Objectives

- High-Level Timeline
- Optimization Release Cycle
  - Submission Guidelines & Example Details
  - Triage Team & Informatics Governance Groups
  - “Sizing” Requests
  - “Staging” & “Slotting”
  - High-Level Workflow
  - Benefit & Cost Assessment Criteria
- Lessons Learned & Tips for Success
- Q&A
Timeline of Request Process

2013
EHR Implementation

2015
Transitioned to new eChange request Platform
(Staffhub)

April 2017
Adopted NEW “Quarterly Optimization Cycle” Process

2018
Change Request “Optimization Release Cycle” Process
Metrics

- **2013 – 2015:**
  Over 20,000 change requests (in 24 months)

- **From 2016 – April 2017:**
  10,000 change requests (in 15 months)

- **Since April 2017 – 2018:**
  4,500 change requests (in 9 months)
Current Process: Optimization Release Cycle
Optimization Release Cycle

**What:**
- Any changes for project-sized requests in EHR or 3rd Party Apps will need to be submitted for a “Release Cycle”
- Release Cycles will happen 3 to 4 times a year

**Why:**
- Improve system stability
- Reduce frequency of change impacting caregivers
- Advance planning to Ensure that caregiver communication/training is coordinated in one package for the quarterly go-live
# 2017 Quarterly Optimization Timeline

<table>
<thead>
<tr>
<th>Week Ending</th>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>6 13 20 27</td>
<td>3 10 17 24</td>
<td>3 10 17 24</td>
<td>31 7 14 21 28</td>
<td>5 12 19 26</td>
<td>2 9 16 23 30</td>
<td>7 14 21 28</td>
<td>4 11 18 25</td>
<td>1 8 15 22 29</td>
<td>6 13 20 27</td>
<td>3 10 17 24</td>
<td>1 8 15 22 29</td>
</tr>
</tbody>
</table>

1st Quarter Optimization Cycle
- CI Governance & Assignment
- Design
- Build
- Validate & Training Development
- Train Implement
- GL

2nd Quarter Optimization Cycle
- CI Governance & Assignment
- Design
- Build
- Validate & Training Development
- Train Implement
- GL

3rd Quarter Optimization Cycle
- CI Governance & Assignment
- Design
- Build
- Validate & Training Development
- Train Implement
- GL

4th Quarter Optimization Cycle
- CI Governance & Assignment
- Design
- Build
- Validate & Training Development
- Train Implement
- GL

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Sacred Encounters  Perfect Care  Healthiest Communities
Request Submission and Example Details
Request Submission Changes

• Caregivers bring requests to local CI departments and work directly with them on full details needed for the request

• Request size will be determined as either Sand, Pebble or Rock.

• List of approved Sand items that can be directly requested through the ServiceDesk
Clinical Request Details

Change Type
---None---

Area Impacted by Change

Reason for Change

Users Impacted by Change

Specify Other Users Impacted

Attachments

To attach a file, you must first save the request.

IT Change Implementation Tracking Info

This section to be completed by reviewer/approver or eCIS staff.

Staffhub Service Case Number

Staffhub Type
---None---

Cherwell Ticket Number

Cherwell Teams for Meditech
---None---

Cherwell Task Number

Change Size
---None---

Size Type
---None---

Est. Release Schedule
---None---

Status

This section to be completed by reviewer/approver or eCIS staff.

Status
Submitted

Governance Priority
---None---

Triage Notes

Estimated Completion Date
11/14/2017

Save
Cancel
Minimum Data Set

• For project-sized requests, we ask end-users to complete a Minimum Data Set (MDS)
• This ensures the request is complete and that it has local C-Suite/Executive support

<table>
<thead>
<tr>
<th>Problem Statement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proposed Solution:</td>
</tr>
<tr>
<td>Requester’s Clinical Title/Role:</td>
</tr>
</tbody>
</table>
| Need Assessment (LOW, MED, HIGH) – Refer to Benefit Assessment for definitions
  Patient Safety: |
  Quality: |
  Compliance (Please cite the regulation if ranked high importance): |
  Revenue: |
  Community Impact: |
  Usability & Adoption: |
| Approved by C-Suite/Exec (NAME, TITLE & DATE): |
| Comments from C-Suite/Exec review: |
| Requested by System Leadership Group: |
| If Yes, Name of System Leadership Group: |
Triage Team
& Governance Groups
Triage Team

