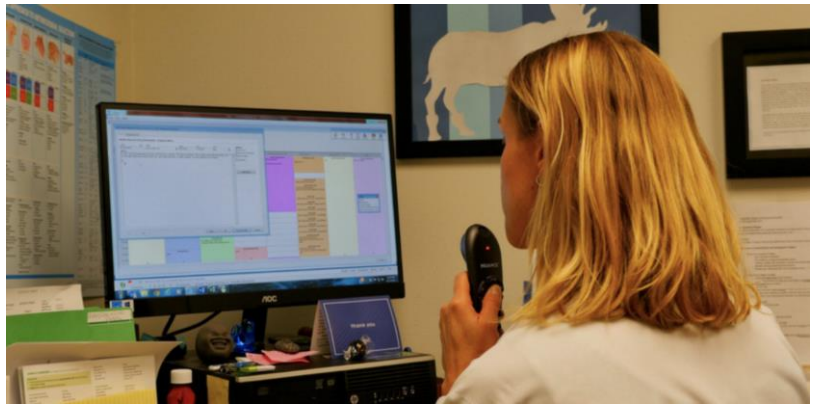
Electronic Clinical Documentation RJH/VGH – Early Learnings Summary from Medical Staff



IHealth Medical Staff Leadership Team

March 24, 2022

Photo source: Dragon medical dictation website
https://dragonmedical.ca/voice-recognition

Overview

This document contains a detailed summary of “early learnings” from medical staff following activation of electronic clinical documentation at Royal Jubilee Hospital and Victoria General Hospital. The summary is the result of engagement with many individuals and stakeholder groups in dialogue and surveys around lessons learned during the go-live at these acute care hospitals.

CONTENTS:

Methodology

- **Gathered feedback from RJH/VGH ClinDoc Activation through facilitated discussions, including engagement with our internal team and external stakeholders:**
  - Chiefs of Staff
  - Department Heads
  - SIMAC
  - South Island MSA Leadership
  - Geo 4 Medical Leadership
  - Medical Staff users (through post activation survey - 69 participants)
  - Influencers and Peer Mentors
  - IHealth: IHealth Site Leads, Physician Informatics, and the IHealth project team

- **Facilitated conversations - themes identified through previous reviews and recommendations**
  - Pre Go-Live Engagement
  - Training and Education
  - Support (Pre/During/After Go-Live)
  - Technology (Device Access, Setup, etc. and Responsiveness to Needs)
  - Communication

Medical Staff Early Learnings: What We Did Well

Engagement

- ✓ Direct engagement with Medical Leadership through IHealth Site Leads and Associate CMIO
- ✓ Medical Staff remained more engaged with soft launch rather than delaying
- ✓ Leveraged organizational structure of Medical Leadership and Medical Staff influencers - Hospitalists
- ✓ Development of MSA collaborative relationship

Communication

- ✓ Effective collaboration between IHealth Leadership and Medical Leadership (Chiefs of Staff, Department Heads, SIMAC, HAMAC, MSA, Geo4, Division Heads) including use of their existing communication channels
- ✓ Medical Affairs approval for direct communication to Medical Staff through preferred email

Training and Education

- ✓ Recruitment to train, 95%+ educated upon go-live
- ✓ Provider Education and Experience (ProEX) ability to flex and adapt, training times and cohort learners according to specialty
- ✓ Use of virtual training in a COVID-19 environment

Support

- ✓ On-Site Support to address issues in real time
- ✓ Command Centre location was intuitive
- ✓ Pay it forward and pay it back peer mentor supports
- ✓ Soft Launch allowed Medical Staff to become familiar with tool
- ✓ Segregating Maternity to provide more support

Technology

- ✓ In person technical device support
- ✓ Right device available – WOW's

Leadership Alignment

- ✓ IHealth Site Physician Leads who provided voice for the site and were a liaison between Medical Staff, Medical Leadership, and IHealth
- ✓ Onsite presence from Executives
- ✓ Alignment between and support from Chiefs of Staff, Geo 4 Executive Medical Director, SIMAC, HAMAC, MSA, and Department Heads

Quality and Safety

- ✓ Over 90% Signed documentation
- ✓ PSLS events easy to report through command centre and very few PSLS events captured

Medical Staff Early Learnings: What Can We Improve?

