Getting Ready for Go Live

Operational Leadership Meeting

January 23, 2018

Epic

at

Bryan Health
Agenda

12:30 Welcome and Introductory Comments
12:45 Overview of Command Center and Cutover
1:10 Huddles
1:25 End User Support
1:35 Incident Management
1:50 Stretch Break
2:00 Communication: Providers, Patients, Families and You
2:20 MyChart Sign-up
2:30 Policies and Procedures Update
2:40 Supporting Change
2:50 Operational Leader Role
2:55 Wrap-up and Adjourn
3:15 Breakouts: CORe and ARCR
Introductory Comments

George Carr
Vision

One Patient, One Story, One Health System – Forward. Together.
How the customer explained it
How the project leader understood it
How the engineer designed it
How the programmer wrote it
How the sales executive described it

How the project was documented
What operations installed
How the customer was billed
How the helpdesk supported it
What the customer really needed
Overview of Command Center and Cutover

Scott Rahn
Cutover Key Facts

• Cutover is the point at which we backload certain clinical data, discontinue using current systems, and interfaces and move to Epic
• Primarily affects Nursing and Pharmacy with a few exceptions
• Affects “bedded” patients
• Goal: to ensure an intact patient chart at go live
# Key Cutover and Go Live Timeline

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feb 12-15</td>
<td>Lab, Radiology, and Cardiology Outpatient Orders Conversion</td>
</tr>
<tr>
<td>Feb 16-18</td>
<td>Appointment and Case Conversion</td>
</tr>
<tr>
<td></td>
<td>Case, Appointment and Pre-Reg are now live in Epic</td>
</tr>
<tr>
<td>Feb 24-28</td>
<td>Command Center Setup</td>
</tr>
<tr>
<td>Feb 28</td>
<td>Command Center Ready</td>
</tr>
<tr>
<td>Mar 1</td>
<td>Bedded Patient Cutover begins</td>
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<tr>
<td></td>
<td>Orientation for ATEs begin</td>
</tr>
<tr>
<td>Mar 2</td>
<td>Inpatient clinical information cutover</td>
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<tr>
<td></td>
<td>Orientation for ATEs continues</td>
</tr>
<tr>
<td>Mar 3 @ 0001</td>
<td>Affected Legacy systems “down”</td>
</tr>
<tr>
<td>Mar 3 @ 0400</td>
<td>Epic released to all end users</td>
</tr>
<tr>
<td>Mar 23 @ 1159</td>
<td>Command Center Closes</td>
</tr>
<tr>
<td>Mar 23 – 23</td>
<td>Breakdown Command Center</td>
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</tbody>
</table>
Cutover Timeline

Heads up: Cutover Activities Actually Begin Feb 16 with Appointment and Case Conversion
About the “Downtime”...

• Epic and other IT Applications are not actually physically unavailable, but are **not to be used during this timeframe**

• During downtime, **IT is making changes** to systems, interfaces and devices as we to move to Epic

• Some **Clinical and Registration Staff** may be asked to be in Epic during this time as we prepare for the Epic Live
Key Points for Leaders

• Get organized before downtime begins

• Reinforce with staff: please do not attempt to login to Epic or use a Legacy system until instructed to do so by the Command Center
Command Center

Purpose

Coordinate and manage go live and cutover activities

Effectively and efficiently resolve technical issues

Coordinate with operations during go-live
Overview of Command Center

Where?
Epic Building and IT Department

When?
Friday March 2 noon – Saturday March 23 noon

Who?
Epic, IT and Command Epic Triage Help Desk Teams
**Partnership Roles**

**Project Leadership**
- Bridgett, Dan, Adam
- Executive Team and other Senior Team Daily Briefings

**Operations**
- Huddles
- Operations Staffing
- Administrator In-House/On Call
- Senior Leaders In House/On Call

**IT and Epic Team**
- Command Center Leadership
- Table Leads, Epic Teams, Triage Desk
- ATE Staffing
- Vendor Partners

**Communications**
- Updates to Epic Website
- Messages from Senior Leaders
- D-Message updates from IT

**Trainers**
- Trainers develop and post to Learning Home
- Dashboard
- Summary produced for ATE Handoffs
What Happens at Command Center?

- Troubleshooting and fixing
- Triage Help Desk
- Huddle Call Webex
- Round Table Meetings
- Prep for Exec Briefings
- Coordination of Epic and Bryan analyst, trainer and CI resources
Support Provided at all Locations

- Bryan East Campus, Bryan Medical Plaza, Bryan Heart
- Crete Area Medical Center and Clinics
- Bryan Physician Network Offices, Bryan Pine Lake Campus, Bryan LifePointe Campus
- Bryan West Campus
Command Center Tables
## Everyone’s Invited to the Party

<table>
<thead>
<tr>
<th>Epic Project Team</th>
<th>Project Leadership Team</th>
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<tbody>
<tr>
<td></td>
<td>Analysts, CIs, Trainers</td>
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<tr>
<td></td>
<td>Table Leads</td>
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<td></td>
<td>Command Center Leader</td>
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<tr>
<td></td>
<td>PMs</td>
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<tr>
<td></td>
<td>Communications</td>
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<tr>
<td>IT Service Desk</td>
<td>IT Service Desk</td>
</tr>
<tr>
<td>Triage Desk</td>
<td>Epic Triage Desk</td>
</tr>
<tr>
<td>Trainers</td>
<td>Principle Trainers, Credentialed Trainers</td>
</tr>
<tr>
<td>Vendors</td>
<td>Epic plus non-Epic third-party vendors</td>
</tr>
<tr>
<td>IT</td>
<td>IT Systems Analysts, PC Techs, Security</td>
</tr>
<tr>
<td>Operations</td>
<td>Operational leaders</td>
</tr>
<tr>
<td>Providers</td>
<td>Physician leaders</td>
</tr>
</tbody>
</table>
Daily Meeting Flow: Inputs and Outputs

Operational Rounds, HEAT Reports

Huddles*

HEAT Ticket Reports, Analyst Reports

Tip Sheets ATE Updates

Top Issues Tracker

Round Table

Issue Resolution Meetings

Executive Briefing

Top Issues Report

*Operational Huddles – Charge Review Calls – Patient Safety Huddles
## Daily Meeting Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
<th>Function</th>
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</thead>
<tbody>
<tr>
<td>Prior to huddles</td>
<td>Operational Rounds</td>
<td><strong>What:</strong> Rounds with users, reviews HEAT reports, encourages and supports area</td>
</tr>
<tr>
<td>7:00am – 10:00am</td>
<td>Huddles</td>
<td><strong>What:</strong> Operational partner review top 5 issues with IT. IT will review closed issues from prior day and review top KPIs.</td>
</tr>
<tr>
<td>9:00am – 11:00am</td>
<td>Revenue Cycle Dashboard Calls</td>
<td><strong>What:</strong> Revenue Cycle Leadership review key Rev Cycle KPIs, Key issues, and charge integrity review status</td>
</tr>
<tr>
<td>10:00am – 10:30am</td>
<td>Patient Safety Huddles</td>
<td><strong>What:</strong> Forum to address top patient safety and quality risk.</td>
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<tr>
<td>11:00am – 12:00pm</td>
<td>Application Round Table</td>
<td><strong>What:</strong> Command Center Lead will facilitate an integrated meeting to review the top issues from each application and focus on integrated issues.</td>
</tr>
<tr>
<td>1:00pm – 2:00pm</td>
<td>Revenue Reconciliation (Charge Review) Calls</td>
<td><strong>What:</strong> Calls between Revenue Cycle Leadership and Department and Clinic Charge Champions to review daily revenue actuals vs expected and review key issues</td>
</tr>
<tr>
<td>2:00pm – 3:00pm</td>
<td>Executive Debrief Prep</td>
<td><strong>What:</strong> Review today's KPIs as reported out in other meetings. Review Top Issues with next steps and owners.</td>
</tr>
<tr>
<td>4:00pm – 5:00pm</td>
<td>Daily Executive Debrief</td>
<td><strong>What:</strong> Project Leadership will provide executive team updates on top current open issues and valuable KPI information.</td>
</tr>
<tr>
<td>As Needed</td>
<td>Issue Resolution Meetings</td>
<td><strong>What:</strong> Meetings scheduled as needed to address workflow and/or system issues</td>
</tr>
</tbody>
</table>

