



Successful Keys to CPOE Adoption

Kathy Donlin-Shore, RN Project Manager, PMO Practice

Abstract: Healthcare provider organizations seeking to achieve one of the key goals, Computerized Physician Order Entry (CPOE), of meaningful use certification in 2010 and 2011, often see adoption as a daunting challenge within their physician community. Many factors affecting the success of CPOE adoption should be considered. This paper addresses some of the key project management and organizational techniques that are critical to the success of CPOE adoption.

Physician Leadership

Full life-cycle involvement of physician leadership will set the tone for success of an organization facing CPOE adoption. Depending on the needs and structure of the organization, appointing internal physicians who have demonstrated a deep interest in technology and possess a commanding ability to communicate with peers is essential. Ideally, these physicians would operate at the highest levels of the project's leadership either as CMIO or Director. The physician leader (PL) will be the primary point of communication between the physician community and the EMR project team. The PL should have the authority within the project to assure that all of the physicians' concerns about how the new technology may impact their ability to deliver patient care will be addressed.

To Win, You've Got to Have a Champion

A Physician CMIO, PL, or Project Director can provide the face of the CPOE project to the physician community. Recruiting such physician champions from within the organization is critical. The most effective physician champions are already tech savvy in their private and professional lives and enthusiastic about the possibilities within their own practices. They must be willing to become functionally competent in the software application in order to be able to demonstrate the application's capabilities to their colleagues. In collaboration with the project leadership team and the implementation teams, these champions will be a part of kickoff sessions for each phase of the project. They will also need to present to specialty physician groups and make themselves available for informal inquiries from their colleagues, acting essentially as ambassadors of good will. In addition, they should be available and involved as needed within the design process for all physician clinical content, acting as the physicians' representatives when critical technical and clinical process decisions are being made. This can be a considerable time commitment.

Governance and Clinical Advisory Committees

Who will approve new user physicians' access to the system: the help desk staff or the CMIO? Who will be responsible for updating the problem list: physicians, nurse practitioners, or nurses? How long is too long for an incomplete record on a patient to remain incomplete? How will we coordinate mandated completion? Who will have the final say on the scope of the EMR implementation and who will be held responsible for holding the line for that scope definition as physicians continue to clamor for more or different capabilities? These and many other significant questions will need to be answered by an authoritative body within the organization so that clear and distinct governance of the project is in place at the outset and maintained through the lifecycle of the project. A Clinical Advisory Committee or Steering Committee should include representatives from all operational areas: Medicine, Nursing, Pharmacy, Radiology, ED, Ancillaries, Scheduling, Admissions, Billing, Finance, and IT. In other words, all

departments with the potential of being impacted by an EMR should be represented. Issues and decisions brought to this committee on a weekly or bi-weekly basis will have far-reaching effects on the management of scope, the meeting of milestones, and the ultimate success of the project at go-live. The right people in the room ready to help quickly resolve the critical decisions will help drive the project to success.

Fully Developed Integrated Physician and Multi-Disciplinary Workflows

Adoption of CPOE within the physician community implies that physicians will utilize the order entry functionality through completion of the order with a success rate of approximately 65 to 75% in the first few weeks of go-live. Progressive adoption should bring success rates to 80 to 95% by the end of go-live. To accomplish this, the project leadership team must be able to design the clinical content needs of physicians - ideally with order sets - that will meet the demands of daily practice workflows. Current-state and future-state physician workflows need to be completely and accurately documented, validated, and stored in a shared site for all project teams to easily access during design and build sessions with subject matter experts (SMEs). Physician workflows should be completed in advance of design sessions, and integrated into multi-disciplinary workflows so that clinical process improvement issues can be identified and resolved as early in the design process as possible. Nothing will sabotage the forward movement of CPOE adoption faster than to begin building the application's functional capabilities and then discover that critical physician workflows and/or integrated workflows have not been considered. Such lack of foresight can lead to a higher demand of resource hours and costs, not to mention the delay in the project timeline. In addition to the financial impact on the project budget, as well as the operational budget of the organization, failure to completely understand the workflow needs of the physician community could require several months of re-work and lead to a loss of physician confidence in the project.

Understanding the Culture of the Organization

Within an organization, there are often distinct cultural styles of decision-making that are affected by many characteristics of the organization and the community it serves. Successful adoption of CPOE must take into consideration what makes the organization what it is -- a community hospital system, an academic health system, or a county health system. Each one of these organizations has its own patient population, financial structure, organizational structure, and project management style. Each one of those factors will play a part in the mission statement that the organization communicates to their physicians throughout the implementation life-cycle. Will the physicians get the message that the project is driven primarily by the IT department and technical requirements or will it be driven by patient safety, best practices, and continuous process improvement? Will physicians be encouraged within the organization's culture to feel fully invested in the success of CPOE adoption, or will they be made to feel that this is just another corporate initiative that they must accept and adapt to no matter what?

Project Managers, Team Leads, and Clinical Rapport

Keeping physicians focused and fully vested in the success of CPOE adoption can be greatly facilitated by the project team leadership. Ideally, the implementation teams will be led by those who have an understanding of the operational, technical, and clinical needs of physicians, as well as nurses, radiologists, pharmacists, ancillary clinicians, and office and support staff. Bottom line, the project teams as well as the analysts that staff them must make every effort to show respect for the physicians' desires to deliver best practice standards of patient care. If physicians do not accept the technical limitations of software over their clinical requirements, then it is the responsibility of the project teams to make sure that these negotiations are handled with a respect for the ultimate goal of patient safety and delivery of high quality healthcare for their patients. Often, I have seen highly skilled technical IT staff express attitudes of

frustration and smug amusement about the low levels of technical comfort and skill among the clinical community. Project leadership would do well to model a message of “patients and families first” and incorporate effective change management techniques to help resolve the inevitable differences of opinion over clinical need versus technical requirements or limitations.

Training for Go Live – No Surprises!

Perhaps the most difficult phase of a CPOE adoption project for the average end user physician will be the training. Curriculums should be based on fully integrated workflows, be reflective of the scope of the implementation, and be either specialty-based or role-based. Ideally, physician-only classes of 30 to 60 minutes with lots of hands-on practice time will work best. SMEs that are well-versed in the workflow and have been involved in the design of specialty orders and order sets should be on hand to assist and answer questions. All tips-and-tricks tools should be available before training. If possible, online learning sessions should be developed to provide physicians with the ease of reviewing the training at a time that fits their busy schedules. Also, physicians benefit from attending to-go-live lab where they can drop in to “try it out.”

Go live! A Colleague at Your Elbow

Prior to Golive, and with proper training, physicians can feel confident that they are prepared to utilize the system, complete their orders in a timely fashion, see results of their orders quickly, and have the least intrusive impact on their normal patient management functions. Training, of course, is essential, but setting up a physician command center along with the presence of physician champions and SMEs in the departments -- at their elbows -- on the day of and through the early weeks of go live, will significantly improve physician comfort levels and adoption of CPOE. Physician colleagues available as needed (side-by-side with the physician users) are the best ambassadors of the process improvement benefits that have been promised and delivered at go live. Support staff will provide the bulk of the support functions during go live; however, having a colleague and/or the physician project leader present and rounding through the go-live areas, provides the additional sense of acceptance and collegial support that can smooth feathers and bridge understanding – essential factors for successful CPOE adoption.

For more information on CPOE adoption and/or VCS’ project management solutions, contact us at 610.444.1233 or vcs@getvitalized.com. You can learn more about our services and solutions on our website www.getvitalized.com.