Engagement

- ✓ Alignment to the purpose for change was not entirely accepted
- ✓ Cadence of Division meetings and changing go-live timeline made timely engagement more difficult
- ✓ Town Hall format was not effective and lacked significant attendance
- ✓ Poor attendance at site device walkthroughs

Communication

- ✓ Direct communication channels to end users were delayed
- ✓ Perceived limited transparency on decision making of changing timelines and soft launch
- ✓ On-site presence prior to activation (need for more posters, communications, etc.)
- ✓ IHealth website was not available and needs to be robust

Training and Education

- ✓ One size does not fit all, provide more than one way to learn
- ✓ Gap in time between formal training and putting learning into practice
- ✓ Content gaps for pediatricians perinatal training and dragon training
- ✓ Insufficient interdisciplinary workflow validation (e.g. understanding of informal communication and physician handoff tools)
- ✓ Virtual Engagement lab underutilized

Support

- ✓ Operational Support through CSD (provincial resource) has been identified as needing review and improvement
- ✓ Avoid the use of scripts when possible during phone support, and provide support quickly

Technology

- ✓ Limitations of site space to add additional devices
- ✓ Peak workflow times challenging device access
- ✓ Model build of the system and speciality based templates
- ✓ Log-in time delays when consultants are using multiple workstations in their daily workflow

Leadership Alignment

- ✓ Limited numbers of IHealth Speciality Leads hired at go-live, reducing ability to align purpose, support communication, and development of enhancements
- ✓ Process delays in hiring IHealth Site Physician leads for RJH and VGH

Quality and Safety

- ✓ Understanding where to find nursing documentation
- ✓ In early stages of implementation, quality metrics being evaluated (e.g. Sepsis Alerts, BPMH, reduction in delays with distribution of electronic self-authored documentation) were not adequately shared with Medical Staff

Medical Staff Early Learnings: Proposed Actions

Engagement

- ✓ Continue to utilize Medical Staff organizational structures for engagements
- ✓ IHealth Site Leads to lead engagement activities along with IHealth Speciality Leads (align purpose of change, device walkthroughs, communication channels, division level engagement)
- ✓ Pay it forward, pay it back process between MSA, IHealth Site Leads, end users, and influencer groups (e.g. Hospitalists) to encourage shared knowledge of engagement
- ✓ Incorporate patient engagement

Communication

- ✓ Finalize IHealth website
- ✓ Encourage enrollment in the IHealth Medical Staff Newsletter
- ✓ Optimize physical presence leading up to and at the time of go-live
- ✓ Set regular coordination of meetings (IHealth, CMIO, Medical and Academic Affairs, MSA engagement partners) for effective updates and communications support

Training and Education

- ✓ Work with Medical Leadership to set expectations that training is mandatory
- ✓ Review and adapt learning modules to ensure relevance and efficiency in the time used for value gained
  - ✓ Dragon module
  - ✓ Include training on Medical Staff option to release documentation to Patient Portal (Net New – March 2022)
- ✓ Ensure education is appropriate to learners' needs (e.g. modified education based on past training)
- ✓ Include speciality specific information in education regarding templates and autotexts
- ✓ Early workflow validation needs to occur with model build

Support

- ✓ Improve medical staff awareness of available and ongoing support after project go-live is completed at site
- ✓ Re-evaluate the role of the CSD provincial support resource
- ✓ Leverage IHealth Speciality Leads to build a better peer mentor model

Technology

- ✓ Establish model build, complete speciality template optimization to improve workflow and efficiency within speciality groups
- ✓ Investigate PowerChart touch and Tap and Go to support access, mobility, and efficiency
- ✓ Continuous re-validation of the tools and devices to support user experience and success

Leadership Alignment

- ✓ Continue to use model that has been established with IHealth Site, Speciality leads, Chiefs of Staff, and Department Heads

Quality and Safety

- ✓ Advocate for Medical Staff EHR analytics for continued quality improvement
- ✓ Engage with medical staff regarding ongoing organizational quality improvement through digital transformation

Feedback

If you have additional feedback or suggestions, please contact us at:

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