

From go-Live to HIMSS Level 6 in 10 months – The Royal Children's Hospital EMR experience

Lauren Andrew^a, Matthew Thatcher^a, Jackie McLeod^b, Professor Mike South^a, Jennifer White^a and Adrian Hutchison^a

^a *The Royal Children's Hospital*

^b *Melbourne Health*

Introduction

In February 2017, the Royal Children's Hospital became the first hospital in Australia – and only the second in the Asia Pacific region – to achieve stage six HIMSS ratings for its EMR in both inpatient and outpatient areas. This achievement, just 10 months after the hospital went live with its EMR, is remarkable but it is just one of a series of 'firsts' in the hospital's short EMR journey.

Technology Brief

In April 2016, the RCH became the first Australian hospital to implement the Epic system, the first to transition to a hospital-wide EMR in one day, and the first to launch a comprehensive patient and family portal as part of its EMR. The RCH implemented the core inpatient and ambulatory Epic EMR suite including specialist modules to support the Emergency Department, Intensive Care Unit, Oncology, Operating Suite and Anaesthesia. Included within this go-live was integration to hospital monitoring equipment, mobile apps for clinicians, an external provider portal and integration to the My Health Record.

Implementation Processes

Despite original plans to implement the EMR in two phases early in the project RCH changed this approach to implement hospital wide on one day. A transition of this magnitude required the focus and support of the whole organisation to ensure we could continue to deliver and maintain great quality care to our patients whilst supporting our clinicians to learn and adapt to the new system.

The RCH laid the foundations for its EMR success from the early days of its EMR implementation. The key areas of success were:

- strong focus on leadership from the Executive to line managers
- comprehensive project plan including a considered change management approach and governance structure
- commitment to clinician and consumer engagement
- investment in mandatory training
- investment in an EMR with features aimed to improve clinician effectiveness and consumer involvement in care
- dedicated EMR team, recruited internally with supplemented skills from external recruits
- rigorous go live readiness planning and execution

The go live readiness planning occurred at milestones from go live, 120, 90, 60 and 30 days. Key leads from RCH and EMR team attended readiness meetings checking off critical areas to demonstrate readiness in build, integration, staff preparation, training and support. Line managers were surveyed across these checkpoints to give live data into these readiness meetings.

The RCH staff met the challenge of go live with support from over 400 super-users, establishment of daily issue and safety huddles and a unique 24x7 support model that combined traditional help desk supplemented by a popular messaging app.

Clinical Care Impact

Adoption of the EMR was rapid and without incident, and the hospital has continued to consolidate and improve the way it uses the EMR to deliver the best and safest possible care to patients and families. Despite planned activity reductions in outpatients in the first four weeks post go-live throughput in the Emergency and inpatient areas of the hospital were not impacted during go-live. Monitoring patient safety during the transition and beyond has been a priority with initial review of all reported clinical incidents, daily executive rounding and review of patient safety scores and dashboards.

Eight months on from go-live a survey found the majority of staff were satisfied with the EMR, with two thirds finding the EMR easy and intuitive to use, with 85% of staff confident to use the EMR independently.

As we move past the first anniversary of the implementation the focus has turned to delivery and measurement of benefits and the early signs are very promising. Not only are RCH starting to realise financial benefits and workflow efficiencies but are seeing real clinical improvements in patient safety and quality of care.

Conclusion

An implementation of this size requires clinician engagement, strong Executive sponsorship, a dedicated and driven project team, great vendor support and relentless readiness planning but most of all a long-term organisational vision and commitment. Go-live is just the beginning as the RCH CEO stated on achieving Stage 6 rating “this achievement was a testament to the hospital's clear electronic medical record vision and its commitment to excellence, particularly in the delivery of world-class health care for children and young people. We are excited to see where this technology will take us in the future and how we can use it to further benefit our patients and families, as well as the broader community.