Leadership in Clinical Transformation

- Role of the CNO: What does a leader look like?
  - Be There
  - Show Up
  - Vision the “SO WHAT”

- Role of the Informatics Leader = PARTNERSHIP

- Leadership Tactics to make it real
  - Adopting, owning, and improving
  - Persisting
  - Keep Looking - Keep Showing Up
  - Saying “Thank You”
    - Acknowledge “This is hard and this is powerful”
    - This can’t happen without the clinician

The Detroit Medical Center

- Eight Hospital System
- Total Revenue $3.9 billion
- 1,806 licensed beds and 1,601 operating beds
- 3,460 physicians
- 11,637 full time employees
- 353,460 ED visits
  - 98,000 at Detroit Receiving Hospital
  - 89,000 at Children’s Hospital of Michigan
- 9,212 births
- 968 residents and fellows
THE DMC: Where we are with Clinical Transformation

- 8 Hospitals in 13 Months in 2006-07
  - CPOE in all areas
  - Orders management and medication reconciliation
  - Clinical documentation for Nursing, Respiratory, other ancillaries
  - Integrated Pharmacy operations
  - Medication Administration (POS ID and medication scanning)

- And then, more added....
  - Immunization Schedule
  - Ambulatory sites using OP EMR
  - Surgical Solution 11/2008 - 7/2009
    - Intraoperative Scanning for Med Administration
  - Device Integration for Vital Signs
  - NHIQA Dashboards
  - Pressure Ulcer Lighthouse

Transforming Patient Care...

- DMC Scope of Use
  - Data from 2008
  - 2.9 Million Orders/Month, or **34.6 Million** for the year
    - 12.9 Million Medication Orders
    - 600,000 Electronic Prescriptions
  - What does this mean for our Adverse Drug Events?
    - 77% reduction in Wrong Patient Events
    - 68% reduction in Wrong Medication Events
    - 21% reduction in Wrong Dose Events
    - 68% reduction in Wrong Rate Events
    - 44% reduction in Wrong Route Events
    - 33% reduction in Therapeutic Duplication
    - 62% reduction in Dose Given after Discontinue

Where We Are...

- High Level Infrastructure Developed for Clinical Transformation
  - Corporate Director for Clinical Transformation
    - 3 Clinical Transformation Specialists
    - Implementation, workflow, site support
  - Data Analyst (PowerInsight)
  - Perioperative Systems Coordinator
  - Site Directors for Clinical Transformation
    - CTS + Data Analyst also in place
    - Super Users/Transformation Support Associates
      - Unique role - combines current clinical expertise and applications skills
Where We Are...Infrastructure cont’d

- Director of Medical Informatics
  - Medical Informatics Specialists
    - Testing, training, and project support
- Pharmacists
  - 3 Clinical Transformation Pharmacists
- Total Resources: 60 FTE’s across 8 hospitals

Where We Are...Governance

- EMR Leadership
  - The C’s: CNO/CMIO/CIO
  - Clinical Transformation Leadership
- EMR Steering Committee
  - Hospital based leadership
  - Multidisciplinary representation
- Clinical Technical Committee
  - Formal governance for enhancements, application launches
- Pharmacy and Therapeutics
  - Multidisciplinary oversight and approval for all order sets

Defining What We Are Talking About

NURSING INFORMATICS

- Nursing professionals with the knowledge and skills to develop and implement information systems that will enhance nursing workflow, promote patient safety, and elicit clinical outcomes...

CLINICAL TRANSFORMATION

- It is an end result...
- Takes place within the clinician’s world and the clinician’s workflow and the clinician’s judgment
- Moves data from discrete elements to part of a series of data...relationships among data become ‘living’ in real time
- Relationships among data are pivoted into decisions based on visible information that benefit the patient

(Weaver et al, Nursing and Informatics for the 21st Century, p. 169)
Transformation Tools:
Things That Really Help!

- Single standard of care across the system
- System-wide pharmacy processes and policies
- Clinical Transformation team
  - Leadership and accountability for all processes
- CEO commitment to EMR/CPOE/Clinical Excellence/Patient Safety

MORE Things That Really Help!

- Visioning: Why Bother?
- Predictable Excellence is the end game
- Trump Card: Patient Safety and Patient Care
  - What is the value added?
  - How is care better?
  - How is practice better?
- Universal Engagement of clinician in workflow
- Establishing Milestones
- Metrics

MORE Things That Really Help - You Get Presents at the End!