**Who:**
- Directors/Managers
- Project Team
- Patient Safety Surveillance Lead, Project Team
- CIO, Project Director, Epic ID/IE with Project Leadership Team on shift
- Vary by issue
Key Points for Leaders

• Purpose: Organize and manage go live activities and resolve issues

• Key roles: Operations, IT and Epic Team, Trainers, Communications

• Hours: March 3 – 23, 24x7

• Review Command Center operation FAQs with your staff before go live
Huddles
Antoine Green
Why Huddles?
Huddle FAQs

Participants: Operational leaders, Epic team assigned
Leader: Epic Team Member

Input:
- Operational Leaders talk to their staff, review KPIs, and checks HEAT reports
- Epic team talks with their team and checks HEAT reports

Output:
- Decisions about prioritizing work on top issues
- Notes and updates to top issues tracker in SharePoint
- Requests for Tip Sheets or communication

When: Each day at specific time (varies by huddle)
How Long: ~ 30 minutes each – focus is on top issues only
# Huddle Schedule: 7am-10am

<table>
<thead>
<tr>
<th>Time</th>
<th>Inpatient</th>
<th>Ambulatory</th>
<th>Ancillary</th>
<th>Revenue Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00-</td>
<td>Orders-Physicians</td>
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<tr>
<td>07:30</td>
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<tr>
<td>07:30-</td>
<td>Clin Doc-Therapies</td>
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<td></td>
<td>Grand Central-Registration, Hosp. Scheduling, EVS, Bed Mgmt</td>
</tr>
<tr>
<td>07:00-</td>
<td></td>
<td>Specialty Clinic</td>
<td>ASAP-ED</td>
<td>PB -Professional Billing Bryan Heart and BPN Business offices.</td>
</tr>
<tr>
<td>08:30-</td>
<td>Clin Doc-</td>
<td>Bryan Physician</td>
<td>OpTime/ Anesthesia-Periop, Anes, GI Lab</td>
<td>HB-Hospital Billing-PFS</td>
</tr>
<tr>
<td>08:30-</td>
<td>Behavioral/ Mental</td>
<td>Network Crete Clinics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09:00-</td>
<td>Specialty Clinic</td>
<td></td>
<td>Radiant-Radiology</td>
<td></td>
</tr>
<tr>
<td>09:30-</td>
<td>Stork-Mom/Baby/NICU</td>
<td>Independence Center</td>
<td></td>
<td>HIM-HIM</td>
</tr>
<tr>
<td>09:30-</td>
<td>Clin Doc-Inpatient</td>
<td>Bryan Heart</td>
<td>Beaker-Lab</td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td></td>
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</tbody>
</table>
Key Points for Leaders

- Make time in your daily schedule for huddles you are invited to
- Establish a routine of rounding before huddles to gather input from staff
- Find your Heat report before go live and review daily before huddles
End User Support

Krisha Ellinger
End User Support

- 24x7 for up to three weeks in some areas
- Epic will also be onsite to provide strategic assistance where needed (~100)
- Bryan SuperUsers (~440)
- Optimum resources will also be assisting in our Triage Service Desk (~20)
- Provider support and non-provider support from vendor partners – Nuance (~157) and Optimum (~195)
- ATEs highest # first week, then tapered each week

Yes, there will be vests!
Provider and Dragon support – Orange
All other support – Bright Yellow
ATE Support: Our First Responders

• ‘First Responder’ support for end users
• Experienced in Epic – oriented to our workflows
• Scheduled in nearly every unit, department, clinic and with providers and clinicians who will use Dragon for dictation
• Support schedules approved by operational leaders
Staffing Check-in and “What’s New” Briefings

- Designated locations at each physical site
- Facilitated session – Optimum, Nuance, Bryan partners on this
- ATE check in/out and receive briefings and SU/ATE individual handoffs with person they are relieving
- 6a and 6p (in person and Webex) PLUS communication handoff for Ambulatory locations (via Webex); updates posted to Epic website
Managing ATEs

- No changes in staffed Bryan SU without clearance from Director and Command Center Staffing Leads
- Operations, Optimum, Nuance and Bryan Staffing Leads work as a team to monitor ATEs/SUs
- What-if plans in place
ATE “Housekeeping”
Key Points for Leaders

- SU and ATEs perform the same role: **First Responders for end user support**
- Be our eyes and ears: **Identify stars and report ATE issues quickly**
- Go the extra mile to **make this easy for your SU**
- **Make sure your SU attend “What’s New” Briefings** or ask for help with this
Incident Management

Krisha Ellinger
Incident Reporting

Users ➔ ATE/SU ➔ Triage Service Desk

- Community Physicians
- Physician Phone#

- Epic Systems
- Epic/IT Team
- Third Party Vendors

Epic Systems ➔ Epic/IT Team ➔ ATE/SU ➔ Users
Incident Prioritization

- Using HEAT to document and track all incidents – Break/Fix.
- No Requests for Optimization
Incident Prioritization and Escalation
Expect the Best

**Incidents**
Thousands of users = thousands of incidents
It’s pretty amazing how many incidents will be resolved very quickly!

**Project Team**
High excitement with go live can be replaced by fatigue after a week or so – Support each other!

**Users**
Expectations about quicker turnaround for incident resolution go up after a week or so – Shared Prioritization
Daily Incident Trending

Created vs. Resolved Chart: - All Issues

Issues: 13191 created and 11491 resolved
Period: last 30 days (grouped Daily)
# HEAT - Go Live Reports

<table>
<thead>
<tr>
<th>Report Description</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of incidents</td>
<td>Management</td>
</tr>
<tr>
<td>Number of new incidents</td>
<td>Management</td>
</tr>
<tr>
<td>Number of incidents opened/closed by hour</td>
<td>Management / Table Leads</td>
</tr>
<tr>
<td>Number of Incidents by Department (Location)</td>
<td>Department Manager</td>
</tr>
<tr>
<td>Incident Detail by Department (Location)</td>
<td>Table Leads</td>
</tr>
<tr>
<td>Number of re-assigned Tickets</td>
<td>Management</td>
</tr>
<tr>
<td>Total Number of Open/Closed incidents</td>
<td>Management / Table Leads</td>
</tr>
<tr>
<td>Total Number of Open/Closed incidents past 24 hours</td>
<td>Management / Table Leads</td>
</tr>
<tr>
<td>Incident Age</td>
<td>Management / Table Leads</td>
</tr>
<tr>
<td>Average age of all incidents</td>
<td>Management / Table Leads</td>
</tr>
<tr>
<td>Average age of incidents by team</td>
<td>Management / Table Leads</td>
</tr>
<tr>
<td>top 10 or so oldest incidents</td>
<td>Management / Table Leads</td>
</tr>
<tr>
<td>Number of active P1/P2 incidents</td>
<td>Management / Table Leads</td>
</tr>
<tr>
<td>Number of active incidents by team</td>
<td>Management / Table Leads</td>
</tr>
</tbody>
</table>
Epic Go Live Dashboards

