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WHITEPAPER

PEARL/PEAK

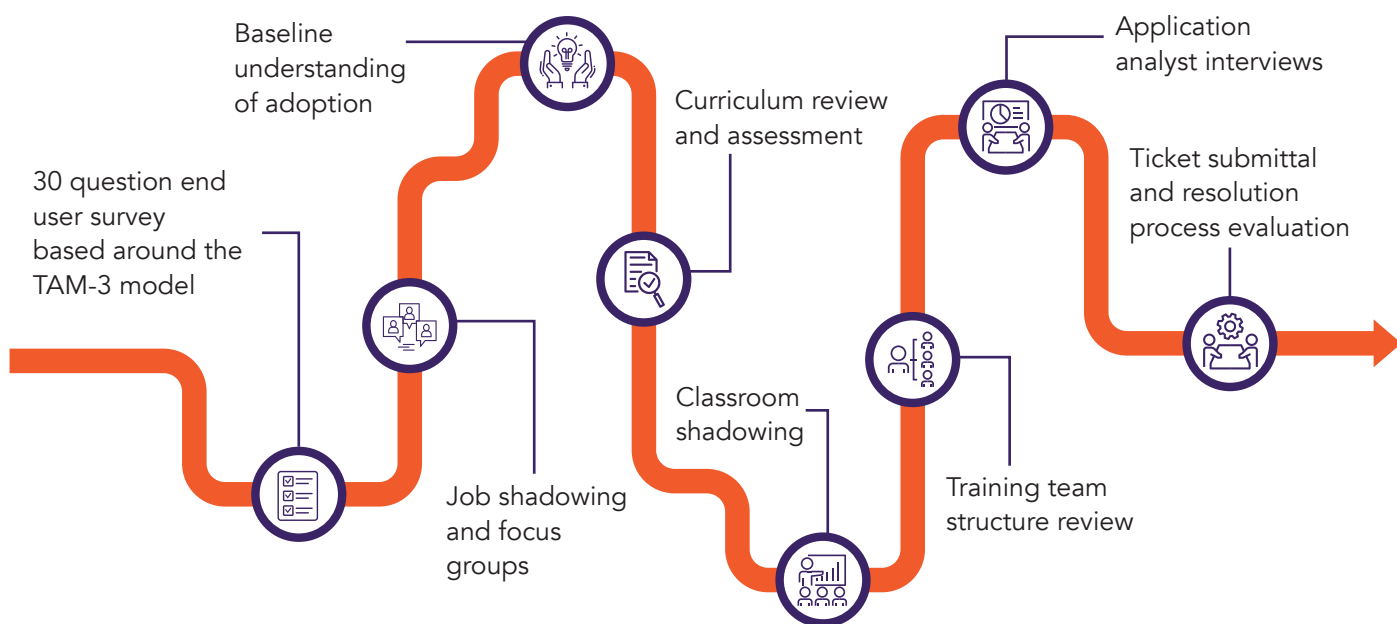
Regional Health, a nonprofit organization comprised of five hospitals and 32 specialties across two states, headquartered in South Dakota, implemented the Epic EHR system in 2017. Approximately one year after Regional Health’s Epic implementation, provider dissatisfaction with the Epic EMR was growing. The IT team did not have a clear idea of where this dissatisfaction was stemming from - whether there were broken build elements in the system, or if the providers lacked the proper training to work efficiently in the system. Feedback from key providers included:

- I’d like to see more patients, but I feel like I’m doing everything I can already.
- I’m seeing the same number of patients as before, but now I’m staying after hours to finish my documentation.
- The training was all functionality based. I need to know how the system affects my workflows.
- I don’t know how to use the system. Training was a waste of time.
- Training was clinically irrelevant to my specialty.
- I don’t know if I’m using Epic correctly.