- ADOPTION: No Kidding!
  - This is the standard of practice
- CELEBRATIONS
  - Tell folks
  - Write
  - Study
  - Publish
The Ownership Journey

- Why is it so hard????  Why do clinicians need leaders who can guide them through Clinical Transformation?
  - Without lived experience, resistance to new kicks in...human behavior
  - Without lived experience, learners become anxious
  - Without lived experience, learners don’t know what they don’t know
  - Without lived experience, planning is bound to be a mysterious experience
- Lived experience always adds areas to improve which are discovered through that experience

Engagement  Ownership  Predictable Excellence

Where We Want To Go

The Ownership Journey

Accept  Ownership Model

Embrace  Fully committed to taking the Transition further and Advocating for Predictable Excellence

Do  What is EMR?  What is impact on patient care?

Uphill Leadership: Why it isn’t easy

- Nature of the End User’s definition of success
  - Varies by experience, minute, session
  - Utility: “Can I use this easily?” “If I can’t, it isn’t good”
  - Points of View: Informatician and Clinical Transformation
    - Informatician
      - Does it work?  Is it less clicky?
      - Is it noise-free to the user?
      - Is it slick?  Is it 100% dependable?
    - Clinical Transformation
      - Does it present information to the clinician when information is needed?
      - Does it tell the story?
      - Is it easy to find?
      - Can any clinician who needs the information see it?
      - Does it ENHANCE or at least support workflow?
      - What is the BENEFIT to the patient outcome?
Uphill Leadership: Getting to Ownership

- The vision comes together with the end-user decision making
- Implementation includes exhaustive iterative focus on the clinician
- Primary Focus: Patient Care and Patient Safety
- Simple, sense-making workflow
- Clinicians are supported without reservation – never underestimate the power of PRESENCE

Uphill Leadership

An Example of a Clinician Who Isn’t There Yet

We’re looking for the Plan of Care...

Uphill Leadership: ROLES

- “C” Level: Make value apparent
  - Vision
  - Engage
  - Persist
  - Acknowledge
  - Milestone Overview
  - Measure
  - SHOW UP!
    - Over and Over and Over...

- Clinical Transformation
  - Staff: On the Ground
    - Change Management
    - Project Management
    - Communicate
    - Adoption Planning and Management
    - Education and Training
    - POS Engagement
    - Performance Improvement
What is Adoption?

- Adoption is anything that is done to determine and reinforce the end-users’ use of the system as defined and agreed upon in design/workflow as a standard of practice.

We agree... We will...

- It is a defined process
- It is iterative
- It is predictable
- It is measurable
- It is part of implementation...always
- It is apparent

What is Adoption?

Adoption ...

- Measures the extent to which the vision is realized in clinical practice
  - When leaders implement adoption as a practice standard, it is a commitment to the practice environment, its practitioners, and their outcomes
Adoption Tactics and Leading Uphill...

- The AH-HA!!!
  - What you thought was committed to during design and workflow will probably not happen

  "I know I said I would, but now that I am using it..."

Adoption and Leading Uphill...

- Assume adoption is NOT happening: prove to yourself that it is
- Share results and observations with clinicians on the spot
  - Rounding for clinician interaction is very useful; avoid asking folks if they are having problems
  - Ask to “ride” along with them as they use the system
  - Teach!!!

Leading Uphill: Lived Examples at the DMC

- CareAware: Vitals Sign Device Integration
- Loss of Our EMR
- Surginet: Intraoperative Scanning for medication administration
- A Doctor Story
Lived Examples at the DMC:
CareAware in the Acute Care Environment

- Vital Signs: Out of your pocket and into EMR
  - Pilot conducted on 2 Med-Surg Units
    - Cardiovascular/Vascular: 34 beds
      - Clinical end-users were not the strongest adopters of EMR
      - Less experienced staff and unit leadership
    - Neuroscience: 36 beds
      - Enthusiastic adopters
      - Experienced staff and leadership
    - Standard for both: VS’s frequency every 4 hours
  - Goal: Decrease data latency and increase data accuracy
    - Clinicians were transcribing data twice
    - Clinicians were holding data in their pocket on slips of paper
    - Other clinicians were frequently searching for VS’s or re-taking them in order to get data

Before CareAware: 59% of VS spent >15 minutes in a pocket
Before CareAware: 17% of VS’s transcribed were inaccurate
Lived Examples at the DMC: CareAware in the Acute Care Environment

