

Going Paperless!

Successful strategies for front line leaders
implementing electronic documentation systems

Amanda Thibeault, RN, MScN

Karen Dyer, RN, BScN



Care will always be in our name.



Outline

- Who we are
- SJHC IT Journey
- Strategies for success
 - Urgent Care's IT Journey
 - E-documentation implementation
- Lessons learned
- Key learnings



Five Main Sites:

- St. Joseph's Hospital** – Acute Ambulatory
- Mount Hope Centre for Long Term Care**
- Parkwood Hospital** – Complex and Veterans Care
- Regional Mental Health Care** – St. Thomas
- Regional Mental Health Care** – London

- 20 geographic sites across SW Ontario
- 2300 Nursing Staff
- 7500 Staff, Physicians and Volunteers



Urgent Care Centre Demographics

- Hours of operation: 0800-2200
- Annual visits: 48,000
- Daily visits: 130
- Clinical staff: RNs, RPNs, MDs
- Patient Population
 - CTAS 4&5 (Less Urgent & Non Urgent) - 79%
 - CTAS 3 (Urgent) - 19%
 - CTAS 1&2 (Emergent & Resuscitative) - 2%

Organization's IT Journey

- London and region EPR
- Standardization across the region
- Urgent Care & Perinatal to begin e-doc
- Where we are currently

Urgent Care's IT Journey

- Order Entry
- Patient Tracking
- Results Viewing
- Nursing Documentation
- Allied Health Documentation (RT, IV team)

Strategies for Success

- Gradual introduction of technology
- Early staff engagement
- Transition/change support
- Visible front-line leadership participation
- Ongoing staff engagement

Setting the stage – Starting Early

- Keep it casual
- Email access for all staff
 - Improving comfort on computer
 - Computer a part of work processes
 - Newsletters, important communications, etc

Early staff engagement

- Staff input on...
 - Forms/format
 - Process changes in department
 - Staff involvement throughout process
- Through...
 - Superusers in dept
 - Team meetings
 - Shared leadership council

Transition/Change support

- Bridges Model of Transitions
- Communication updates via multiple medias
- Training sessions
- Extra staff coverage
- Basic needs met during implementation

Leadership Participation

- Create 'buzz' and energy
- Champion the change
- Attend training
- Commitment to success for staff

Ongoing Engagement

- Process for staff feedback
 - Visible message boards
 - Communication in person & via email
- Support post implementation
 - More training support when required
 - Checking in with staff (formal & informal)
 - Communication essential

Lessons Learned

- Shift thinking away from “project” work
- Early engagement of leaders
- Monumental practice change
- Transition times planned into implementation
- Clinical/IM structures and processes

Not just a project

- Dedicated resources required
- New way of doing work
 - Different thinking
 - Ongoing resources and attention

Early Leadership Engagement

- Be involved early
- Not an IM project
- Support and understand practice implications
- Support staff in change

Monumental Practice Change

- New way of providing care
- Processes will and should change
 - Use technology to help support best practice, patient safety, increase efficiencies in care
- Role plan during training
- Change will take time

Plan for the Unexpected

- Plan extra time for build and implementation
- Changes will take time
- Staff training once processes and forms are finalized
- Staff readiness will take time

Clinical/IM Structures & Processes

- Need change management process in place
- Identification of ongoing technological support important
- Formal organizational structure required

Key Learnings

- Director & Coordinator have early engagement with IM
- Staff involvement is key
- Review current processes now
- Ask questions, talk to other centres

Key Learnings cont'd

- Support team in change
 - Lots of time for transition/readiness
 - Respect individual's level of readiness
 - Continued support required post implementation

Final Thoughts...



Questions?

