



**Recent Veterans of Major EMR Launches
Share Insights on Keys to a Robust
Go-Live Command Center**

You're about to launch the biggest workflow change in your hospital's history. Nervous? You bet. The stakes couldn't be higher. There is indeed a scary side to a healthcare system totally dependent on electronic records. Getting every doctor and nurse trained and working well in any new system is a daunting task. In the world of healthcare, there's little patience for a learning curve. As you approach the "go-live" moment, how can you be sure you've done everything you can to ensure a successful launch?

One critical element to a major enterprise-wide system launch is putting in place a robust Command Center to tackle the abundance of largely unpredictable issues that always arise during the first week of a system implementation.

The purpose of this white paper is provide the insights of four healthcare IT veterans on what it takes to ensure launch success through the establishment of an effective Command Center. Sharing their experiences are:

- Marc Ferguson, director, IT Operations, The Nebraska Medical Center, Omaha, Neb.
- Bruce Kelly, Chief Information Officer, Mercy Memorial Hospital System, Monroe, Mich.
- Eric Mynster, IT Operations Manager, Mercy Memorial Hospital System, Monroe, Mich.
- Karl Graham, Senior Director, Service Desk CareTech Solutions, Troy, Mich.

One critical element to a major enterprise-wide system launch is putting in place a robust Command Center to tackle the abundance of largely unpredictable issues that always arise during the first week of a system implementation.

All four speak from recent experience. The Nebraska Medical Center completed a two-phase EMR launch in 2012, starting with ambulatory sites in May before a hospital-wide changeover in August. Mercy Memorial launched a new health information system in February. In both cases, CareTech Solutions provided Command Center support for the launches and beyond.

Can you describe the scope of your recent EMR implementation efforts?

Marc: The Nebraska Medical Center is our state's largest healthcare facility with nearly 5,000 employees and more than 1,000 physicians. Our campus is nearly 20 square blocks. Of our 35 locations in three states, about 25 are on campus. We decided to switch to Epic software. We branded it as One Chart. This is the heartbeat of the hospital. We had many years of data that had to be transferred and many legal entities to transform into one singular focus on the patient. It was a huge project for us.

Bruce: Mercy Memorial is a community hospital with about 1,800 employees. We switched to Allscripts software, and our project touched just about everybody in some way -- all the inpatient units, ER, radiology, pharmacy. We kept our lab, registration and billing systems the same, but changed a lot of the interfaces. Overnight, we changed the way all the clinicians worked, including doctors.

How extensive was the pre-launch training effort?

Eric: We started training end users in November 2011 before going live on Valentine's Day 2012. Depending on their role, they may have had a one-hour class to several multi-hour classes. Nurses received eight to 12 hours of training over three or four sessions. Physicians had a four-hour class, mostly done in two 2-hour blocks.

Marc: In addition to comprehensive user training, one additional pre-launch activity was CareTech's configuration of its incident management system for us, including the training of our people so they could open and close tickets. That was a key step.

How extensive was your go-live Command Center?

Marc: Our Command Center was located in a conference space on our main campus in Omaha. We had about 100 seats for ambulatory launch and about 170 for the inpatient go-live. At least 300 people supported the Command Center 24/7 in multiple shifts. We had about 110 IT-oriented people providing elbow support on all floors of the hospital as well as numerous clinical support functions. We also sent support teams to the ambulatory clinics so we could have support there. Our trainers turned into elbow support staff during the go-live.

Eric: We have 4,000 users, so we made sure we had a lot of extra staff on the floors. If a user had an issue, the first step was to seek the support of a highly-trained “purple shirt” super-user on the floor. If the super-user couldn’t solve it, the call would come to the Command Center, which was staffed by our team, including Allscripts and CareTech personnel. CareTech had a couple of employees here 24 hours a day, 7 days a week, triaging calls, working with our hospital staff and tapping into the CareTech Service Desk in Troy.

What call volumes can a Command Center expect?

Karl: From CareTech’s experience, we find that 90 percent of all incidents occur in the first 10 days. The first seven days are usually the busiest. We start to see a slight drop on the eighth, ninth and tenth days, and traffic drops considerably afterwards. But each situation is different and requires monitoring to ensure optimal staffing levels. If a customer can tell us how many end users will be affected by the change, we can generally forecast the staffing need. We rather err on the side of caution and have more people up front, and then back the resource level down as needed. Or if the training was thorough, and we find that we don’t need the staff size, we can adjust.

Bruce: Normally, we average between 60 to 80 calls a day. On the first day of our go-live, we had right around 500. As you would imagine, that can be very chaotic. Call volumes started to come down slightly after 72 hours. But for the next three months, we were still about 300 percent of normal volumes. After 90 days, we saw monthly decreases. Eleven months later, we’re close to normal volumes.

Marc: We never shut the Command Center down between May and September of 2012. We just continued to adjust the staffing level. We geared up for the ambulatory go-live, then scaled down after two to three weeks, before ramping it back up again for our full launch in August, scaling it back down for September, October and November.

How often would you reassess Command Center staffing levels?

Eric: We reassessed staffing every 12 hours. At the end of each shift, we determined how many we would need for the next shift. We went live on a Tuesday and stayed with maximum staffing through Friday. By Friday night, we started to look at scaling back and continued to ask that question every shift for the next week.

Marc: We looked at the reports daily and reset staffing weekly. 90 percent, and our customer satisfaction rating, the hallmark metric of any help desk, is always top quadrant.