Data Latency Post-Care Aware: Only 5% of VS’s spent > 5 minutes in a pocket (out of EMR)
Data Accuracy increased to 99%

Lived Examples at the DMC: Loss of Our EMR

- A story, a response, and a recovery
- The Story: September 12, 2008
  - Early in the AM, a human error caused several system interfaces to auto-combine electronic medical records
  - DMC had just performed a code upgrade and many ISD, CT, and vendor personnel were already in a central Command Center
  - Help Line began to log calls from clinicians that they were noticing inaccurate information in their patients’ records
  - Leadership made decision to bring our EMR down and make it unavailable to clinicians
  - By the time the interfaces were shut down, over 300 records had been combined, resulting in tens of thousands of lines of data being copied inappropriately
  - An additional wrinkle: the back up system had performed a copy of the system after the auto-combine began

Lived Examples at the DMC: Loss of Our EMR

- The Response
  - ISD and HIM staff responded within minutes to begin assessing scope and to plan recovery
  - DMC leadership responded within minutes to establish emergency procedures and maintain clinical safety
  - Over 120 clinicians and leaders responded to their respective hospital sites to execute recovery
  - Lessons:
    - How infrastructure pays dividends in a crisis
    - How shared experiences of engagement and adoption provide for a responsive and non-punitive culture
Lived Examples at the DMC:
Loss of Our EMR

- The Recovery
  - Physicians and other prescribers responded to completely rewrite orders for critical patients
  - ISD staff leveraged reports from the data warehouse to establish a "clean" time for EMR and clinical summaries were printed and distributed to units
  - Over 20 ISD and HIM staff spent hours un-combining records line by line
  - Pharmacists and nurses paired one to one to perform medication reconciliation patient by patient
  - Prior to bringing EMR back up, super users and clinical leadership verified and re-entered accurate weights and allergies on every patient in house in all eight hospitals
  - After the EMR was brought back up, 150+ clinicians were deployed to backload medications, admission assessments, and other vital documentation

Lived Examples at the DMC:
Intraoperative Scanning For Medication Administration

- Clinical Practice Excellence is embedded in our culture
  - Prior to bringing up our perioperative areas with their EMR, scanning for patient identification and medications was well-adopted for our inpatient areas
  - When conducting workflow for the OR and medication administration, the question was asked: Does an OR patient deserve this safety standard less than our other patients?

Lived Examples at the DMC:
Intraoperative Scanning For Medication Administration

- Adoption of Intraoperative Scanning
Lived Examples at the DMC: A Doctor Story

Back to Leading Uphill – Other Lessons

- Sequential conversations and the “deserted site” syndrome
- Failure to recognize how much speed is valued in the healthcare environment and in current culture
- Having different conversations - by connecting with clinicians at a point of care in a different venue
- The repeated review of how practice takes place GLUES adoption, gains consistency

Leading Uphill: What to bring

- Curiosity and Courage
  - As a leader, know what you want “it” to be and then have the curiosity and courage to find out what REALLY is so
  - Engage in inquiry around adoption practice
  - Culture of exploration - the regular practice of inquiry diminishes the cultures of blame and optionalism
  - Surprises are GUARANTEED
Leading Uphill: What to bring

- Become comfortable with being uncomfortable
- Expect workarounds as a natural result of the human experience of change
- Do not underestimate the PAIN of the new

When Leading Uphill...CONSIDER

- If it's important enough to introduce into your practice environment, it's important enough to accomplish what you said you were going to
- Stating what you are going to do and then clearly and visibly reviewing the results produced is a powerful message about the commitment to excellence

When Leading Uphill...CONSIDER

When your team stops caring about the results they have promised they will start caring about something else...and it probably won’t be to the benefit of the practice environment or the patient.
Leadership capacities to practice:

- the passion and commitment for excellence
- a sense of inquiry, curiosity, and adventure
- a high level of comfort with the unknown
- the ability to tell a story about the end state to engage clinicians and administrators
- the patience to attend to a process as it develops
- the persistence to “stick” to a defined result with flexibility to alter course in motion

Leading Uphill - Getting to the TOP

- And finally - at the end of all this very exacting work, you will have clinicians who can now see RELATIONSHIPS among data and use the relationships to make clinical decisions...and then communicate the care and its results as “the patient’s story”

You now have clinical practice...transformed!

Time for Questions...