Managing a Legacy Team in an EHR Transition: Success & Serendipity

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Speaker Introduction

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Conflict of Interest

Penny Black and Alan Perkins:

Have no real or apparent conflicts of interest to report.

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Agenda

Preparation: Upgrading the Legacy EHR

Transition: Managing a Legacy Team & Supplementing Clinical IT Leadership

New Reality and Lessons Learned
Learning Objectives

• Identify potential pitfalls in staffing a major EHR project
• Define key principles for maintaining employee satisfaction on legacy teams
• Analyze successful strategies for integrating employee and contract labor into a cohesive team
• Develop a staffing plan which supports an effective leadership strategy
Realizing Benefits for the Value of Health IT

Our system will enhance our ability to provide high-quality evidence-based care in a safe environment and will enable us to quantify our care and deliver metrics in a meaningful way.

Our system will highlight the Houston Methodist experience by connecting our patients and families with clinicians, physicians, and employees.
Legacy Systems: Mission Critical

Today
(and for the next 2 years)

Tomorrow
About Houston Methodist

Houston Methodist comprises a leading academic medical center in the Texas Medical Center and six community hospitals serving the Greater Houston area.

- **Total Beds**: 2,550
- **Physicians**: > 4,000
- **Beds in Service**: 1,983
- **Residency Programs**: 36
- **Employees**: 18,000+
- **Residents**: 260
- **Employed Physicians**: 467
- **Total Revenue**: $3.1B (FY’14)
Houston Methodist ICARE Values

Houston Methodist employees recognize and support the organization’s values, reinforce positive behaviors, and celebrate the contributions of those who exemplify our values.

**Integrity**
We are honest and ethical in all we say and do.

**Compassion**
We embrace the whole person and respond to emotional, ethical, and spiritual concerns as well as physical needs.

**Accountability**
We hold ourselves accountable for our actions.

**Respect**
We treat every individual as a person of worth, dignity, and value.

**Excellence**
We strive to be the best at what we do and a model for others to emulate.
Start with the End in Mind

Goals:

• Replace existing “Best of Breed” applications
• Utilize HMH employees (IT and Clinical) for implementation team
• Ensure resources maintain HMH employment
  – Implementation team transitions
  – Legacy team placement post sunset
• Maintain “Legacy” team to maintain current systems
Agenda

- Preparation: Upgrading the Legacy EHR
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- New Reality and Lessons Learned
Preparation: Upgrading the Legacy EHR

Goals

- Upgrade EHR to most current version
  - Final version to sunset (3 year plan)
- Upgrade additional ancillary systems
- Meaningful Use readiness considerations
- Hire consultants to supplement team
Our Initial Team = 51 Team Members

- 1 Director
- 1 Systems Architect
- 2 Managers
- 5 Lead Analysts
- 8 Report Writers
- 5 Periop Analysts
- 3 Pharmacy Analysts
- 8 EMR Build Analysts
- 13 Clinical Coordinators
- 3 Trainers
- 2 Support Analysts

Preparation: Upgrading the Legacy EHR
EHR Upgrade Team = 64 Team Members

Additions:
- 1 Project Manager
- 5 EHR Analysts
- 2 Periop Analysts
- 3 Report Analysts
- 2 Support Analysts
Preparation: Upgrading the Legacy EHR

Key Success Factors

Plan the work, work the plan, and embrace…

SERENDIPITY

- Change management and communications
- Extensive training plan
- Super users
- Detailed planning, testing, and mock go-lives
- Command center logistics and processes
Agenda

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Transition: Managing a Legacy Team

**Goals**

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<th>Goal</th>
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<tr>
<td>Keep core systems running and maintained</td>
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<td>Limit interruptions for EHR implementation team</td>
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<tr>
<td>Keep legacy team turnover low and engagement and satisfaction high</td>
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<td>Implement new governance model</td>
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<td>Limit requests to appliance core measures, quality, patient safety or critical business needs</td>
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<td>Ensure streamlined teams meet customer needs</td>
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Transition: Managing a Legacy Team

Core Clinical (Legacy) Team 2014

Day five, post upgrade

Team Members

Director

64 ➔ 28


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Transition: Managing a Legacy Team

New Implementation Team - 2014
Compassion Strategy – Critical Core

We embrace the whole person and respond to emotional, ethical, and spiritual concerns as well as physical needs.

- Strong leadership support
- Created retention bonus
- Continued internal promotions
- Celebrated successes
- Created work close to home options and remote work alternatives
- Eliminated primary pager responsibility
- Continued management support
Excellence Strategy – Critical Core

We strive to be the best at what we do and a model for others to emulate.

- Implemented new governance model
- Applied new work management model
- Taught Clinical Coordinators configuration
- Completed cross training between EHR and Periop.
- Eliminated “on call” physician training; published schedule
Respect Strategy – Critical Core Consultants

We treat every individual as a person of worth, dignity, and value.