**Hospital**

**Inpatient Metrics**  
BRYAN HEALTH FACILITY

- CPOE: 12% Mon, 59% Tue, 19% Wed, 35% Thu, 42% Fri, 0% Sat, 50% Sun
- Problem List Updated at Admission: 100.0% Mon, 7.9% Tue, 14.3% Wed, 12.5% Thu, 33.3% Fri
- Problem List Updated at Discharge: 100.0% Mon, 0.0% Tue, 0.0% Wed, 0.0% Thu, 33.3% Fri
- Discharge Medication Reconciliation: - Mon, 0% Tue, 0% Wed, 0% Thu, 0% Fri
- BCMA Scanning: - Mon, 0% Tue, 0% Wed, 0% Thu, 0% Fri
- BCMA Patient Scanning: - Mon, 0% Tue, 0% Wed, 0% Thu, 0% Fri
- BCMA Medication Scanning: - Mon, 0% Tue, 0% Wed, 75% Thu, 0% Fri

**Registration Metrics**  
BRYAN HEALTH FACILITY

- Avg Reg Time: 3m 25s Mon, 8m 08s Tue, 6m 13s Wed, 5m 17s Thu, 6m 17s Fri
- Warnings Ignored Per Reg Workflow: 1.27 Mon, 3.73 Tue, 2.89 Wed, 1.92 Thu, 1.57 Fri, 8.00 Sat
- Encounter Verification Rate: 0% Mon, 0% Tue, 0% Wed, 0% Thu, 0% Fri
- Hospital Account Verification Rate: 14% Mon, 25% Tue, 29% Wed, 15% Thu, 35% Fri
Key Points for Leaders

• ATE/SUs will report Incidents to the Triage Service desk to be documented in HEAT and receive an incident number

• No Optimization during Go Live

• During Command Center operation, focus is prioritizing and resolving incidents

• Project team will keep HEAT Incident documentation updated for accurate reporting
Communication to Our Providers, Patients and Families – and You

Deb Boehle
Provider Communications

• Feb. 21 – Special Edition Medical Staff News
• Feb. 27 & 28 – Provider Go Live Readiness Meetings
  – Go Live Pocket Guide/Learning Home Dashboards
• March 2 – Problem List Entry
• March 3 – Patient Rounding by end of day
• After Go Live:
  – March 6 – Medical Staff News
  – Dr. Heasty huddles, information to Physician Advisory Team
  – Targeted communications as needed
  – If needed, wide-spread communication
Patient/Family Communications

• Proactively inform patients to relieve anxiety and address common questions before they arise

• Patient Family Advisory Council

• Key points, using own language
  – New computer system
  – Continue to receive same quality care
  – Initially will take us a little longer; in the future this will save you time as all your information is one system
  – More people on the area, part of our plan

• Remember AIDET, introduce others

• Brochure
Scripting Timelines

• Begins March 2
  – Nurse Managers round on patients/families during day
  – Nursing staff rounding on direct admits after 3 p.m.
  – Registration informs patients beginning at 3 p.m.

• March 3 until end of additional support staff for Epic
  – Registration
  – Nursing and Ancillary staff
  – Inpatient and Outpatient areas

• March 5 – Physician Clinics
Community

Bryan Health | MyChart

Your Health at Your Fingertips

Sign up today at BryanHealth.org/MyChart

Your Health at Your Fingertips

Bryan Health | MyChart

Your Health at Your Fingertips

BryanHealth.org/MyChart
We Will Keep You and Your Staff Informed

• **Multiple avenues** to keep you updated on progress, issues and solutions
• Epic updates to the **Learning Home Dashboard by Trainers**
• **dMessages** from IT, where appropriate
• Leadership updates via **emails**
• We will post **“What’s New” updates** to Epic at Bryan Health website, distribute at 6 a.m. and 6 p.m. shift handoff briefings and email to ATEs
• In some cases, we may use Vocera, Everbridge, etc. *(stay tuned for more details)*
Epic Learning Dashboards
Key Points for Leaders

• Review scripting handout

• Review key points to convey, using your own language and what flows best at the time of your patient interaction

• Promote MyChart and encourage sign up

• Share scripting with your staff to prepare for Go Live

• Order Go Live and MyChart brochures for your areas
  – Brochures available Feb. 13

• Watch for updates (email, links to Epic at Bryan Health website, Learning Home Dashboard, d-messages, etc.)
MyChart – A New Way to Increase Patient Satisfaction

Janel Fricke
Our Future with MyChart

- New way to improve patient communication
- More tools for patient engagement
- Patients value convenience and ease of use
- Sign up is an essential step in every patient visit
- Improve patient access to health information
- All staff involved
  - Make patients aware of MyChart
  - Help get patients signed up
MyChart Sign Up is Easy as 1-2-3
1. **Does patient have MyChart?**

   - Check patient MyChart status in the patient header
     - Active Status = Patient Has MyChart
     - Inactive Status = Patient Does Not Have MyChart

![MyChart Inactive Image](image-url)
2. Click on the MyChart Status

- Launch MyChart Sign Up window
- Choose “Send Email” or “Print Letter”
3. **Enter an e-mail address**

- Select or enter e-mail address
- Click Send
That’s it!

MISSION ACCOMPLISHED
**Patient Steps**

- Click link
- Create user name
- Create password
- Enter DOB
- Select and answer security question
- √ Agree
- Submit
Another Sign Up Option

• Some physician clinics will use Launch MyChart Signup
• Built into the Rooming Navigator
• At the click of the button:
  – Secures the workstation
  – Launches the MyChart website
  – Patient creates account from exam room computer
Results Release to MyChart

- Results released daily; including weekends
- Most results are released automatically
  - Exception: Genetic Testing
- Only final results are available on MyChart
  - no preliminary results
- The Physician/APP may release results to MyChart sooner if desired
# Release of Results - Outpatient

<table>
<thead>
<tr>
<th>Result Type</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Result Type</th>
<th>Normal</th>
<th>Abnormal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sensitive:</strong></td>
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<td><strong>Sensitive:</strong></td>
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<tr>
<td>Pathology</td>
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<td>Pathology</td>
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<td>Cytology</td>
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<td>Pregnancy</td>
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<td><strong>Genetic Testing:</strong></td>
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<td><strong>Genetic Testing:</strong></td>
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<td>Harmony</td>
<td>Not Released</td>
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<td>Informaseq</td>
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<td>Progenity</td>
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<td>Quad Screen</td>
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<td>Quad Screen</td>
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<tr>
<td><strong>Non-Sensitive:</strong></td>
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<td><strong>Non-Sensitive:</strong></td>
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<tr>
<td>Lab</td>
<td>No Hold</td>
<td>No Hold</td>
<td>Cardiology</td>
<td>No Hold</td>
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<td>Radiology</td>
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<td>Lab</td>
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<td>Pregnancy</td>
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**Current State**

Release Schedule for myHealth24-7

**Starting March 3, 2018**

Release Schedule for MyChart

- **Sensitive:**
  - Pathology
  - Cytology
  - STDs
  - HIV

- **Genetic Testing:**
  - Harmony
  - Informaseq
  - Panorama
  - Progenity
  - Quad Screen

- **Non-Sensitive:**
  - Lab
  - Radiology

- **Manual Release by Physician/APP**

- **No Hold** for normal results and **Three-day Hold** for abnormal results.
# Release of Results – Inpatient

## INPATIENT

<table>
<thead>
<tr>
<th>Result Type</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Result Type</th>
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<th>Abnormal</th>
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Epic – at – Bryan Health
MyChart Patient Portal Tip Sheet

MyChart Patient Portal
What you need to know to answer patient questions and support MyChart organizational goals

MyChart will replace myHealth24-7 and the Crede Area Medical Center patient portal as the single online resource for patients to easily see their health information when they receive care at Bryan Health locations.