Prior to the PEARL training assessment, the Regional Health training team had little engagement with both the application project team and the practices; the training team had limited exposure to a practice’s workflows. Prior to Go Live, the end users would attend eight to ten hours of functionality based training. At the end of training, the end users would complete an end user proficiency assessment that tested how the Epic EHR system worked. The assessment did not reflect how the EHR system integrated into a practice’s workflows. Post Go Live, there was limited availability from the training team to provide effective rounding with the providers as well as a lack of understanding of how the users should be instructed to properly use the EHR system. End user feedback suggested a struggle to make the transition from the classroom to actual practice, resulting in high levels of frustration and a significant number of end user help desk tickets.

Identifying the Problem

In July, 2018, Regional Health leadership made the commitment to identify the cause of provider dissatisfaction and develop a remedy. Cornerstone Advisors’ were brought on board to utilize the PEARL training assessment to establish an end user baseline, complete a training program assessment, and identify core interventions. The eight-week PEARL assessment took an approach of developing an adoption and acceptance driven training program. Cornerstone’s assessment utilized a deep dive into the learning requirements of the Regional Health end users, identifying the gap in training materials and delivery. Using a research driven assessment, Cornerstone produced recommended interventions with an anticipated ROI including impact and estimated dollar savings. Key components of the PEARL training assessment included:



End User Baseline

At the start of the 8-week PEARL assessment, Cornerstone met with Regional Health trainers and analysts to determine key target areas of provider dissatisfaction. This data was used to prioritize areas of interventions for the most demanding workflows, such as hospital admission and discharge. With this information compiled, a review of the training materials began to identify where the breakdown in education was occurring for the targeted workflows. Key providers were identified and scheduled for shadowing sessions to gather a broad perspective of how the Epic EHR was being used and if the training materials reflected what was happening on the floor. During this time, Cornerstone and Regional Health determined a marketing approach for the 30-question survey to maximize the potential for provider input.

Training Assessment and Workflow Shadowing

During weeks two through five, Cornerstone completed a series of provider shadowing sessions and staff interviews, including training management, informaticists, focus group attendees, and nursing operational leaders. It was determined that the training materials used were not reflective of the workflows being used by the clinical staff in many situations. Despite the training provided, clinicians had developed work-arounds due to both confusion on how to use the system and in some cases, broken system build. Cornerstone began working with the training team to develop materials for new hire training that focused on workflows, utilizing clinical relevance and vetted principals of adult learning. Classroom training was shifted to a flipped model, in which the instructor demonstrated workflows for approximately 20% of the class, allowing the end user 80% of in-system, self-guided education utilizing the newly developed training materials. Classroom time was reduced from eight to four hours, focusing on the most vital workflows for day one success. This served to increase both retention of the material and allow for timely retraining sessions. The classroom assessment was transitioned from a multiple-choice exam to a simulation session, in which the end user was provided a checklist of tasks to complete in the system. The simulation session alleviated the effect of test anxiety and allowed the trainers to identify workflows an end user would struggle with, helping the trainers focus efforts during at-the-elbow support.

Statistical Analysis of Survey Data

During week five, the results of the 30-question survey were compiled and analyzed using the TAM-3 Model. 76 surveys were completed and processed into 11 areas of assessment and intervention. By identifying perceived usefulness and perceived ease of use, Cornerstone was able to determine the following:

- **Perceived Usefulness -**
Providers did not feel the organization supported with the Epic EHR and has not provided them with the tools they need
- **Voluntariness -**
If a voluntary choice, providers generally would not use the system
- **Subjective Norm -**
Use of the system does not affect the relationship of peers who are most important to the user
- **Job Relevance, Results Demonstrability, & Output Quality -**
The providers understand the need for Epic regarding their job role, but the system itself has not provided them with demonstrably positive results at this point
- **Perceived Ease of Use -**
The providers do not feel they were provided the support/training by operations or unit/department
- **Perceptions of External Control -**
The providers feel forced into using the system
- **Computer Self-Efficacy -**
The providers are confident in their ability to learn new systems
- **Computer Anxiety -**
The providers are not intimidated by computer programs

Core Interventions

These areas of assessment were mapped to four key interventions:

- Organizational Support
- User Participation and Peer Support
- System Design and Training
- Incentive Alignment

To meet these interventions, a series of plans were developed including high over roadmap.