Non-Urgent Requests:
- Reviewed M/W/F
- 1 hr Calls
- Multi-Disp Group (~15 people)
- Collaboratively Discuss Requests “Real-Time”

Urgent Requests:
- Reviewed Daily
- Escalated appropriately

Previous Process:
- 3 Clinical Architects Reviewed all requests
- 10 hrs a week (or more)
- Follow-Up Clarification Emails/Phone Calls/Meetings
- Inefficient
## Governance Groups

<table>
<thead>
<tr>
<th>Clinical</th>
<th>Nursing</th>
<th>Ancillary</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MedSurg</td>
<td>Dietary</td>
<td>Resp Therapy</td>
</tr>
<tr>
<td></td>
<td>Women’s Services</td>
<td></td>
<td>Provider Documentation</td>
</tr>
<tr>
<td></td>
<td>Critical Care</td>
<td>Lab</td>
<td>Spiritual Care</td>
</tr>
<tr>
<td></td>
<td>Pediatric</td>
<td></td>
<td>Order Entry</td>
</tr>
<tr>
<td></td>
<td>Emergency Dept</td>
<td>Pharmacy</td>
<td>Imaging</td>
</tr>
<tr>
<td></td>
<td>Peri-Op</td>
<td></td>
<td>Ministry Point Persons</td>
</tr>
<tr>
<td></td>
<td>Rehab Nursing</td>
<td>Rehab Therapy</td>
<td>Case Mgmt/Social Work</td>
</tr>
<tr>
<td></td>
<td>Wound/Ostomy</td>
<td>(PT/OT/ST)</td>
<td>Quality/Risk/Pt Safety</td>
</tr>
<tr>
<td></td>
<td>Infection Control</td>
<td>Behavioral Health</td>
<td>PICC</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Dialysis</td>
</tr>
</tbody>
</table>

### Revenue Cycle

<table>
<thead>
<tr>
<th>Finance</th>
</tr>
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</table>

Sacred Encounters  Perfect Care  Healthiest Communities

St. Joseph Health  Covenant Health

TM
“Sizing” a Request
Quick, easy wins (Maintenance)

- < 20 hrs of work
- Minimal discovery or research needed
- Small build resources, usually involves single application
- No impact to reports or downstream applications
- Minimal to no workflow changes
- No Project Management resources needed
- MINIMAL TO NO GOVERNANCE
- Minimal communication of change needed
- Minimal operational impact
- 2-4 week turnaround
- 40-60 hours informatics discovery and build time
- 1-3 applications involved
- Report or downstream application changes
- Project Management (minimal)
- Governance may be required
- Moderate impact to caregiver(s)
- Noticeable (non-intuitive) changes
- Change Communication Required
- Written education required (no eLearning) minor education logistics required; no instructor led classroom training
- Implemented within a release cycle
Rock

- >100 hours informatics discovery and build time
- Multiple downstream reports/applications affected
- Multiple end-users impacted
- Project Management required
- Multiple governance groups required
- High impact to caregiver(s)
- Visible workflow changes across roles
- Multiple audience education (in-person or eLearning with or without interactivity, super user training); major education logistic planning required
- Implemented within a release cycle
- Theme = Grouping of multiple requests; sometimes over multiple release cycles

