Meaningful Use: How to Implement Clinical Documentation in 6 Months or Less

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Introduction: In the late fall of 2009, the Lifespan Information Services department, along with nursing informaticists from each affiliate, embarked on a project to implement nursing clinical documentation. This abstract describes the implementation process and outlines the strategies unitized to complete a rapid system wide implementation in just six months.

Background: American Recovery and Reinvestment Act of 2009 and its Title XIII, Health Information Technology for Economic and Clinical Health (ARRA/HITECH) established programs under Medicare and Medicaid to provide incentive payments for the "meaningful use" of certified electronic health records (EHR) technology. The Lifespan health system determined that meeting Stage One meaningful use criteria was within our grasp providing the completion of seven identified projects. Nursing Clinical Documentation was one of those projects.

Methodology: The Care Doc Steering Committee consisting of the CNOs of each affiliate, the Lifespan CIO, the VP of information services, the nursing informaticists from each affiliate (LINC), and a systems manager from the information services department, participated in a kick-off of the Care Doc project on 12/11/09. By 2/28/10, the functional specs were finalized and the build was completed. The final phase of testing, known as integrated testing, was completed by 3/18/10. The first affiliate to go live was Newport Hospital (NH), on 4/27/11, followed rapidly by Rhode Island Hospital (RIH) on 6/8/10 and finally The Miriam Hospital (TMH) on 6/22/10.

Lessons Learned: The following keys to a successful rapid implementation were identified:
-LINC /IS commitment: met minimum of 1 to 2 full days per week during design and testing phases
-Care Doc Steering Committee chaired by RIH CNO
-Lifespan CIO, VP Application Systems, Application Systems Manager, CNOs each affiliate and LINC group
-Gap analysis between Invision flow used at NH and paper forms used at RIH and TMH
-Hardware decisions: moving toward wall mounted PC's due to battery issues with workstations on wheels
-Hard copy medical record: HIS took on the role of printing
-Utilize a Supertrainer checklist during go live coverage
-Ongoing on site support 24/7 for 1 week
-One Supertrainer per unit the first 2 days, then slowly tapered over the week
-Physician communication
-Care Doc Talk- newsletter