Quick 60-day wins

Cornerstone developed a strategy to quickly appeal to the providers and show the organizations dedication to meeting their needs. A provider workshop was propositioned to be hosted monthly at rotating hospital locations and via webinar, in which 30-45 minutes of targeted Epic workflow was demonstrated, led up by an additional 45 minutes of at the elbow support and open forum to meet any providers unique needs. Regional Health newsletter was asked to include a piece regarding the ongoing training efforts and help develop early expectations to reestablish the relationship providers had with trainers. Organizational representation was to come from operational leaders, representing specific areas of interest as a group council to facilitate recommended approaches to the Epic EHR, giving clinics/units a voice and ownership in their own success utilizing the system. Quick-reference guides were deployed to provider documentation areas as a resource developed with case management to ensure admission and discharge needs were being met correctly and eliminating the need for overwhelming at-the-elbow support requests.

Workflow Analysis of Clinics and Units

During the workflow analysis phase, a team comprised of Epic informaticists would survey a clinic/unit to determine what is working and what is outside recommended practice. After establishing current state workflows, the team would return to reeducate the user on troublesome workflows. Operational leaders were key in establishing buy-in on the analysis and reeducation. As best practice workflows were established, these workflows were to migrate down to the remaining clinics undergoing analysis throughout the timeline.

Epic Guide Program

Regional Health had a previously failed attempt at establishing a robust Super User program during the implementation phase of the Epic EHR. It was decided to reorient the organization to a similar role, known as Epic Guides. These individuals were identified by operational leaders and informaticists as known strong users of the Epic EHR. The primary role of the Epic Guide was to provide the first line of support at their clinic or unit. They would also act as the main point of ticket submission and participate in a monthly

meeting to establish a network of Epic Guides that could rely on one another as resources

PEAK – Performance Efficiency & Advancement of Knowledge

Following the PEARL assessment, Regional Health, with the assistance of Cornerstone, developed the PEAK program. The PEAK program would take each Regional Health clinic through a three-week program of optimization utilizing the key interventions mapped out previously. PEAK was to improve provider efficiency and satisfaction with the Epic EHR using existing epic tools that were either underutilized or unclear on how to use, decreasing the amount of time spent to complete clinic work. The PEAK program began with engagement preparations that start up to 60 days prior to the PEAK team being on-site.

PEAK – Week One

Provider and caregiver's schedules were modified to allow for refresher workshops during week one engagement, stressing the vital elements of using the Epic EHR effectively. Workflow evaluations were completed during this time. The PEAK team observed common workflows while looking for ways to streamline and improve efficiency. Providers were encouraged to ask questions and have the PEAK team observe workflows they were unsure of. The PEAK team stressed adherence to the designed workflows, while considering how to optimize clinical workflows they previously were unaware of.

PEAK – Week Two

During the second week of the PEAK project, unique workflows, fixes in system build, and other objectives were completed back at the informaticists office. During this time, resolutions to complex clinic workflows and strategies to assist in reeducation for providers were established. These resolutions were then brought back during the third week.

PEAK – Week Three

During the week 3 of engagement in the clinic, workflows that were found to be challenging for the clinic would be demonstrated to the staff to ensure all their questions were met and adherence to best practices was confirmed. Clinic leadership was given step-by-step guides for the workflows as a reference once the team was gone. Each provider was asked to

schedule a two-hour session with a PEAK team member during week three for personalization time, during which they cleaned up old note templates, optimized their orders preference lists, and were given time to ask any remaining questions not previously covered.

Finally, the PEAK team assessed the program metrics and distributed a post-engagement survey with a 60-90-day clinic visit.



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