• Initial participation in employee outings
• Option to work remote exclusively
• Occasional one-on-one with director
• Transparency with SOWs and budget plans
• Created opportunities for additional training and certifications
Transition: Managing a Legacy Team

Transition 1: Critical Core Team 2016

Five successful core team transitions to implementation team positions

One employee transition to clinical area

One consultant resignation

Addition of consultants to backfill employee transitions

2015 = 28

2016 = 27

Five successful core team transitions to implementation team positions

One employee transition to clinical area

One consultant resignation

Addition of consultants to backfill employee transitions

2015 = 28

2016 = 27
Employee Engagement – Success

Employee Satisfaction Scores

<table>
<thead>
<tr>
<th>Year</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
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<tbody>
<tr>
<td>2013</td>
<td>4.59</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>4.79</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>4.67</td>
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Teams reporting to Penny Black

Transition: Managing a Legacy Team
Employee Engagement – Benefits

• Willing to go above and beyond, exerting additional effort
• Energetic and enthusiastic
• Loyal to the organization – more likely to stay
• Proud of the organization and willing to recommend as a place to work and to receive care
• More satisfied employees overall

Key Drivers

✓ Sense of belonging
✓ Confidence HMH will be successful
✓ Work unit members are honest/ethical
# Transition: Managing a Legacy Team

## Key Success Factors – What Makes This Work?

| Leadership commitment to employees that no individuals will be left behind |
| Carefully choose 3rd party resources who compliment and blend in to the team |
| Allow time for team bonding and knowledge transfer |
| Share organization value system and align values where possible |
| Trust and accountability |
| Flexibility |
Transition: Supplementing IT Leadership Team

Goal

Ensure that existing core IT systems remain

Benefits

Productive and effective for business and clinical operations

Current with regulatory and health reform requirements

Supportive of ongoing operational performance improvements
Transition: Supplementing IT CL Team

Approach

• Engage a **consulting partner** firm to provide experienced management resources to **oversee core operations** (multiple leadership positions)
• Engaged partner firm to provide **experienced leads and project managers** to supplement PMO resources

Logistics

**Houston Methodist IT Leadership**
- Retains HR-related responsibilities (annual reviews, promotions)
- Retains financial authority (approval of invoices, budget approval)
- Provides feedback for the consultants’ annual review process

**Consulting Partner IT Leadership**
- Function seamlessly as part of the Houston Methodist IT leadership team
- Manage onboarding and oversight of other third party staff resources
Key Success Factors – What Makes This Work?

- Choose the right partner!
- Quality of interim leadership resources – knowledge, experience, interpersonal skills
- Trust and accountability
- Bi-directional transparency
- Ability to function effectively in a hybrid leadership environment with some ambiguity
- Flexibility
Agenda

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- New Reality and Lessons Learned
The New Reality and Lessons Learned

Goals

Support the successful go-lives of the new EHR across the health system

Ensure a smooth transition of staff from current roles to future roles on the consolidated new EHR/Core team

Establish an IT staffing foundation which will support the needs of clinical IT once the EHR is fully deployed
**The New Reality and Lessons Learned**

**New System Implementation Timeline**

- **Quarter 4 2014 (Q4 14)**: Primary Design Complete
- **Quarter 1 2015 (Q1 15)**: System Build Complete
- **Quarter 2 2015 (Q2 15)**: WFWT Upgrade
- **Quarter 3 2015 (Q3 15)**: Testing Starts
- **Quarter 4 2015 (Q4 15)**: IP Content Build Complete
- **Quarter 1 2016 (Q1 16)**: SPG/PCG Training
- **Quarter 2 2016 (Q2 16)**: 3 Hospital Go-Live
- **Quarter 3 2016 (Q3 16)**: 4 Hospital Training
- **Quarter 4 2016 (Q4 16)**: West Houston, St. Catherine, St. John, Woodlands Go-Lives (3/4)
- **Quarter 1 2017 (Q1 17)**: Willowbrook, San Jac, Sugar Land, Go-Live (6/3)
- **Quarter 2 2017 (Q2 17)**: SPG/PCG 3rd Go-Live (11/1)
- **Quarter 3 2017 (Q3 17)**: SPG/PCG 2nd Go-Live (7/19)

- **Other Events**
  - HMH Go-Live (5/22)
  - HMH Training
  - SPG/PCG 1st Go-Live (3/1)

**3 Hospital “Go-Live” 2/19/17**
The New Reality and Lessons Learned

2016 Core Team Projection

Change freeze, reduced number of change requests | Continued successful core team transitions | Expect third-party resource attrition | New system continued rollout

2016 = 27 Resources

2017 = 15 Resources
2017 Reality

Number of changes requests significantly reduced

All core team members have suitable transition plans

Third party resource reduction occurred organically

Rollouts continue

2017 = 15 Resources

2017 = 4 Consultants
The New Reality and Lessons Learned

Implementation Complete

Significant reduced number of change requests
All core team members successfully transitioned
Consultant colleagues will transfer to new projects
New system fully rolled out by mid-2017

Transition Complete

2017
Success

• Managing a legacy team during a major EHR transition can be done successfully
• Be true to your organization’s values
• Work with partner firms that share your values
• Transparency is essential to build trust and reduce anxiety

Serendipity

• The prior success of the EHR upgrade created confidence inside and outside of IT
• Bringing consulting team members on board in advance gave time for them to integrate
• Staff adjusted surprisingly well to new roles – were able to “train up” and develop additional skill sets
Realizing Benefits for the Value of Health IT

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Questions

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