



CPOE PROJECT MANAGEMENT

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The current healthcare reform bill is pressuring healthcare systems to satisfy the HITECH Act, a portion of the American Recovery and Reinvestment Act (ARRA), and meet the requirements of meaningful use. CPOE, computerized physician order entry (or as CMIOs like to call it, computerized physicians order management), must be completed by 2017.

CPOE in a healthcare setting is more than just order entry, it fundamentally changes the way care is delivered, affecting everyone in the organization from administrators to clinicians and, of course, patients. The end result of CPOE is to improve clinical outcomes, and like any large initiative, CPOE requires detailed planning, dedicated resources, and effective project management to achieve that goal. CPOE implementations also require interdisciplinary teams that can help optimize people, processes, and technologies.

Although technology is the cornerstone of CPOE, it cannot be successful without aligning critical success factors including leadership, governance, workflow, organizational readiness, and education. Integrating CPOE into workflow is a challenge, but like any new process, it takes a plan to achieve success.

Critical Success Factors

Governance and Leadership

CPOE is inevitably challenging. The people are as important, if not more important, than the technology because they operate the technology. This is why governance and leadership are both critical success factors for CPOE creation and adoption. Any organizational initiative needs leadership's commitment, but because CPOE is affecting how clinicians do their job and treat patients, governance is critical. To effectively manage this, proper leadership and governance committees should be established. These committees should include interdisciplinary teams consisting of organizational leaders, nurses, and physicians. The governance charter should focus on standardized care and patient outcomes.

Aside from the governance committees, the leadership team, CIOs, CMOs, CNOs and COOs, have to be fully affianced in the project, and must adhere to consistency. Once CPOE is complete, some fear that communication between physicians and staff will diminish because of the reliance on technology, but the fact is that the efficiency of CPOE will ultimately improve healthcare and is worth leadership's time and involvement.

Transformation Begins With the End – Standardized Care

The ability of the organization to adopt or develop standard processes and standards for care across the organization is important to the success of CPOE. Understanding the workflows of the clinical team members is also important. We know that each clinical department is not the same, but the end result should be standardized care to the patient. Some variation is warranted because the workflow between teams is different, however the majority of workflow should be consistent with standard operating procedures of the hospital or it complicates the ability to successfully implement CPOE.

The value of CPOE comes from using standardized electronic ordering as a tool to guide patient care. One of the most powerful tools in CPOE is pre-defined sets of orders of a diagnosis or condition. This is a critical success factor for physician acceptance because it cuts down on order writing time. The hospital will have a much easier time with CPOE if there are already processes in place to develop and encourage use of standardized order sets and if order sets and protocols for high-risk medications are a part of how care is delivered.

Current State (Workflow Design)

There are a number of models and strategies for assessing the current state workflow. It is important to focus on and communicate the ultimate goal of better patient care. Improving clinical outcomes starts with understanding what is done today. When documenting the current state, use a methodical, systematic approach that includes an initial review of the current state; consultation and agreement with the stakeholders; implementing best practices for the new process; and then educating and communicating the new process to the users.

The workflow design (or redesign) process begins with pre-implementation planning which remains tightly integrated with system implementation activities, and continues past implementation and activation through performance measurement and workflow optimization. Due to these complexities, effective workflow redesign requires consideration of how to best align people and processes with the technology.

The first step in workflow redesign is to document and understand the current state workflows. Begin by identifying any existing workflow or process descriptions. When documenting a clinical process, a stop-start-continue representation of the sequence of steps in the process is beneficial. During the sequencing, note any peripheral or ancillary systems that might interface with the process and include any workarounds that are used to compensate for flawed workflows. Many times sticky notes are used to map out nodes in a process. This exercise enables the project team to reorder or modify the sequence of actions within a process more easily. Then validate the workflow with the organization's CPOE champions and modify it based on their input until it matches what clinicians are actually doing.

Education

Even the best-planned, financed, and resourced CPOE projects have unexpected issues. However, one thing should be expected and planned for - education. It is critical that all personnel – from administrative staff, to physicians, to clinicians – be trained efficiently, effectively, and in a timely manner on the new system. Lack of proper and effective training can sabotage even the best of CPOE projects.

Successful adoption of CPOE begins with communication and ends with training. Educating and communicating the workflow before the activation of CPOE is not only significant toward adoption but can save time, money, and the sanity of clinicians who would otherwise be frustrated with the new system processes. In addition to assembling the project team with the education team, it is important for the proper project structure to be in place for decision-making during project planning, system setup, testing, piloting, and actual rollout.

Remember education does not end when the class is over. The best education plan cannot prepare clinicians for using CPOE on the floor. Activation support and long term education plans are a must.

Helping Change One Clinician at a Time

Patient safety is part of the organizational fabric in a hospital. Many physicians and clinicians participate in and lead patient safety initiatives that are discussed at staff meetings and constantly referenced in communications. This participation is the ideal backdrop for CPOE, which is logically tied to patient safety and quality. The nature of the relationship between physicians and clinicians and the hospital determines how hard it is to convince the medical staff that all parties are working toward a common goal and that the hospital and IS Department can deploy computer systems that improve care and the work environment.

The hard work of implementing CPOE is easier when the physicians and clinicians have a good working relationship with both the administration and the clinical transformation team, and when the hospital community has come to expect a focus on patient safety. In order to effectively achieve change, organizations must identify organizational champions' guidelines and communicate industry best practices. As new processes are designed and finalized, make sure to keep physicians and clinicians informed about what is changing and why. The sooner the physicians and clinicians are informed of impending changes and the longer they have to absorb them, the better the chances are of a successful implementation. This also will help create an organizational culture that is inviting and encourages everyone to pitch in and play their role to make the change “stick.”

It is important that stakeholders clearly understand the purpose of the project and their individual role in its execution. DIVURGENT will work with each hospital to develop a clear, concise project charter and

communication plan that will not only provide a clear roadmap for the process, but also serve as the basis for communicating with key stakeholders.

About DIVURGENT

Founded by a team of consulting veterans, DIVURGENT is a national healthcare consulting firm focused solely on the business of hospitals and other healthcare providers. DIVURGENT provides advisory, interim management, revenue cycle management, project management, and modeling and simulation services to help improve patients' lives.

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About the Author

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