

Getting Back to the Basics

Lessons learned from the U's One Chart Implementation

UHIMSS Luncheon

November 13, 2014

Jim Turnbull, DHA

CIO – University of Utah Health Care



UNIVERSITY OF UTAH
HEALTH CARE

Presentation Topics

- One Chart Project Background
- Positioning for Success
- Lessons Learned
- Current Status
- Summary



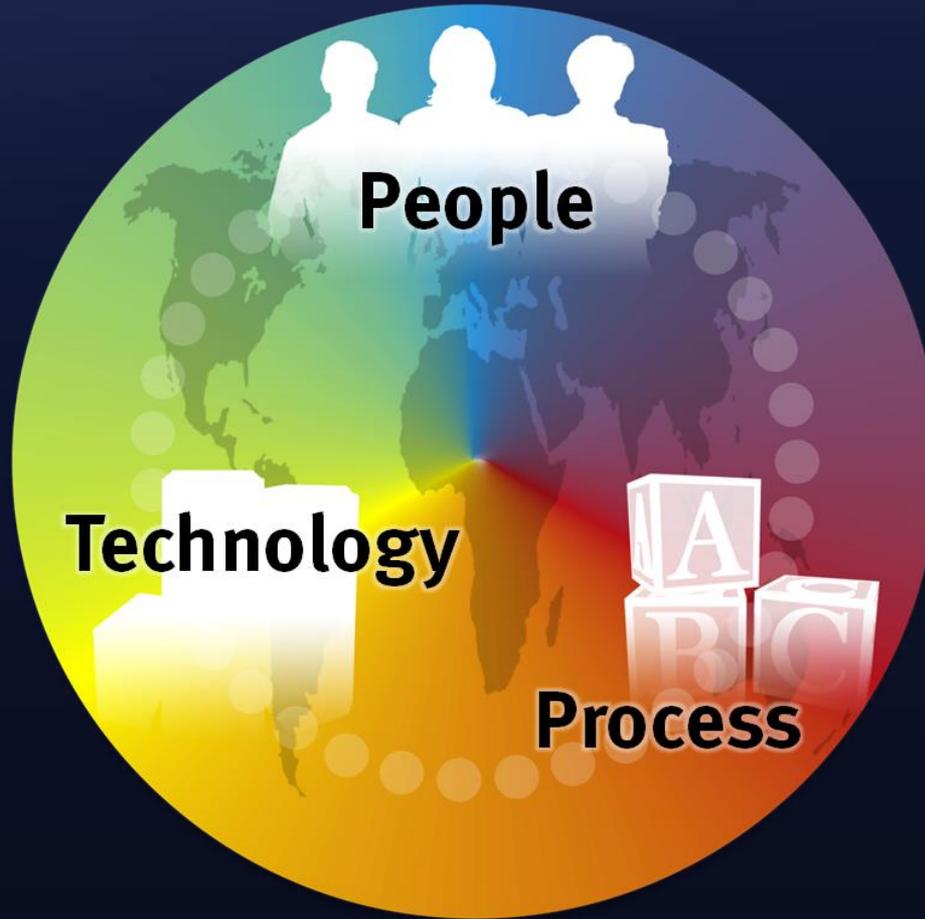
Background

The “**One Chart**” project was the culmination of a multi-year, multi-phased project conducted in the following sequence:

1. **Enterprise wide revenue cycle** deployment including HI modules, with major go-live on Oct 31, 2010
2. **Specialty clinic EMR deployment** including 80+ clinics in 20 ‘clusters’ over an 18-month rollout ending in June of 2012
3. **Inpatient EMR rollout**, replacing and expanding the functionality of the legacy vendor. Go-live on May 11, 2014. Scope included:
 1. University Hospital
 2. University Neuropsychiatric hospital
 3. Huntsman Cancer Hospital
 4. University Orthopedic Center



Positioning for Success



Positioning for Success

People

- *Supportive Executive Sponsors* and Executive Steering Committee who held firm to the project's vision
- *Strong Project Management leadership*, and a committed Core Steering Committee
- *Solid relationships* with our vendor partner and key external consulting firms
- *Experienced staff* across the board, within both ITS and the operating units. Average tenure within ITS is approximately 15 years.
- *An enthusiastic, committed project team.* After three years of concerted effort to implement a replacement revenue cycle suite and then 80+ specialty clinics with an EMR, enthusiasm was high to 'keep going while we're hot!'



Positioning for Success

Process

- *The Integrated EMR Vision (One Chart)* was adopted and strongly supported across the enterprise
- *Core disciplines* of Security, ITIL, Project Management, Strategic Management, as well as staff recognition and retention programs were well embedded
- *IT training program* was well staffed and flexible to accommodate varying schedules in order to train over 6,000 staff
- *Document management and CDI programs* were unfolding in parallel with the project, ensuring that critical Health Information processes were ready for the transition
- *Installing Cerner's CPOE and BCMA*, even with Epic on the horizon, enabled us to gain experience with new technology and workflows



Positioning for Success

Technology



- *Infrastructure environment* was ready...new data center, refreshed server environment, network and desktop upgrades
- *Sharepoint environment*, though new to UUHC, provided a valuable communication environment for all involved in the project
- *Cerner Remote Hosting* freed our staff to focus on the Epic solution, and continues to provide value with access to our legacy records

Positioning for Success

Serendipity



- ***Sometimes you just get lucky***...Announcement by CMS to delay the implementation of ICD-10 until October 1, 2015 enabled us to bring more focus and resources to the One Chart project.
- The ICD-10 delay also opened a window of opportunity to accelerate our Epic deployment by a full year.
- **Medical staff recruiting efforts** delivered several physicians (including a key department chair) with prior inpatient Epic experience at other Academic Medical Centers
- **Culture change** at the institutional level...staying focused on EPE, Quality and Financial Performance...and ITS alignment with those goals



Project Approval

- Accelerating the project by one year was not part of UUHC's five-year financial plan
- With few objections, the One Chart project (together with a creative financing plan) was quickly approved
- The recent track record of delivering the revenue cycle and specialty clinic EMRs on time and on budget was a major factor in the project being approved with broad support
- You all want to know...*how much?*



Lessons Learned...the tough ones



- *Scheduling applications* for training classes underestimate the complexity of the hospital environment. UUHC is not unique in being unable to find a great solution
- No matter how successful the 'go live', it is the *beginning...not the end*
- It is impossible to celebrate enough or to adequately recognize the achievement
- Successful projects escalate demand...*things don't slow down*

Lessons Learned...the good ones!

- **Being realistic** about the schedule, the budget and the talent pool necessary for a large project...this lesson can't be reinforced often enough!
- **Scope and Budget Management** is critical to success
- **Physician leads** at the Division/Service Line level
- **Personalization lab** for attending physicians was a great success...open for several weeks prior to, during and following the go-live.
- **Clinician Contractors** from live sites across the country were invaluable at go-live, providing at the elbow support to clinicians. We never regretted this additional expense
- **Food** is REALLY important (...*but you already knew that!*)



Current Status

- Happy to have this project behind us
- Still working on many workflow issues
- First enterprise upgrade in Spring of '15
- Preparing to deploy to affiliates
- Financial performance is improved
- Many enhancements are poised for deployment now that the integrated platform is in place



Formula for Success



Clear Vision +

Experienced Team +

Operational/Project Rigor +

Stable Infrastructure +

Successful project history +

Realistic pace of change =

High level of Confidence in Project Success



UNIVERSITY OF UTAH
HEALTH CARE