Beginning March 3, signing a patient up for MyChart will be an essential step of every patient’s visit. MyChart will be an integral part of the way we communicate with our patients. Research shows patients value how convenient and easy it is to use. It’s everyone’s job to make patients aware of MyChart, and to help them sign up.

Improved Access, Better Functionality and More Information
With MyChart our patients can:
• View their health information from all Bryan Health locations in one place
• Access on-the-go: from any computer or with the MyChart app on a phone/tablet
• Access their children’s health information (for parents/legal guardians)
• Access health information of a parent or spouse (with consent)
• See more test results (see back for details)
• Review records
  (medications, allergies, immunizations, medical history, after visit summaries, health issues, health reminders, growth charts for children and health trends over time such as blood pressure and lab results)
• Complete most of the check-in process before arriving
  (verify allergies, medications and insurance, pay co-pay, complete health history)
• Schedule a mammogram appointment
• Pay Bryan Health bills
• Update demographics and insurance coverage information
• Ask a customer service question
• Receive email notifications when new information is available in MyChart

In addition to the above items, at Bryan Heart, Bryan Physician Network, physician clinics patients can:
• Schedule and/or request appointments
• Request prescription refills
• Communicate with their provider
Key Points for Leaders

- MyChart is replacing our current patient portal March 3
- MyChart is a way we are able to communicate with our patients
- Everyone will have a part in signing patients up for MyChart
- Staff can see the patient’s MyChart status from the header in Epic (Active, Inactive or Pending)
Policies and Procedures Update

Randy Boltz
Training documents are located under the Resource tab on the Epic at Bryan Health website.

Click here to go to the training library
Policies and Procedures Update

Review relevant documents before Go-Live.

New/Revised Procedures for Training
Effective March 3, 2018—When Epic Goes Live

Number Assignments will Change

- 001 Admit Discharge
- 0018 Admit Discharge Criteria for OB and Nursery Addendum B
- 002 Allergy Assessment
- 003 Anticoagulation Management
- 0034 Anticoagulation Management - Lab ordering - Addendum A
- 004 Autopsy Category C 3.Anti's Cases
- 005 Blood Work/Specimens
- 006 EKG
- 007 Accessing Patient Information through MyChart, Care Everywhere, and EpicCare Link
- 008 Chemotherapy Administration Complications
- 009 Chemotherapy Administration Guidelines
- 010 Chemotherapy Administration Standard of Care
- 015 Bryan Physician Network Patient Care Documentation
- 012 Collection of Specimens
- 013 Critical Diagnosic Test Results Reporting - Table of Critical Tests and results
- 014 Critical Diagnosic Test Results Reporting
- 014 C Critical Diagnosic Test Results Reporting - Cardiac Vascular CTR - Addendum C
- 015 Discharge of Patient
- 016 Electrocardiogram
- 017 Fall Risk Reduction

...
Policies and Procedures Update

New policy and procedure format

1. SCOPE
Bryan Health hospital staff providing patient care.

2. PURPOSE
To provide an accurate, safe and efficient method of allergy identification and assessment for hospital inpatients, outpatients, Emergency Department patients and recurring patients.

3. PROCEDURE/REQUIREMENTS

3.1 Inpatient Allergy Identification/Assessment:
3.1.1 Staff will document all allergies reported by the patient in the clinical information system.
3.1.2 Staff will document patient stated reactions in the clinical information system and record reactions as mild, moderate, severe, or unknown and use documents filed to date additional findings.
3.1.3 Upon admission, the patient’s allergies from previous admissions will be reassessed to determine accuracy and any changes entered in the clinical information system.
3.1.4 Staff will place a red allergy armband labeled “Allergies” or labeled “No Known Allergies” on the patient in the same location as the identification band.
3.1.5 In the event that a return is determined not to be an allergy, the clinical information system will update documentation and the status between Nursing and Pharmacy.
3.1.6 In case of allergy to certain foods, medication, or any allergen, the patient or legal guardian will be notified of the allergy.
3.1.7 If a patient develops an allergy due to the use of a medication, the allergy will be entered into the clinical information system without the use of the allergy armband.
3.1.8 Screening for cross-reactions will be completed upon physician order entry for allergies and upon order entry. Physicians will be required to address potential cross-reactivity for allergies upon entry. Before submission of orders for medication, if additional clarification is required, the Pharmacist will contact the ordering physician if a medication is ordered that the patient is allergic to.
3.1.9 If a patient develops an allergy during their hospitalization, it will be entered in the clinical information system and submitted to the Pharmacy for review. The patient’s allergy band will also be updated.
3.1.10 If an allergy listed upon admission is found to be in error, there will be a physician order to remove the allergy from the patient’s electronic medical record.

3.1.11 If there is confusion among the care giving team as to true allergy status, a pharmacist may be consulted to do a full review of the allergy status and make recommendations to the physician and/or changes to the information in the pharmacy system.

3.1.12 Outpatients/Recurring Patient Allergy Identification/Assessment variances. If the outpatient/recurring patient is having a non-invasive procedure or intervention and is not receiving medications, contrast or do not have the potential to receive medications, an allergy band assessment is not needed.

3.1.13 Recurring Outpatients Returning for Treatment, i.e., Specialty Clinic, Oncology, etc.
3.1.13.1 If patient leaves the area for testing, an identification armband and a red allergy armband will be placed on the patient’s arm.
3.1.13.2 Independence Center – Levels of Care Other Than Inpatient/Residential
3.1.13.2.1 Patient allergies will be documented on the Medication Profile form #6603 and in the clinical information system.
3.1.13.2.2 If patient leaves the area for testing, an identification armband and a red allergy armband labeled “Allergies” or labeled “No Known Allergies” on the patient’s arm by the Independence Center staff.

4. RESOURCES
Red Allergy Band
Tegaderm and/or Duoderm if needed
Medical Center Procedure M5A3, Medication Management

5. REFERENCES

6. APPENDIX

7. OWNER
Nursing Director, Nursing Services – BMC

8. APPROVER
Cardiac/Vascular Services Director – BMC

9. REVISION HISTORY

<table>
<thead>
<tr>
<th>Revision #</th>
<th>Date</th>
</tr>
</thead>
</table>

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Policies and Procedures Update

1. SCOPE
Bryan Health Registered Nurse (RN), Licensed Practical Nurse (LPN), Paramedics, Patient Care Technician, Student Nurses, Mental Health Staff

2. PURPOSE
The goal of patient assessment, reassessment and screening is to determine what individualized care is required to meet a patient’s individual initial needs as well as their needs as they respond to care.

3. PROCEDURE/REQUIREMENTS

<table>
<thead>
<tr>
<th>Table 1-Patient Assessment and Reassessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Patient Assessment Upon Admission</strong></td>
</tr>
<tr>
<td>Location / Patient Population</td>
</tr>
<tr>
<td>General Patient Care</td>
</tr>
</tbody>
</table>

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Policies and Procedures Update

• Resource Page Plan for Go-Live
  – Begin from Hello and “Resources” tab

• Primary differences
  – View of the library and searching capability.

