



Stanly Regional Medical Center

**SRMC ACHIEVED MEANINGFUL USE
STAGE 1 AND CPOE IN LESS THAN
12 MONTHS**



CASE STUDY

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CLIENT PROFILE/BACKGROUND

Stanly Regional Medical Center (SRMC) is a regional medical center located in Albemarle, NC, approximately 42 miles from the financial hub of Charlotte. SRMC is part of Carolinas Health Care System, one of the largest healthcare systems in North Carolina, and the market leader in Charlotte. With a staff of health care professionals using the latest medical treatments and technology, SRMC offers advancements in cancer treatment, imaging, rehabilitation, women's services, and more.

INTRODUCTION

SRMC recently completed a successful enterprise-wide Health Information System (HIS) implementation that included both clinical (including Computerized Provider Order Entry [CPOE]) and revenue cycle solutions in less than a year. SRMC reached its goal by adhering to a well thought-out implementation plan, methodology, and philosophy. SRMC physicians collaborated effectively to utilize the new HIS system's clinical medication order sets and discharge medication reconciliation processes. This allowed them to reach Meaningful Use (MU) Stage 1 objectives and greater than 90% CPOE adoption in less than 30 days after their initial activation.

DRIVERS OF CHANGE

As SRMC prepared for a future that included pay for performance, increased collaboration across the continuum of care, and the need to improve the patient experience, they realized that they needed updated information technology that would:

- ▶ Improve quality and reduce costs
- ▶ Streamline workflow and productivity tools for staff
- ▶ Increase integration and interoperability

From the beginning of the project, SRMC's leadership team set the stage for success. The organization established a governance structure that was extremely effective at keeping the organization focused. In collaboration with an inter-disciplinary group of their physicians, other clinicians, and key stakeholders and partners, they set an aggressive project end goal of a 12-month implementation that would meet MU Stage 1, including CPOE. The project was led by Brian Freeman, SRMC's Vice President of Operations and CIO, who worked closely with one of the key physician sponsors, Dr. Paul D'Amico.

RAPID IMPLEMENTATION

A decision was made for SRMC, the Electronic Health Record (EHR) vendor, and Leidos Health (formerly maxIT Healthcare), to utilize a rapid deployment and transformation framework in order to achieve their implementation goals. This implementation approach integrated deliverables focused on readiness, workflow, adoption, and technology infrastructure with industry-leading project management protocols for on-time, on-budget execution.

SRMC's project team, the EHR vendor, and the Leidos Health team collaborated throughout the implementation process to:

- ▶ **Define** realistic project timelines and budgets
- ▶ **Develop** a clear adoption roadmap and risk mitigation strategy
- ▶ **Establish** the process for team leaders to make decisions about the accelerated build process, to consider the existing workflows that were in place, and to incorporate the future workflows in order to mitigate re-work of the design and build when it came time to test the system

“The biggest issue is teaching a physician how to make lemonade out of lemons. No system is perfect; the real trick is learning how to make it work for you instead of it working against you.”

— **DR. PAUL D’AMICO**, Emergency Medicine, Stanly Regional Medical Center

- ▶ **Develop** testing and training plans and processes utilizing strong subject matter experts to accomplish these important activities
- ▶ **Establish** steering and project committees to meet on a regular basis, which enabled critical and timely decisions on issues that influence staff behavior, reduce barriers to the decision-making process, and keep the communication flowing with the project stakeholders and staff

One of the most important reasons for success was the early involvement of the physician sponsors. Dr. D’Amico, an Emergency Department physician, was already an experienced user of EMR systems and technology. He routinely kept his colleagues informed of the progress of the implementation and recruited physicians to be early adopters. He knew the physicians generally fell into three categories with acceptance of an electronic record:

- 1. The “new” physicians** — These are primarily the recent graduates who have used electronic records while in medical school, and during residency and internship.
- 2. The “middle of the pack” physicians** — Dr. D’Amico described this group as those physicians who may have used electronic records in some regard, possibly in a passive review mode ... looking up a patient’s labs or reviewing an imaging report electronically. However, this group was,

perhaps, a little reluctant to fully embrace what was coming ... complete CPOE.

- 3. The “experienced, wiser” physicians** — This group was comprised of those physicians who would be the most challenging to get on board with the new system and processes. Some of them hadn’t used electronic record systems at all, they were technology averse and would rather their nurses use the system instead.

Dr. D’Amico, working closely with CIO Brian Freeman, made sure each of these physician groups received the attention they needed at the time they required it. Training classes were developed with content that fit the particular provider group. Trainers were flexible in their training methods so that each physician learned at his or her own pace and felt comfortable (some more or less than others) by the time the system go-live date approached.

BENEFITS OF THE APPROACH USED AT SRMC

- ▶ Leading practices were adopted and incorporated throughout the project, resulting in more streamlined clinical and revenue cycle workflows.
- ▶ MU criteria were met, ensuring that SRMC could take full advantage of available incentives, while concurrently avoiding pending penalties.
- ▶ The client focused on adoption and organizational change management throughout the

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implementation process, ensuring staff understood what was coming and why, which greatly helped with reducing staff concerns along the way.

- ▶ A carefully designed EHR adoption process (including CPOE) engaged the involvement of all stakeholders to ensure the overall healthcare community achieved one common goal of patient care excellence, efficiencies, and quality care system.

CONCLUSION

In order to meet the MU Stage 1 requirements, SRMC made purposeful, critical decisions early in the project. First, they decided to phase the implementation of order entry for compliance and scheduling purposes. They also decided to have a multiphased approach to the go-live.

Phase 1 focused on going live with the goal of 80%+ of the medication orders placed through the system.

They went live with order sets which incorporated the bulk of their medication orders and activities. At the end of the first 30 days, SRMC estimated that between 80–90% of all physicians were using the HIS. This included physicians using CPOE, signing off on chart deficiencies, utilizing the medication reconciliation and verification processes, and much more.

SRMC's plans for Phase 2 include going live with additional order sets specifically for Surgery. Phase 3 plans include order sets for OB/GYN and Pediatrics.

SRMC made remarkable progress in a single year in achieving MU Stage 1 and CPOE. The timeline provided significant barriers to overcome. However, SRMC's strong leadership team, influential physician guidance, effective planning and communication processes, clear focus on its end goals, and collaboration with Leidos Health allowed SRMC to achieve significant success as quickly as possible.

ABOUT LEIDOS HEALTH

Leidos Health helps healthcare organizations achieve their goals of meeting regulatory requirements, improving quality of care, reducing costs and enhancing the patient experience. Our services include implementation and optimization of EHRs, along with solutions for critical initiatives such as IT strategy, revenue cycle, clinical optimization, Meaningful Use, ICD-10, and cybersecurity.

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