

# Mercy Health System of Northwest Arkansas

## Mercy Medical Center

- Opening/Epic go-live:  
March 16, 2008
- 433 medical staff members
  - 92 integrated physicians
- 165 licensed beds
  - 700 Hospital FTE's
  - 400 Clinic FTE's – 20 clinics
  - 9300 Inpatient discharges
- **39,000 ED Visits/ Year**



# Epic Go Live March 16, 2008

## Unique Challenges

- » Opening a new hospital and going live on same day
- » New nursing model
- » Half of integrated physicians moving into new offices
- » Simultaneous ambulatory and hospital implementation – **BIG BANG**

# Successful Implementation-What Worked

- **Practice Sessions**
  - » Scenario based
  - » 4 hour sessions
  - » Identify support needed at go live
  - » Scripting for Co workers - focus on patient satisfaction
- **Support at Go Live**
  - » Command Center 24/7 for 2 weeks
  - » Administrative Staff Presence 24/7 x 4 days
  - » Super-users – The Red Shirts
    - » 140 Local super users
    - » Other SSU support
    - » Project Team
- **Dedicated Physician Command Center**
  - » 16 hours/day for 2 weeks
  - » Needed more physician super users

## Successful Implementation-What Worked?

- **Leadership Briefings**
  - » Twice/day for 2 weeks
- **Rounding, rounding and more rounding**
  - » Co workers
  - » Patients/Families
- **“Red Shirts” everywhere**



# Lessons Learned

## Improve Future Implementations

- **Physician adoption**
  - » Non Integrated
  - » Surgeons
  - » Cardiologists
  - » Hospitalists
  - » ED Physicians
- **Physicians Productivity**
  - » Ability to build smart tools prior to go live
  - » Practice sessions needed

# Lessons Learned

## Improve Future Implementations

- **Training Gaps- training while building**
  - » Med Reconciliation
  - » Restraints
  - » PCA documentation
- **Physicians need to practice prior to go live**
- **Lab and Pharmacy Staff training**
- **Credentialed trainers not clinicians**
  - » Application vs workflow
- **Issues management; must track**
  - » Communicate back to users how their issues are being handled

# Training of Key Processes

- **Key workflows impacting financials**
  - » **Physician Documentation – Coding**
    - » **Documentation specialists**
    - » **Charge Capture**
    - » **Charge Work Q's**

# Ongoing Operational Support

- **Developing Super Users**
  - » Set expectations - immediate **and** ongoing support
  - » Easy to identify
  - » Structured meetings every 2 weeks
  - » Accountability for end user training
  - » To provide physician support – Need additional training
- **Swat Team**
  - » For Non Integrated Physicians
  - » For New Physicians

# One Year Later

- **More Efficient**
- **CPOE Compliance**
  - » Overall good
  - » Focus on those who are non compliant
- **Reports Available:**
  - » Pain Assessment
  - » Bar Code Scanning Compliance
  - » ADT detail
  - » ED reports

## **Enhanced Patient Care**

- **Handoff Process**
- **Real Time Documentation**
- **Interdisciplinary Care Planning**
- **One Patient One Record**



**SISTERS OF MERCY  
HEALTH SYSTEM**



# Epic Implementation

## Questions