• Numbering

• Links
  – No links to addendums and forms
  – Links to tables, figures, flow charts
  – Links to websites
Epic, it’s Real

Jami Oppegard, Change Management
Of the need for change

“Why do I have to do things differently?”

To support and participate in the change

“Why would I want to do things differently?”

On how to change

“What additional skills do I need to do things differently?”

To implement the right skills and behaviors

“Can I actually do things differently?”

To sustain the change

“How do I get the support to maintain a different way of doing things?”
Routines, we love ‘em!

Home?

Work?
Are you Ready?

• Have you talked to your staff about process changes and do they understand them?

• Have you rounded with your employees and asked specific question concerning any additional skills training they might need?

• Have you done any type of Risk Management with your leadership team to identify and manage any known, perceived or potential risks?

• Have you set expectations with your staff?
<table>
<thead>
<tr>
<th>Risk</th>
<th>Plan</th>
<th>Escalation/Plan owner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Satisfaction</td>
<td>Service Recovery depending on issue</td>
<td>Manager, Team Lead, Charge Nurse</td>
</tr>
<tr>
<td>Staff calling in sick</td>
<td>Create staffing plan</td>
<td>Manager, staffing</td>
</tr>
</tbody>
</table>
Potential Risk
Write down one thing that has made you angry today?
Anger and blame will be the number one way to avoid responsibility
Kubler-Ross Change Curve

Denial
Disbelief, looking for evidence that it isn't true

Anger
Recognition that things are different; sometimes frustrated

Exploring
Initial engagement with the new situation

Commitment
Learning how to work in the new situation; feeling more positive

Despair
Low mood; lacking in energy

Time

Feeling

Create Alignment
Maximize Communication
Spark Motivation
Develop Capability
Celebrate & Reinforce

Epic
at
Bryan Health
What is your **Response**?
How do you **Reinforce**?
What if they **Resist**?
In closing—have a plan
Key Points for Leaders

- Schedule time to talk your staff
- Remember risk management
Operational Leader Role

John Woodrich
Your Role in Ensuring Success

• Be visible, make the rounds, celebrate!
• “I don’t know is ok”
• Focus on partnership
• Why did we choose Epic?
• Communication is key, “Inhale and Exhale”
• The Three Ms – Measure, Monitor, Manage
• Remind your teams about the ABCDs for go live

Assess the situation
Breathe
Circulate – and help others
Do the next right thing – take care of the patient, then look for a SU or ATE to help
Give Someone Else a Hand

- Give SuperUsers and Staff a Hand
  - Watch for fatigue, burnout, stress and step in to help
  - Think of what would help your SU (food, encouragement)

- Monitor the ATEs
  - Watch for high – or low – performers
  - Reach out to the Command Center immediately if you have something we need to know about
Measure, Monitor and Manage
Go Live Experience

Day 1                               3 - 4 weeks                                4 - 8 Weeks              
Open Issues

Energy Level
Stress Level

Critical Issues Resolved
Issues Backlog at Peak and Everyone is Tired
Issue resolution increases, but issues are more complex – longer to resolve
Teams get a little rest and issues backlog stabilizes

3-4 weeks
4-8 Weeks

8-12 weeks post live
I’m slower, why are we doing this? You’re turning me into a data entry person, let my nurse do that.
Quotes Translated to Solutions

Why call in the issue or write out an issue ticket? I don’t hear back…

?
Key Points for Leaders

- This is major change for everyone
- Remember the emotional experience for each person will be different
- Everyone will be new at this together
- We need all your best leadership and communication skills
- Practice your response to expected situations
Together – We’ve Got This
This Room

CORe Breakout

Epic at Bryan Health
### Agenda: CORe Breakout

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:15</td>
<td>Welcome and Introductory Comments</td>
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<tr>
<td>3:10</td>
<td>Questions from General Session</td>
</tr>
<tr>
<td>3:30</td>
<td>Provider Support: Update from Dr. Heasty</td>
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<tr>
<td>3:45</td>
<td>Armbands, Paper and Printers</td>
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<tr>
<td>4:00</td>
<td>Cutover</td>
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<tr>
<td>4:15</td>
<td>Patient Safety Surveillance</td>
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<td>4:30</td>
<td>Supporting Providers</td>
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<tr>
<td>4:45</td>
<td>Scripting to Help with Communication</td>
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<tr>
<td>5:00</td>
<td>Getting Ready</td>
</tr>
<tr>
<td>5:15</td>
<td>Key Take-aways</td>
</tr>
<tr>
<td>5:20</td>
<td>Wrap-up, Q&amp;A, Open Forum</td>
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<td>5:30</td>
<td>Adjourn</td>
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</tbody>
</table>
Questions from General Session

Dawn Isaacs
Angela Herbert
Questions from General Session
Supporting Providers

Dr. Scott Heasty
Armbands, Labels and Printers—Oh, My!

Mike Sayles
Nikki Colgrove
Armbands, Labels and Printers – Oh, My!

• The Multifunction Device (MFD) Printers on the IP units will have specific drawers for:
  – Plain Paper (Tray 1)
  – Wristband/Label Paper (Tray 2)
  – Full Sheet of Labels-30 labels (Bypass Tray)

• Labels will be made for the drawers to assist staff
  – Important to have the correct paper in the drawers to allow admissions to print to the floors

• Single armband/Label printers will be removed, instead full sheets of labels with an armband will print from the MFD printer
  – Will Allow for Admissions to print to more areas directly and eliminate the high cost of the current single armband/label printers
Armbands, Labels and Printers

- Example of new armband/label paper

New Patient Armband

New Patient Armband

Gctest,Mitch (Mitch)

HAR: 4002573 DOB: 4/28/1940 (77 yrs) MRN: 006001935

CSN: AC1000020330
Armbands, Labels and Printers

• More information will be communicated via email:
  – How to order the armband/label stock from Lawson
  – How paper needs to be loaded in the Printer
• Armband/label paper should be placed face down in the drawer with the armband on the left side of the tray

Stay Tuned!
Cutover

Dawn Isaacs
Jamison Hemingway
What is Cutover? Dry Run?

- **Cutover** involves moving data from your legacy systems (eChart, Meditech, OBIX, Invision, etc) to Epic.

- In **dry runs**, we practice! Dry Runs help us confirm how long it will take our users to complete these cutover tasks and ensure our estimates are accurate!

- **Abstraction** is Ambulatory’s version of Cutover, moving data from Allscripts and Meditech to Epic prior to go-live weekend.
Cutover Timeline

- January 9-11, 22-24 & February 5-7: Cutover Dry Runs
- Feb 5-March 2: Ambulatory Abstraction
- February 16-18: Appointment & Case Conversion
- February 19-21: Therapy Plan Conversion
- March 1: Hospital cutover will start at 8AM
  - Rehab, ICU, Select Medical and 70 additional patients registered in Epic
  - Bryan Heart and Hospitalist providers will start entering Problem List and Treatment Team on 70 patients
- March 2: Cutover of remaining departments
  - Registration to start at 630AM
  - Nursing to start height/weight/allergy entry at 7AM
  - Pharmacy to start medication order entry at 8AM
  - Care Managers, Infection Preventionists and RTs will also be involved with role specific tasks later in the afternoon
  - Registration to complete full registration by 230PM
    - Registration will re-armband all units after that (NICU nurses will armband their own patients)
Cutover Timeline cont.