What are the keys to a successful Command Center?

Marc: First of all, CareTech supplied us with a plug-and-play incident management system so we could record and manage issues and obtain reports. That was a huge success factor. Second, CareTech’s training capabilities were key. Configuring a system is one thing; training

Another important success factor is experience. CareTech had done these kinds of launches before. The 14 days leading up to our actual go-live were extremely busy. We were trying to verify that every unit was ready to go. The CareTech people understood. They knew the huge headache we were about to have, maybe even a little bit better than we realized. Their ability to add extra staff, to create call trees, to help triage various issues was excellent. They took care of things proactively without having to bog us down with the details.

hundreds of others to use it is just as important. Third, having people on site helped CareTech to understand the problem types and made them even better at problem-solving for our client base.

One other key was the Command Center structure. Our team of directors took turns as the facilitator or point person. If an issue came up that couldn't be resolved, it went to the facilitator on duty, who would either make the call or consult with management to resolve the issue.

Eric: For us, a big key to success was flexibility. When you launch a system like this, planning is critical, but there are things you just can't plan for. Each end user understands the new system in his or her own way. It's very hard to have everyone ready right at the gate. Having a knowledgeable staff makes the difference. CareTech was very flexible through the entire launch.

For example, a couple of hours into our launch, we noticed a lot of Windows log-in issues and could see that we needed to add a third option to our phone tree. We needed to get the simple problems out of the Command Center, since it's the complex problems that will shut the hospital down. CareTech made it happen. What might be considered a major challenge for some vendors; they just took it and ran with it.

Marc: Another key component to success is making sure you have elbow support. The physicians and clinicians are going to be anxious; they're learning a new system. Make sure knowledgeable people are there physically to help them through. Handling a large percent of your problems on the floor is key for these types of launches.

Bruce: Another important success factor is experience. CareTech had done these kinds of launches before. The 14 days leading up to our actual go-live were extremely busy. We were trying to verify that every unit was ready to go. The CareTech people understood. They knew the huge headache we were about to have, maybe even a little bit better than we realized. Their ability to add extra staff, to create call trees, to help triage various issues was excellent. They took care of things proactively without having to bog us down with the details.

Any other tips to share?

Marc: Daily stand-up meetings with the entire management team worked well for us. We identified trends, themes, tracked issues, assigned an owner to each issue and a target date for resolution. There are numerous items to follow up on during a go-live of this magnitude, and this helped us to categorize, keep control and resolve issues for the benefit of the patient.

Bruce: During a time like this, it helps to have a great attitude. A couple of times, when it appeared to me that the whole world was collapsing, the CareTech staff just kept plugging along. It was clear this wasn't their first time. When you only do a major launch every few years, it gets overwhelming sometimes, but they're doing this regularly, so it doesn't get them down. We could not have launched the Command Center without them.

Karl: It's true. CareTech has more than 50 Service Desk customers, so in most cases, yes, we've seen it before. And in addition to first-hand experience, we provide the trending data necessary for smart, timely decisions.

Any horror stories to share about poor launch efforts?

Karl: Some hospitals have sent their super-users to the floor to address the physician issues and solve problems as quickly as possible. However, they were not opening up any tickets. They were resolving issues all day without any tracking, so they didn't have the information they needed to make smart solution-driven decisions. By not tracking you don't know how many resources are needed to staff the command center the following day, and you don't know if having just one person on the floor is sufficient support for the entire population. To operate efficiently, you need to be able to spot the trends and react quickly.

There also have been cases where the hospitals had the super-users writing issues down on paper to capture necessary information and deliver it to the Command Center. This added a manual step in the process, requiring someone to have to enter all of the information. Besides this practice being inefficient, the problem was often there was not enough information on the ticket. Sometimes there is no contact phone number or record of where the computer was located. So you might send resources out to fix a problem and not know which computer to fix. You run into the potential of information getting re-entered incorrectly, and this is how many issues are left unresolved.

These problems could have been avoided by arming super-users with tablets that link to the incident management system (we use Remedy), so they can open up a ticket on the spot, capturing all the right information quickly and accurately leaving no issue unresolved.

Those are two of the biggest pain points for the customer. Capturing complete information is vital so you can plan well for the future a well-thought-out and thorough process and system. Without this, your end users will become frustrated due to inefficiencies or lack of support.

In what ways can CareTech Solutions support a go-live with its Command Center services?

Karl: Principally, we offer Command Center services only to our existing clients. It can be a basic on-site Command Center desk that answers the influx of calls providing tracking and expertise. Or we can offer a blended approach where we take some calls from our Service Desk in Troy, and have some of our agents on the ground in the on-site Command Center.

Whatever approach you take, we highly recommend the inclusion of elbow support. By providing staff with a high proficiency level, we can address the critical how-to's, support walk-in traffic, and resolve about 70 percent of the issues without escalation.

Summary

Many factors determine the success of a go-live Command Center:

- An effective incident management system
- Thorough pre-launch training
- Knowledgeable support staff
- Strong elbow support on the floor
- Fast, accurate tracking to adjust staffing levels confidently and quickly
- Flexibility and great attitudes rooted in experience

If you are interested in finding out more about how CareTech Solutions can support your clinical and business-system end users - day or night - from our onshore, healthcare-only Service Desk that is staffed with trained and certified analysts, call us at 877.700.8324 or visit our website at www.caretech.com.

CareTech Solutions
901 Wilshire Drive
Troy, MI 48084
877.700.8324
www.caretech.com

