AVOIDING POTENTIAL FAILURE WITH A PRE-GO-LIVE READINESS ASSESSMENT

HSi Health Systems Informatics

THE CHALLENGE

A 20-bed critical access hospital with two rural general medical health clinics provides the majority of care to a depressed socioeconomic population covering a large geographic area. The EHR system dictionary build of a Provider Clinic Implementation Project had been underway for approximately 8 months. At the time of HSi's engagement, system build was behind schedule to make the expected Go-Live date in 60 very short days. The Provider Clinical Implementation Project also included build for the Emergency Department which was mostly complete, but had yet to be implemented. An IT executive had sole responsibility for build and implementation with limited assistance from others who had little or no access to the EHR system configuration setup. Meaningful Use was fast approaching and neither the hospital nor the providers were in a position to avoid the looming penalties due to staffing dynamics caused by high turnover and limited IT resources. HSi was asked to perform a Go-Live Readiness Assessment to determine project status. The evaluation quickly identified the organization was not ready for implementation. Only 20% of the required build was complete and none of the process workflows had been evaluated. The hospital had historically intended to utilize standard vendor content; however, due to limited resources and staff turnover the outcome became a "siloed" approach resulting in incomplete and inaccurate build. Resources were quickly needed to organize the approach, facilitate process and workflow decisions, organize and plan the training efforts, and accomplish completion of the build.

THE SOLUTION

HSi worked with the CIO to identify the right resource. A single Senior Healthcare Consultant was engaged as the resource to manage the project and complete the required build. A project plan was quickly created, timelines established, and a new Go-Live date set. To meet the new deadline (only 120 days away), communication was the key to success with no margin for error. The consultant quickly developed a relationship with the vendor and together, an understanding was gained of the current state of the project and the build needing to occur. The consultant quickly learned the clinic system infrastructure, structured regular communications with the project team, and ensured build was complete and accurate to support workflows and best practice. Validation with the principal stakeholders was scheduled, testing conducted and all work completed.

THE BENEFIT

The focused effort, increased coordination with the EHR system specialist, and the established project plan allowed the hospital and clinics to implement both the Provider Clinical Implementation Project and supplemental Emergency Department functionality successfully, streamline workflows, and optimize existing system build. Because of the successful deployment, the organization and HSi worked together to develop a plan to implement additional areas of the health system, as well as, the optimization of order sets and medication ordering to streamline and improve the use of the system for the providers. The hospital and clinics are now fully live on an optimized, integrated EHR allowing successful Meaningful Use attestation, avoidance of the penalties, and receipt of an incentive for both the hospital and the eligible providers.

https://hsi-corp.com/success-stories/cs-avoiding-failure-readiness-assessment/