Hard Truth About a Soft Go Live
“Recipe for Success”
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Conflict of Interest

Donald Levick, MD, MBA, CMIO
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Have no real or apparent conflicts of interest to report.
Agenda

• Review of learning objectives
• Current state (old recipe)
• Future state (new recipe)
• Comparison of old and new ingredients for a successful implementation
• Conclusions and lessons learned
Learning Objectives

• **Learning Objective #1** – Define soft go live
  - list the key ingredients of a soft go live vs. a single full go live

• **Learning Objective #2** – Demonstrate the value of workflow and the operational impact as a key ingredient to a successful implementation

• **Learning Objective #3** – Analyze the ingredients to develop a healthy appetite when serving up the recipe
Benefits Realized

• Increased Satisfaction
• Better Treatment/Clinical
• Electronic Secure Data
• Increased Savings
Our Kitchen

- Internal challenges
- External pressures
- Current state
Future Kitchen

• Big Bang
• Soft go live
Data Conversion

Old Recipe
• Best of breed
• Multiple interfaces
• Standard approach
  ✓ Manual/electronic conversion
  ✓ Approach to scanning

New Recipe
• Necessary ingredients
  ✓ Foundational
  ✓ Clinical Push
  ✓ Clinical Pull
  ✓ Special ingredients
• Spicing it up
Preload

Old Recipe
• No standard ingredients
• Too many cooks in the kitchen

New Recipe
• Standard ingredients
• Timing is everything
• Sous Chefs
• Support
Hardware Prep

Old Recipe
• Dump and Run
• 80/20 Rule

New Recipe
• Technical Dress Rehearsal

BAM!
Application Testing

Old Recipe
• Internal testing only

New Recipe
• Application dress rehearsal
Early Access

Old Recipe
• No practice time

New Recipe
• Operational Dress Rehearsal

BAM!
Personalization

Old Recipe
• No dedicated sessions
• No standard guidelines

New Recipe
• Personalization labs
Challenges

• TDR- Repeated
• ADR and Mock Go Live
• Lack of engagement
• Scope
Conclusions and Outcomes

- Early exposure
- Abstraction
- Validation
- Scope – ‘coolness factor’
- Satisfied end users
Recommendations

• Change management
• Practice
• Change the recipe
Satisfaction

Increase number of end users using system prior to go live “early adoption”

Decrease in security/access, hardware, and training issues
Satisfaction

• Scheduling conversion over 1400 end users
  ✓ Required 50 practice registrations
• Preload over 1500 end users
  ✓ Early access, “no training, no access, no kidding”
Treatment/Clinical

Increase number of patient charts pre-loaded prior to go live

Decrease time for chart prep and close office encounter
Preload

• Abstraction two weeks ahead
• Data populated prior to visit
• CCD – allergies, problems, medications
• Standard abstraction
Electronic Secure Data

Percentage of medications E-prescribed

Decrease in the number of medication errors
Electronic Secure Data

• Ambulatory active medications imported via Continuity Care Document (CCD)
• Providers and staff required to take action
Savings

Increase in data converted and/or prepopulated combined with increase end user access

Decrease in time to return to pre go live productivity (10 days)
Early Access

• More than 1500 clinical end users
• Providers were required to abstract a minimum of 10 charts
• Personalization labs
• Operational dress rehearsal
Questions

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