Improving the success rate of HIT projects

Change-management tools are key to delivering on-time, on-budget results

Health information technology (HIT) plays a central role in enabling efficient and effective patient care. That’s why the federal government has made wired healthcare a priority and why so many hospitals and health systems have HIT initiatives planned or under way. In such projects, it’s typical to see organizations focus 80% of their time and resources on technology—getting the right hardware and software in place. However, there is another side of implementing HIT that is equally important but usually given far less attention—motivating employees to adopt the technology. The fact is, changing people’s habits and attitudes about their work processes is extremely challenging, and failure to address this issue is one of the principal reasons that many HIT implementations fail or technology is utilized sub-optimally.

Prompted by a 2006 IT roadmap for the region, Providence was planning to implement electronic health record (EHR) systems in three acute care hospitals and multiple physician clinics in western Washington. In previous HIT projects, a team composed of personnel from IT and the Project Management Office (PMO) managed the implementations. While this approach had brought many new applications to the organization, challenges around user adoption had resulted in project delays, less-than-optimal results, and in some cases, de-installation of an application.

To avoid these problems and facilitate end-user acceptance, a new project model was developed by the PMO, clinical informaticists, and the Operational Excellence (OE) team, working in concert with Providence leaders. This model combines the strengths of IT project managers with the process improvement and change management expertise of the Six Sigma® black belts from the OE team (see chart).
The OE/PMO model infuses the common IT project management activities with change management tools and an emphasis on building multidiscipline go-live teams of super users. “By placing greater emphasis on process alignment and user adoption, the model helps us identify issues and obstacles in the early stages of an HIT project so they can be resolved well before roll-out,” says John Rosler, Six Sigma black belt. “This helps us reduce delays, increase employee buy-in, and save money.”

Laury Miller, Senior Director of the Washington-Montana PMO adds, “Collaborating with OE on projects ensures success. With the current methodology, project managers (PM) have a more robust set of tools available to manage complex projects. PMs, working with OE black belts, are able to more effectively surface requirements and develop a deeper understanding of the needs of stakeholders, to better manage some of the more difficult aspects of change resulting from the new technology.”

The change-management methodologies that have proven key to delivering better results were originally brought to Providence by the GE Healthcare Performance Solutions group in 2003 when the OE team was established. Providence personnel learned Six Sigma, Change Acceleration Process (CAP), and Work-Out™ techniques from GE that have helped them to better focus and align strategies for successful HIT project implementations. Application of these techniques has improved the cultural readiness of the organization undergoing change, and embedded transferable skills for rapid results and better sustainability.

Jennifer King
Sr. Regional Director
of Operational Excellence,
Providence Health,
Washington-Montana Region

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OE/PMO PROJECT LIFECYCLE

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<th>Propose</th>
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*Operational Excellence Tools integrated into PLC for successful IT implementations.

Integrating Operational Excellence with IT Project Management produces best practices for successful HIT deployment and culture change. The model addresses the two faces of change management: (1) ADOPTION—Addressing critical employee and organizational risk factors that stand in the way of the desired business change and ROI; and (2) ALIGNMENT—Aligning people, process, and technology to improve organizational performance.
Integral to the PMO model has been the Change Acceleration Process, or CAP, which helped the OE personnel develop the coaching and communications skills to lead change within the organization. “We recognized that the new EHR would touch all of our clinicians and we needed to explain effectively what the future would be like with the new technology and how we would get there,” says Jennifer King, Sr. Regional Director of Operational Excellence. “Because we integrated change-management activities throughout the project life cycle, we made sure that our employees’ knowledge of and readiness for the new EHR matched what was happening technologically at any given point.”

The team first applied the OE/PMO Project Lifecycle model to the EHR implementation and has refined it over time with each subsequent HIT project, including the recent addition of an ambulatory EMR. By creating a model that emphasizes strategic process alignment, user adoption, and technology implementation in equal measure, Providence reports that:

- End user adoption rates are exceeding 90%, compared with previous rates of less than 60%
- More projects are being delivered on time and on budget
- Emphasis on standard processes ensuring greater organizational alignment, operational efficiencies, and better supportability of installed applications
- Less re-training is required as more employees “get it” the first time around

Having operations leaders “own” the deployment has been critical to success, says Rosler. By pairing ongoing tracking and monitoring of adoption metrics with a continuous improvement mindset, the team ensured that the adoption rate not only improved from the original baseline but met or exceeded the financial, quality, and end-user satisfaction targets that were set.

Successful HIT initiatives have had a significant impact on the culture of Providence Health System, says Connie Huber, VP of Chief Nursing Office, Providence St. Peter Hospital. “Our processes have moved from serial and linear to integrated and patient centered. Staff members spend less time looking for paper charts, decision-making time is increased, and physicians can access patient information from their offices, making them more productive. In addition, the ability to access real-time patient data enables us to analyze safety and quality metrics to improve our clinical outcomes.”

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After dozens of implementations by the Providence OE/IT team, its tips include:

- Have top leadership in the organization take the lead in communicating the value and quality benefits of the change to employees.
- Sponsor/Process Owner engagement and accountability is key to successful achievement of Customer Value Metric targets.
- Don’t underestimate the importance of looking at process and how the new technology will affect the workflow of end-users.
- Plan sufficient time and resources for the process work in order to save time down the road and gain big dividends in end-user satisfaction.
- Give users venues to ask questions and express concerns. You need to understand what people are worried about so you can defuse those issues early.
- Allow time for actual scenario training to show users how the system will operate in the clinical world. It’s challenging to free up clinicians’ time for this best practice but well worth the effort.
- Don’t schedule training too early or clinicians may forget the skills by go-live. Just-in-time training is best.
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