  - Between units and shifts
  - Other entities
- New leaders emerged

Unanticipated Fallout
- Unanticipated staff changes
  - Unit clerks
  - Sharp Memorial retrained to be Health Care Partner
  - Sharp Mesa Vista was unable to rework some of those positions and had to do away with some
- Costs increased due to increased need for RNs to enter telephone orders, assess, sign off orders and do Plan of Care documentation
- More mobile devices (laptops) needed
  - Treatment Team
  - UR & Social Services

Post Go Live
- Recognize the accomplishment
  - Core award
  - Dinner
  - Thank you notes
- Ongoing tweaks
  - RNs initially liked point and click, then felt unable to tell the patient story
- Impacts around integration with the larger Sharp system
- Recognize and acknowledge that nothing is constant but change

People often say that motivation doesn’t last. Well, neither does bathing - that’s why we recommend it daily.

– Zig Zigler
Thank you

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Sharp Mesa Vista

Questions