- **March 3, 12:00AM: Epic Time**
  - Expected downtime 4 hours
  - Paper documentation during that time
  - Pyxis will be in Critical Override; D-Message will go out with reminders
  - Barcode scanner reprogramming

- **March 3, 4:00AM Epic up-time**
  - Nurses will back enter data
    - This includes ED patients
  - MAR comparison between Legacy system and Epic
Cutover Dry Runs - Nurses

- Nursing will be entering the following information on patients:
  - Height
  - Weight
  - Allergies
  - Admit Orders
  - Code Status
  - LDAs
  - Consults (active orders)
  - Treatment Team
  - L&D Status (if applicable)

- Time estimates
  - 10 minutes per patient for Height/Weight/Allergies
  - 20-25 minutes for non-medication orders

- Dry Run #1 (actual)
  - 6 minutes per patient for Height/Weight/Allergies
  - 51 minutes for non-medication orders

Caution: Work is required
Cutover Dry Runs-Pharmacy

- Pharmacists will enter all current active medication orders
- Pharmacy technicians will enter home medications

- Time estimates
  - 40 minutes per patient
- Dry Run #1 (actual)
  - 39 minutes per patient
Abstraction-Clinical staff

- Clinical staff will be entering the following information on patients:
  - Vitals
  - Medications and Allergies
  - Past Medical History
  - Surgical History
  - Family History
  - Social History
  - Health Maintenance and Immunizations
  - OB data on current pregnant patients
  - Anticoagulation History

- Time estimates
  - 10 minutes per patient

- Abstraction begins February 5th
## Day of Cutover

| Cutover       | Shift               | Number of Resources | 7am | 7:30am | 8am | 8:30am | 9am | 9:30am | 10am | 10:30am | 11am | 11:30am | 12pm | 12:30pm | 1pm | 1:30pm | 2pm | 2:30pm | 3pm | 3:30pm | 4pm | 5pm | 6pm | 7pm | 8pm | 9pm | 10pm | 11pm | 12midn | 1am | 2am | 3am | 4am | 5am | 6am | 7am |
**Downtime Plan - additional info**

- Staff will follow a Meditech/eCHART – Epic Hybrid Process.

- Printed Downtime Reports:
  - BMC – Downtime Reports will be printed by the staff:
    - eCHART – Regular downtime reports and discharge instructions (discharge appts will need to be entered into the AVS in Epic)
    - MAK – if printed at 0005, meds will as current at 2300
      - Print these again at 0105, if patients received meds after midnight
    - CAMC – Downtime Reports will be printed from Meditech, if applicable

- A Group is working a checklist/communication for nursing for March 2-3 activities
Downtime Plan – New information

• Necessary Actions by Staff during the Downtime:
  1. Staff on the units/areas that use Barcode scanning for Medication Administration will need to reprogram each scanners
     • Tip Sheet will be laminated and delivered to the units, attached to WOWs
     • 2 Steps for BMC and a few more steps for CAMC
  2. Striking through the end of Order and Progress Note forms

Scanner will not scan a bar code into Epic

Scan the following bar code to program the reader. After scanning, you must place the scanner into the base to relink your scanner. Please allow 2 minutes for process to complete.
Patient Safety Surveillance Program

Angela Herbert
Purpose

• Monitor and resolve potential patient safety issues
• Look for trends
• Interdisciplinary team preparing
• PSST Command Center
Electronic Monitoring and....

- Must also rely on **OBSERVATION**
  - Bedside report is being done
  - Epic tools are being used
  - Staff are rounding with physicians to insure that orders are clarified while the physician is present and that the plan for the patient is understood
  - Real-time charting

- Is VTE screening being done appropriately with appropriate interventions/orders?

- Sepsis Screening—do nurses and physicians understand what to do when presented with a Best Practice Advisory (BPA)?
Patient Safety Monitoring During Epic Go-Live using B-Safe

- B-Safe will be used (as usual) for patient safety events.

- The Healthcare IT form has been modified to capture Epic related patient safety events.

- It can be used for the initial entry or events can be ‘transferred’ to Healthcare IT after review.

- CAMC, BH and BPN have been added as locations only for Healthcare IT.
Specific Event Types

- Epic Application
- Access Issue
- Barcoding Related
- Hardware
  - Keyboard
  - Mouse
  - Printer
  - Other
- Incompatibility Between Devices
- Network Failure or Problem
- Other
Healthcare IT Event Details

• Heat Ticket #
• Epic System Affected
  – Best Practice Advisories
  – Clinical Documentation
  – ED
  – Infection Prevention
  – Lab
  – Maternal/Childbirth
  – Medication Administration

  – Navigators
  – Order Entry
  – Pharmacy
  – Registration/Admitting
  – Scheduling
  – Surgery
  – Radiology
  – Cardiology
Leadership Responsibilities

- Observe staff, reinforce acceptable practices
- Consult:
  - SU & ATE
  - Patient Safety Event Line x10440
- Report if indicated
  - B-Safe event if patient safety involved or potentially involved
  - Document any follow-up in B-Safe
Scripting to Help with Communication

Deb Boehle
Dawn Isaacs
Provider: Telephone Order Scripting

Remind provider as call begins

• I can take this order from you over the phone, I just need you to stay on the line as I enter it to address any patient safety alerts

If provider gets angry at staying on the line

• I know this is a new process to get used to. For your patient’s safety there are alerts in Epic that need to be addressed as orders are entered. We cannot enter your order unless you are on the line to address alerts
Provider: Telephone Order Scripting

If provider hangs up and you have to call back

• I understand you’re frustrated by this and I want to enter this order for you and your patient. To do that I need to review the order with you so that you can address any alerts that pop up for your patient’s safety

• If now isn’t a good time, you can call me back within the hour to go through the order entry

Staff should inform managers of concerning behaviors

• Managers follow previously defined escalation process
Getting Ready for Day One – What to Expect

Dawn Isaacs
Day One – Finding Orders and information

• Now:
  – Some Orders entered electronically and some written on paper

• Go-Live: Day 1
  – All Orders will be entered electronically with some minor exceptions (Chemo, etc.)
Day One – Real-time Documentation

• Now:
  – Charting done outside

• Go Live: Day 1
  – Charting will be done in the patient’s room
Day One – Charting Medications

• Now:
  – Some charted in MAK, others on paper MAR

• Go Live: Day 1
  – All Medications will display on one MAR (includes procedural medications)
Day One – Taking Orders from Providers (when needed)

- Now:
  - Verbal/Telephone orders are written down and read back to provider

- Go Live: Day 1
  - Verbal and Telephone Orders will be entered directly into Epic, with provider staying on line to address alerts
What else other items will change Day 1?