THEME
<table>
<thead>
<tr>
<th>Size</th>
<th>Example Items</th>
<th>Design Build Validate Implement (DBVI) (includes vetting, emails discussions, involve all stakeholders, etc.)</th>
<th>Turn around expectation</th>
<th>Cross-App / Cross Service Line Coordination &amp; Impact</th>
<th>Project Mgmt Support</th>
<th>Governance Required</th>
<th>Communication Expectation</th>
<th>Change Trauma &amp; Workflow Changes</th>
<th>Training Operations &amp; Instructional Designer Requirements</th>
</tr>
</thead>
</table>
| Sand  | • Supply/Charge updates  
• print rules  
• Device updates  
• Order Set Maintenance  
• Pharmacy formulary changes  
• Provider contact updates | <20 hours for build, testing, move, and implementation | 2-4 week;  
• Single application build (May consult with other apps)  
• No workflow changes needed | None | Triage Team & Application Support Approvals are driving the process | Minimal / Small | Minimal- Typically intuitive to users after brief exploration | • FYI- notice only |
| Pebble| • Multiple Nursing Assessment impacted Order Set Clean-Up  
• Physician Documentation Changes | RELEASE CYCLE | 1-3 application teams required for build | Small PM Needed | Yes | Medium | Medium- Change Notice Required; impacts multiple roles/disciplines | Tip sheets / training. Different modalities; |
| Rock  | • ED Optimization  
• Physical Assessment Optimization  
• CAUTI project  
• Immunization module  
• PDoc Quality tab  
• PDoc DC to SNF & Interfacility transfer | RELEASE CYCLE | Multiple applications / Disciplines | Large PM Needed | Yes | High | High- Change Notice Required; impacts multiple roles/disciplines | Extensive training |
“Staging” & “Slotting” Requests for a Release Cycle
Staging & Slotting

- **Staging** – process where projects are presented & objectively scored using a weighted benefits & cost assessment to determine implementation priorities

- **Slotting** – process where prioritized projects are assigned resources based on capacity to create “the list” of projects that will be completed in a release cycle

- **“The List”** – final list of approved projects that will be worked on during a optimization release cycle based on resource availability
High-Level Request Workflow
(Sand vs. Pebble/Rock)
High-Level Flow (Sand Change)

1. Request Submitted
2. Triage Team Reviews
3. Change is Approved (Simple)
4. Make Scheduled Change on Tues/Thurs
High-Level Flow (Pebble/Rock Change)

Request Submitted → Triage Team Reviews → Informatics Governance → Approved by Governance

Project Mgmt & Assignments → Organizational Approval of “The List” → Submitted for Release Cycle “Slotting” → Submitted for Release Cycle “Staging”

Discovery/Design/Build → Test & Validate → Communicate/Education About Change → Go-Live for Release Cycle Changes
Benefit & Cost
Assessment Criteria
## Benefits Assessment

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Impact</th>
<th>DESCRIPTION</th>
<th>Weights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Safety</td>
<td>3</td>
<td>Response to a real safety event</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Patient safety initiative and formal work in response to a specific documented near-miss</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Make it better &amp; improves existing systems and workflows to reduce likelihood of potential adverse event</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>Not pt. safety focused</td>
<td></td>
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<tr>
<td>Clinical Quality</td>
<td>3</td>
<td>Aligns with a specific Clinical Program Services Strategic Priority</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Decrease practice variation, promote evidence-based practices, improves communication, improves care coordination, promotes appropriate utilization of resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Nice to have</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>No clinical quality impact</td>
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</tr>
<tr>
<td>Compliance/Regulatory</td>
<td>5</td>
<td>Response to a specific citation, site visit or survey finding</td>
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<tr>
<td></td>
<td>2</td>
<td>Ongoing incentive programs, essential for incentive program; something's we are at risk for - MU, EQQM, CMS</td>
<td></td>
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<tr>
<td></td>
<td>1</td>
<td>Improves compliance with system-approved interpretations of standards, policies and regulations</td>
<td>15</td>
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<tr>
<td></td>
<td>0</td>
<td>No compliance impact</td>
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<td>Revenue/Finance</td>
<td>3</td>
<td>Substantially impacts revenue or expenses</td>
<td>15</td>
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<tr>
<td></td>
<td>2</td>
<td>Favorably impacts revenue or expenses</td>
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<td></td>
<td>1</td>
<td>Minimal impact to revenue or expenses</td>
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</tr>
<tr>
<td></td>
<td>0</td>
<td>No (or negative) benefit impact</td>
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<tr>
<td>Total Impact</td>
<td>3</td>
<td>System-wide, large pt. population</td>
<td>10</td>
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<tr>
<td></td>
<td>2</td>
<td>System-wide, smaller pt. population</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Single ministry/single region</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>No significant impact</td>
<td></td>
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<tr>
<td>Usability &amp; Adoption</td>
<td>3</td>
<td>Significant improvement to workflows.</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Moderate improvement to workflows.</td>
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</tr>
<tr>
<td></td>
<td>1</td>
<td>Minimal improvement to workflows.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>No users directly impacted or negative impact for very few</td>
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<tr>
<td>Override factor</td>
<td>High</td>
<td>Executive Flat or Strategic Priority</td>
<td>=2*Total</td>
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<tr>
<td></td>
<td>Low</td>
<td>Not applicable</td>
<td>=Total</td>
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<tr>
<td>Overall Score</td>
<td></td>
<td></td>
<td>Total + Override Score</td>
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## Cost Assessment

