

## University of Kentucky Healthcare *Eclipsys & Integration Practice Case Study*

There are several approaches to consider when implementing a new healthcare system in a hospital, medical center or outpatient clinic, but which methods achieve successful outcomes? Recent activations by the Integrated Clinical Information System (ICIS) Team, a branch of University of Kentucky HealthCare (UKHC) Information Technology Service (ITS) Department, created the blue ribbon recipe for success: obtaining staff commitment and thoroughly analyzing workflows and processes.

As a clinical analyst for Vitalize Consulting Services (VCS), I joined the ICIS Team to assist with the implementation of Eclipsys Sunrise™ Ambulatory Care Manager and order entry in the core system-- Sunrise™ Clinical Manager (SCM) at UKHC outpatient areas, starting with two pilot clinics: Bluegrass High Risk (BGHR) OB Clinic and the Family and Community Medicine Clinic (FCM).

One of our goals was to provide consistency throughout the clinics; however, that proved to be a challenge. Each pilot clinic had very different workflows, with needs specific to their specialty and locations: BGHR OB Clinic is located in the UK Chandler Hospital, while the FCM Clinic is located at Kentucky Clinic. However, both had attending physicians, residents and nurses traveling to outlying area clinics, which created additional challenges.

### **Ingredients**

**Staff Commitment:** Implementation of new technology means change; a word that often causes considerable anxiety to everyone within the organization. As for the staff, the thought of spending more time performing tasks, even if it's only for a short time initially at go-live, and increased or arduous use of a computer can put fear into the hearts of many.

The people best qualified to influence and support the staff, and address workflow and process questions, are peers who work side by side with them every day. This is true of physicians as well. Workflows and practices of a surgeon vary greatly from those of a pediatrician; therefore, it is important to involve representatives from all groups. In addition, it is imperative that managers allow these staff members the extra time needed for this type



*UKHC is the most comprehensive care provider in the central Kentucky region, with over 6,000 physicians, six hospitals, 80 specialized clinics and 143 outreach programs.*

of commitment.

To foster clinical adoption, it is not enough to have only staff members committed to serve on the project team; management involvement also plays a vital role. For the staff to be enthused and excited (okay - to at least have a positive attitude) about the new system, it is imperative that management be knowledgeable, involved, and show genuine enthusiasm for the changes that lie ahead.

The staff at UKHC can attest to the key factors in achieving clinical adoption: staff managers and peers actively working on the project team to give staff information and updates about the new system, to discuss and define future workflows and processes, and to provide support - before and after activation. These committed staff members helped to minimize their co-worker's anxiety and fear, which ultimately increased user satisfaction of the new system at go-live.

**Workflow Analysis:** The UKHC ICIS Team assisted the project team members with current and future workflow and process analysis for each clinic to gain the perspective of the entire patient visit and the various staff roles. After conducting numerous meetings to interview clinic managers and clinicians, as well as the office staff at the front desk, in registration, billing, medical records, and other clinic and hospital departments, the current workflows and processes were recorded in several Visio® documents.

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*“Workflow analysis is essential to understand the clinic’s current process and future needs. Diane’s experience in both her consulting role at another institution in terms of workflow re-design, as well as her clinical knowledge, really helped support our ICIS team. The Ambulatory environment was not only new to us as clinicians but also as IT. These pilots became firsts for many of us and having another resource with experience was a real bonus.”*  
- Regina M. Heiser, RN, MSN, Sr. Systems Clinical Coordinator for the UKHC ITS ICIS Team

Once we ensured an accurate account of the current state with follow-up review and revision cycles, the team was ready to use the information we gathered to determine the best approach for the future. This meant discovering how to mesh future workflows and processes with the design and build of the system, while considering the common needs of all clinics in order to advocate consistency in all outpatient areas, to promote patient safety and time efficiency (for both patients and staff), and to meet all regulatory standards. Attention to detail and careful planning months beforehand better prepares the staff for the changes they will encounter during go-live. To facilitate these discussions and decisions, the ICIS Team conducted regularly scheduled design sessions.

#### **Mixing Directions**

**Design Sessions:** At UKHC, the design sessions provided a great method for managers, staff representatives and the ICIS project team members to come together to discuss needed workflow and process changes. During these meetings, clinical analysts demonstrated functionality of the system, followed by discussions surrounding workflow questions and concerns.

Between design sessions, smaller focus groups met to discuss issues pertinent to their specific clinics. The clinical analysts re-designed the system, based on recommendations from the previous meeting, and demonstrated the changes to the group. From there, the group had more discussions and recommendations, further build changes, followed by more demonstrations and discussions, until the clinic focus groups were able to either make the necessary decisions regarding future processes or to make recommendations to management for approval.

Only after these decisions are made can the clinical

analysts build a system that will meet the needs of the clinic staff. If the system is built before future workflow decisions are established, review and revision cycles can be never-ending. If process issues are not addressed and future workflows defined beforehand, you can count on staff confusion and frustration at go-live. The UKHC ICIS Team realized the importance of completing these tasks - and in the proper order, which resulted in not only increased productivity of the clinical ana-

*“Design sessions were set up with very structured content. The focus groups were required to review current state, provide answers to key questions, and participate in multiple sessions in which the application design was reviewed. The analysts and focus groups became Super-Users, however the design owner became the expert. The ultimate goal was to ensure decisions were made that met the user’s expectations to facilitate their workflow, not impede it. Diane provided valuable technical knowledge about what the application could and could not support.”* - Regina M. Heiser, RN, MSN, Sr. Systems Clinical Coordinator for the UKHC ITS ICIS Team

lysts, but in achieving a smoother transition to the new system at go-live as well.

#### **A Winning Recipe**

The Bluegrass High Risk OB Clinic and the Family and Community Medicine Clinic went live with Sunrise™ Ambulatory Care Manager, including the Tracking Board (ED Manager Status Board) and order entry in SCM, on February 20, 2008 and June 23, 2008 respectively. The ICIS Team and VCS Consultants continue to work with the staff at UKHC as they roll out Ambulatory Care Manager to the remaining outpatient clinics.

The UKHC ICIS Project Team, including the VCS Consultants, along with the staff of the BGHR OB and FCM Clinics, combined hard work and dedication with the necessary ingredients for a successful implementation recipe: clinic staff and manager commitment, as well as thorough workflow and process analysis, with design sessions and follow-up focus group meetings as a means to attain it.

If you would like to learn more about the Eclipsys Practice or the solutions offered at VCS please contact us at (610) 444.1233 or e-mail [vcs@getvitalized.com](mailto:vcs@getvitalized.com).

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