• Have you and your Super Users thought through what with change for staff day 1?
• What have you shared with your staff?
• What questions have your staff asked about what will change with their day to day work?
  – Tasks vs. Service Provider Workspace/Documentation Worklist
  – Assessments vs Flowsheets
  – Using the Navigators as a Checklist
Key Take-Aways
Wrap-up

• Q&A
• Open Forum
• Final Comments
ARCR Breakout
# Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk Mitigation Planning Updates</td>
<td>Tim Meier, Risk Owners</td>
<td>3:30 – 4:15</td>
</tr>
<tr>
<td>Overview of Go-Live Calls</td>
<td>Scott Rahn</td>
<td>4:15-4:30</td>
</tr>
<tr>
<td>Daily Dashboard and AFD Demo</td>
<td>Drew Richter</td>
<td>4:30-4:45</td>
</tr>
<tr>
<td>Daily Revenue Tracker Demo</td>
<td>Nick Cesarek (over phone)</td>
<td>4:45-5:00</td>
</tr>
<tr>
<td>Questions/Wrap-up</td>
<td>Amanda Gierach</td>
<td>5:00 – 5:15</td>
</tr>
</tbody>
</table>
ARCR Risk Mitigation Plans

Risk Owners

Epic at Bryan Health
## Risk Mitigation Plans

<table>
<thead>
<tr>
<th>Plan #</th>
<th>Risk Name</th>
<th>Bryan Operational Owner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New Guarantor Selection Billing model is not understood or properly implemented resulting in significant patient dissatisfaction, inability to effectively collect payments, or cause HIPAA violations</td>
<td>Jill Hull</td>
</tr>
<tr>
<td>4</td>
<td>Workqueues not properly configured</td>
<td>Scott Rahn / Jill Hull</td>
</tr>
<tr>
<td>29</td>
<td>Accurate Clinical Charge Capture – PB</td>
<td>Val Johnston / Dawn Andersen</td>
</tr>
<tr>
<td>41</td>
<td>Downtime Procedures</td>
<td>Jill Hull</td>
</tr>
<tr>
<td>48</td>
<td>RTE new vendor for BMC and new functionality of others</td>
<td>Angie Schaefer</td>
</tr>
<tr>
<td>65</td>
<td>Patient Identification</td>
<td>Jill Hull / Andrea Schultz</td>
</tr>
<tr>
<td>17</td>
<td>Auth/Certs/Referrals and who obtains them initially and ongoing</td>
<td>Dawn Andersen / Jill Hull / Val Johnston</td>
</tr>
</tbody>
</table>

- Review Status of Risk Mitigation Plan
- What are the next steps?
- Are there risk components that could not be mitigated?
- How will we monitor this risk for go-live?
Risk Mitigation Plans

<table>
<thead>
<tr>
<th>Plan #</th>
<th>Risk Name</th>
<th>Bryan Operational Owner(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>Accurate Clinical Charge Capture - HB</td>
<td>Angie Staskey</td>
</tr>
<tr>
<td>5</td>
<td>Due to seeing more patients in the MPI, staff create duplicates or</td>
<td>Kim Hazelton</td>
</tr>
<tr>
<td></td>
<td>co-mingle patients resulting in incorrect/incomplete Medical Records,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>inaccurate patient statements, or HIPAA violations</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Cash management changes for Crete, BPN, and BH</td>
<td>Tim Meier</td>
</tr>
<tr>
<td>19</td>
<td>Implementing New Coding System (3M)</td>
<td>Pam Thoeming</td>
</tr>
<tr>
<td>21</td>
<td>Clearinghouse Change</td>
<td>Laurie Paulsen / Rosie Weber</td>
</tr>
<tr>
<td>25</td>
<td>ROI</td>
<td>Kim Hazelton / Nancy Wurst</td>
</tr>
<tr>
<td>26</td>
<td>New Scanning System for Front End Users (incl Rightfax)</td>
<td>Kim Hazelton / Nancy Wurst</td>
</tr>
</tbody>
</table>

- Review Status of Risk Mitigation Plan
- What are the next steps?
- Are there risk components that could not be mitigated?
- How will we monitor this risk for go-live?
Overview of Go-Live Calls

Scott Rahn

Epic
at
Bryan Health
### Daily Meeting Schedule

<table>
<thead>
<tr>
<th>Time</th>
<th>Name</th>
<th>Function</th>
</tr>
</thead>
</table>
| Prior to huddles| Operational Rounds                  | **What:** Rounds with users, reviews HEAT reports, encourages and supports area  
**Who:** Directors/Managers                                             |
| 7:00am – 10:00am| Huddles                             | **What:** Operational partner review top 5 issues with IT. IT will review closed issues from prior day and review top KPIs.  
**Who:** Directors/Managers, Project Team                              |
| 9:00am – 10:00am| PB - Revenue Cycle Dashboard Calls  | **What:** Revenue Cycle Leadership review key Rev Cycle KPIs, Key issues, and charge integrity review status  
**Who:** Rev Cycle Leadership, Project Team                            |
| 10:00am – 11:00am| HB - Revenue Cycle Dashboard Calls | **What:** Revenue Cycle Leadership review key Rev Cycle KPIs, Key issues, and charge integrity review status  
**Who:** Rev Cycle Leadership, Project Team                            |
| 10:00am – 10:30am| Patient Safety Huddles             | **What:** Forum to address top patient safety and quality risk.  
**Who:** Patient Safety Surveillance Lead, Project Team                 |
| 11:00am – 12:00pm| Application Round Table            | **What:** Command Center Lead will facilitate an integrated meeting to review the top issues from each application and focus on integrated issues.  
**Who:** Project Team                                                  |
| 1:00pm – 2:00pm | Revenue Reconciliation (Charge Review) Calls | **What:** Calls between Revenue Cycle Leadership and Department and Clinic Charge Champions to review daily revenue actuals vs expected and review key issues  
**Who:** Department/Clinic Charge Champions, Project Team               |
| 2:00pm-3:00pm   | Executive Debrief Prep             | **What:** Review today's KPIs as reported out in other meetings. Review Top Issues with next steps and owners.  
**Who:** CIO, Project Director, Epic ID/IE with Project Leadership Team on shift |
| 4:00pm – 5:00pm | Daily Executive Debrief            | **What:** Project Leadership will provide executive team updates on top current open issues and valuable KPI information.  
**Who:** Executive Team, Project Director                              |
| As Needed       | Issue Resolution Meetings          | **What:** Meetings scheduled as needed to address workflow and/or system issues  
**Who:** Vary by issue                                                  |
# Huddle Schedule: 7am-10am

<table>
<thead>
<tr>
<th>Time</th>
<th>Inpatient</th>
<th>Ambulatory</th>
<th>Ancillary</th>
<th>Revenue Cycle</th>
</tr>
</thead>
<tbody>
<tr>
<td>07:00 – 07:30</td>
<td>Orders-Physicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07:30 – 08:00</td>
<td>Clin Doc-Therapies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>08:00 – 08:30</td>
<td>Clin Doc-Behavioral/ Mental Health</td>
<td>Specialty Clinic</td>
<td>ASAP-ED Cupid - Cardiology</td>
<td>Grand Central-Registration, Hosp. Scheduling, EVS, Bed Mgmt</td>
</tr>
<tr>
<td>08:30 – 09:00</td>
<td></td>
<td>Bryan Physician Network Crete Clinics</td>
<td>OpTime/ Anesthesia–Periop, Anes, GI Lab</td>
<td>PB -Professional Billing Bryan Heart, BPN, and Crete Business offices.</td>
</tr>
<tr>
<td>09:00 – 09:30</td>
<td>Stork-Mom/Baby/NICU</td>
<td>Independence Center Medical Center OP Programs</td>
<td>Radiant-Radiology Willow-Pharmacy</td>
<td>HIM-HIM</td>
</tr>
<tr>
<td>09:30 – 10:00</td>
<td>Clin Doc-Inpatient</td>
<td>Bryan Heart</td>
<td>Beaker-Lab</td>
<td></td>
</tr>
</tbody>
</table>
Other calls

• Clinical Coding Quality Review (PB)
  – Meet with clinical leadership to discuss documentation and coding issues
  – Weekly

• Post-Live Training
  – Workshops to aid users with work queues and reports, topics change by week
  – Weekly, ad-hoc

• Mock Month End
  – Practice week 2 or 3 of go-live with Finance
  – Real Month End first week of April
Expectations

• Epic and IT will help drive the call, but the call belongs to operations: you get out of these calls what you put in

• Agendas and preparation will be delivered at least 30 minutes prior to the meeting (for example, AFD for dashboard call, executive summary for revenue call).