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Impact Scores</th>
<th>DESCRIPTION</th>
<th>WEIGHT %</th>
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<tbody>
<tr>
<td>Discovery</td>
<td>3</td>
<td>Requires multiple meetings and modalities of key stakeholders input, anticipate a multi-cycle/phased project</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Requires multiple meetings and modalities of key stakeholders input, fits within a singular release cycle</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Requires ERT cross communication, existing user group, asynchronous communication, fits within a singular release cycle</td>
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<tr>
<td></td>
<td>0</td>
<td>No further discovery needed</td>
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<tr>
<td>Design</td>
<td>3</td>
<td>Cross modular/Multiple applications build, Non-Standard, Heavy Innovation, Multi-Day design sprint</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Structured design sprint/brainstorming, multiple applications and multiple workflows, leverage existing build concepts</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Quick brainstorming with Key Stakeholders, 1-2 applications, 1-2 different workflows</td>
<td></td>
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<tr>
<td></td>
<td>0</td>
<td>Known standard build, no design sprint needed</td>
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<tr>
<td>Build</td>
<td>3</td>
<td>Required CIE, Greater than or equal to one application, very high hours per application</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Consult CIE, Greater than or equal to one application, moderate hours per application</td>
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</tr>
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<td></td>
<td>1</td>
<td>Greater than one application, minimal hours per application</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>Single application, minimal hours</td>
<td></td>
</tr>
<tr>
<td>Validation</td>
<td>3</td>
<td>No Governing Body, Unclear Organizational Readiness</td>
<td>20</td>
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<tr>
<td></td>
<td>2</td>
<td>Multiple Clinical and Operational Governance Bodies, Mild Organizational Readiness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>Single Clinical and Operational Governance Body, Clear Organizational Readiness</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>N/A or internal to informatics governance</td>
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<tr>
<td>Implement</td>
<td>3</td>
<td>Formal Training, significant practice changes</td>
<td>20</td>
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<td></td>
<td>2</td>
<td>Advance Communication, Road Shows and demo to non-informatics stakeholder groups, minor practice changes</td>
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<tr>
<td></td>
<td>1</td>
<td>Advance Communication, limited to virtual demo targeting informaticists</td>
<td></td>
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<tr>
<td></td>
<td>0</td>
<td>FYI Communication/Change Summary</td>
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</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>100</td>
</tr>
</tbody>
</table>
Lessons Learned & Tips for Success
Previous State Issues/ Lessons Learned

- Change Requests (ECRs) submitted, reviewed & completed in a chronological order
  
  **Lesson Learned:** Prioritize Requests based on Benefit/ Cost Assessment

- Submitted by all caregivers with varying details in the request
  
  **Lesson Learned:**
  - Work with CI Dept
  - Use Minimum Data Set and guide for necessary submission details

- System changes made every Tuesday & Thursday (for all sizes of changes)
  
  **Lesson Learned:**
  - Project-level requests are staged for a release cycle
  - Sand items continue to be made on Tuesdays/Thursdays

- Frequent (excessive) education/communication being distributed weekly
  
  **Lesson Learned:**
  - Focused, meaningful communication (versus over-communicating)
Tips for Success:

- Setting Realistic Expectations
- Optimization Release Cycles
- Change Request Required Elements/MDS
- Triage Team Review
- Benefit & Cost Assessment Application
What questions do you have?
Contact Info:
Whitney Daws
Whitney.Daws@stjoe.org
325.236.0528