• Any follow-up from previous day is addressed next day, unless otherwise outlined

• Attendance is required, until your area is deemed “stabilized”
  – If you can’t make a call, find a back-up who can make decisions and take follow-up
Dashboard Calls
Dashboard Calls Overview

• Goal: review entire revenue cycle processes and edits (registration, billing, revenue integrity, claims).
  – Ensure we fix processes at the source and send clean claims in a timely manner so that we can see cash delays for less time.
  – Attendees should prepare for the meeting by reviewing their dashboards and ownership areas, reviewing their WQ monitoring reports, and discussing issues and processes with their users.
  – Attendees are expected to help determine next steps, and use time after meetings to follow-up.
  – If help is needed, speak up!

• Separate calls for HB and PB
  – Demo is for PB dashboards, but HB is similar (will be reviewed in future AR workgroup)
HB & PB Dashboard Calls - AFD

- HB and PB have separate Areas of Focus Dashboard (AFD) documents, leveraged to drive the HB / PB dashboard calls
  - These documents are especially useful for tracking and monitoring issues week-over-week

### Areas of Focus Dashboard

<table>
<thead>
<tr>
<th>Revenue Cycle Status Update – For Week Ending x</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Billing - Live x Weeks</td>
</tr>
<tr>
<td><strong>Metrics</strong></td>
</tr>
<tr>
<td>Guardrail Metric</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Hospital Billing</td>
</tr>
<tr>
<td>Cumulative Charges</td>
</tr>
<tr>
<td>Candidate for Billing Days</td>
</tr>
<tr>
<td>Coding Days</td>
</tr>
<tr>
<td>Claim Edit Days</td>
</tr>
<tr>
<td>Claims Acceptance %</td>
</tr>
</tbody>
</table>
Go-Live Milestone Calendar

**Revenue Cycle Stabilization Milestones**

<table>
<thead>
<tr>
<th>Measure</th>
<th>App(s)</th>
<th>Operational Owner</th>
<th>Type</th>
<th>Recommended Target Value</th>
<th>Recommended Escalation Point</th>
<th>Approved Target Value</th>
<th>Approved Escalation Point</th>
<th>Signoff from</th>
<th>Actual Value</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge Conversion complete</td>
<td>HB</td>
<td>Milestone date</td>
<td>Milestone date</td>
<td>[Min days + 1 after go-live]</td>
<td>[Min day + 3 after go-live]</td>
<td>1/4/2017</td>
<td>1/6/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Conversion DNB has been removed)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Daily revenue at baseline</td>
<td>HB</td>
<td>Milestone date</td>
<td>Milestone date</td>
<td>15 days after go-live</td>
<td>7 days after go-live</td>
<td>1/6/2017</td>
<td>1/8/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First HB claim</td>
<td>HB</td>
<td>Milestone date</td>
<td>Milestone date</td>
<td>[Min days + 1 after go-live]</td>
<td>[Min day + 3 after go-live]</td>
<td>1/4/2017</td>
<td>1/6/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOE Claims Sent</td>
<td>HH</td>
<td>Milestone date</td>
<td>Milestone date</td>
<td>2-3 days after go-live</td>
<td>5 days after go-live</td>
<td>1/4/2017</td>
<td>1/6/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All legacy accounts coded</td>
<td>HIM</td>
<td>Milestone date</td>
<td>Milestone date</td>
<td>1 week after go-live</td>
<td>2 weeks after go-live</td>
<td>1/8/2017</td>
<td>1/15/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumulative revenue at baseline</td>
<td>HB</td>
<td>Milestone date</td>
<td>Milestone date</td>
<td>16 days after go-live</td>
<td>14 days after go-live</td>
<td>1/11/2017</td>
<td>1/15/2017</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Finalize owners and dates for key milestones
- Finalize metric stabilization targets
- Workgroups will sign-off on goals and a calendar created by early February
Dashboard Call Demo
Revenue Tracking Call
Daily Revenue Tracker Overview

• Goal: review revenue for each cost center/service line (HB) or provider/department (PB) until revenue is back to baselines/stabilized
  – Charge champions should prepare for the meeting by reconciling revenue each morning, talking with users in your area, and making a summary of your status with known issues.
  – Charge champions are expected to help determine next steps, and use time after meetings to follow-up.
  – If help is needed, speak up!

• Separate calls for HB and PB
  – Demo is for HB tool, but PB is similar (will be reviewed in future AR workgroup)
Daily Revenue Tracker Overview - HB

- The HB Daily Revenue tracker is compiled from daily charging data, combining charges posted to Epic and to your legacy systems.
- Legacy + Posted + Pending revenue helps provide a picture of the ‘variance’ from legacy to Epic to help us get back to baselines faster.

<table>
<thead>
<tr>
<th>Service Line - Owner</th>
<th>Posted</th>
<th>Baseline</th>
<th>Cumulative Var</th>
<th>Variance %</th>
<th>Pending</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMH PACU</td>
<td>2,573</td>
<td>2,034</td>
<td>$539</td>
<td>126%</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH GI SERVICES</td>
<td>8,270</td>
<td>8,270</td>
<td>(0)</td>
<td>0%</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH CARDIAC CATH LAB</td>
<td>148,337</td>
<td>131,880</td>
<td>(10%)</td>
<td>10%</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH NEURO</td>
<td>3,598,919</td>
<td>134,327</td>
<td>104%</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH OPERATING ROOM</td>
<td>1,074</td>
<td>1,774</td>
<td>(700)</td>
<td>61%</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH ASC</td>
<td>1,048</td>
<td>1,048</td>
<td>(0)</td>
<td>41%</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH MED SURG</td>
<td>20,272,040</td>
<td>1,297,220</td>
<td>107%</td>
<td>$ -</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH MAIN OPERATING ROOM</td>
<td>13,729</td>
<td>1,531</td>
<td>$1,183</td>
<td>113%</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH ANESTHESIA</td>
<td>13,571</td>
<td>6,211</td>
<td>7,360</td>
<td>219%</td>
<td>$ -</td>
</tr>
<tr>
<td>EMH GASTROENTEROLOGY</td>
<td>6,982</td>
<td>2,842</td>
<td>4,140</td>
<td>214%</td>
<td>$ -</td>
</tr>
</tbody>
</table>
Daily Revenue Tracker Overview - PB

- The PB Daily Revenue tracker connects to your SQL server to gather data from Epic
- Legacy + Posted + Pending revenue helps provide a picture of the ‘variance’ from legacy baselines to Epic revenue to help us get back to baselines faster
Daily Revenue Tracker Demo
Graph Package

- Excel-based trending tool
- Combines Epic and legacy information
- Supplemental to other operational reports
- Epic maintains first 4-6 months
Questions/Next Steps
Upcoming Events

• Go-live Readiness Assessment  
  – 30 Day – February 6th
• End user training (ongoing)
• Revenue Reconciliation Workshops (February 2-15)
• Revenue Tracker  
  – Signoff on baselines by February 2
• Finalize the Go-Live Calendar (February 5)  
  – Set key milestone dates  
  – Align focus topics for each day/week
• Schedule Go-Live Meetings (February 15 on calendars)
• Plan space for What to Do Sessions
Last Questions/Comments

• Thank you!

The difference between a successful person and others is not a lack of strength, not a lack of knowledge, but rather a lack of will.
- Vince Lombardi