



Quillen Quick Notes

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Kingsport’s Turn Again: Internal Medicine Goes Live

The EHR Support Team headed back to Kingsport on July 6th, this time to help Kingsport Internal Medicine (KIM) with their Go-Live experience. While no first day on EHR can be totally bug free, KIM’s staff proved that planning ahead can make the roll out much smoother.

Several weeks before Go-Live, providers and staff began using components of the Allscripts EHR in order to prepare for the first day.

According to **Dr. Jeffery Summers**, he started writing his notes in the system several months before KIM’s scheduled Go-Live. Although he would have to print the note and put it in the paper chart until the official start date, being able to implement the system early allowed him to practice writing notes and navigating in the EHR environment.

The same is true for preloading. As **Dr. David Ginn** shared, he began preloading his patients’

charts early—past medical history,



active problems, etc.—so that office visits weren’t monopolized by data input. By doing this, he was able to quickly address his patients’ present problems during their visit.

Dr. Melania Bochis did the same thing before she left on a three-week vacation. Realizing her first day back would be using the live environment, she preloaded several of her patients charts before leaving, and upon her return, the EHR system was much more familiar than had she not gained the practice from preloading.

KIM Front Desk and Nursing Staff also started preparing and practicing early. Staff members were using the Task Feature and were preloading medications, immunizations, and allergies. Their familiarity with the system was evident, as very few questions or problems were asked, or needed to be addressed.

The entire office’s attitude also seemed to make a difference. Their mantra “change is good” was heard several times, a reminder that although the EHR system might be tough at first, the end result will improve patient care. Check out their “Change is Good” video on the EHR Facebook page.

Although KIM’s Go-Live wasn’t perfect (see Page 2, ‘Lessons Learned’), their preparation and attitude made for a much better Go-Live than the EHR Green Team has seen so far.

Way to go KIM!

Pictured here are Pam Wiggins and Dr. Chamberlin, Kingsport Internal Medicine.

Countdown to Go Live!

August 1st—Bristol Family Medicine

September 7th—Pediatrics

October 3rd—Johnson City Internal Medicine

Join us on Facebook!

Our user name is EHR Quillen Physicians. Check out our daily “tip & trick,” as well as share your own questions or tips.

Gold Alerts Reminder

We are currently in the process of adding all Allscripts users to the ETSU Gold Alert System. In the event that the Allscripts system is down, unavailable for maintenance, or upgrades are added, the EHR Team will be able to immediately notify users of these important messages.

If you haven’t already signed up for the Gold Alert System, please take a few minutes to register at

www.getrave.com/login/etsu.

ALL users are requested to be on the system.

Lessons Learned: The Go-Live Experience

With the addition of Kingsport Internal Medicine (KIM), Quillen Physicians now has four sites that are live on the Allscripts EHR system:

- Johnson City Family Medicine
- OB-GYN
- Kingsport Family Medicine
- Kingsport Internal Medicine

With each site addition, our EHR team has learned some **valuable lessons** from which we hope each new site will be able to learn.



Donna and Sherry work together to figure out the best workflow for lab verification.

Workflow—we can't emphasize enough how important it is to nail down your office's workflow—from front desk, to nursing, to provider, to labs, and so forth.



Dr. Jeffrey Summers working in his office during Go Live

Dr. Jeffrey Summers stated that overall, the Go Live at Kingsport Internal Medicine was "pretty smooth," but that the users who were the least "tech-savvy" were having the most trouble.

He reiterated the need to preload the charts, as that made a tremendous difference in the overall efficiency of the roll out.

He did point out a few items where he felt that KIM fell short:

- Not all documents were preloaded, and this did cause problems on those patients whose information was not already loaded into the system.
- Not all doctors were there for Go Live, and this caused problems on their return, as

the **Green Team** was not able to provide full support.

- Scanning—KIM only had one scanner throughout the first week of Go Live, which slowed the scanning process down considerably. The staff had to work over in order to ensure that the next day's charts were scanned into the system. This also caused problems with getting loose papers, such as pathology reports and consent forms, scanned in a timely fashion.



Lunchtime pow wow with KIM staff and the Green Team.

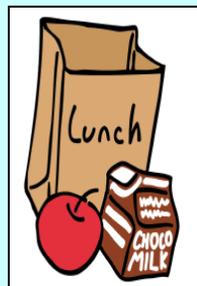
Tina Church, Jenny Sarigen, Dina Beasley, Tina Cunningham, and Monaco Briggs

Brown Bag Forum

Now that we have several sites up and running, we would like to begin holding regular lunchtime "idea swaps," so that users from the different clinics can share workflows, ideas for improvement, and suggestions with other users and the EHR team.

The lunchtime meetings will take place at the Downtown Center. Feel free to bring your lunch and share your ideas!

If you are interested in participating, please have your office manager contact Monaco at briggsmm@etsu.edu for scheduling.



Get Connected!

YouTube Videos

View short, 15-minute (or less) videos which cover various aspects of the Allscripts system.

<http://www.youtube.com/user/QuillenEHR>

Quillen Physicians EHR Blog

Our new **Quillen Physicians EHR Blog** contains links for downloading our **user manuals** and **downloadable step-by-step instructions** on frequently requested topics:

<http://quillenphysiciansehr.weebly.com/>

Tales from the EHR Trenches By Quillen Physicians EHR Team

Note: Our team was recently asked to provide a monthly column for Tri-Cities Medical News. Our first installment appeared in the June issue.

There is a wealth of information available on the Internet regarding the various Electronic Health Record (EHR) products and the appropriate steps necessary for successful adoption and implementation. Everyone who has done even a modicum of research knows that choosing your system involves evaluating your needs: How big is your office? How many physicians do you have on staff? What is your budget? What are your tech requirements? These are all necessary questions to consider when choosing an EHR, and there are plenty of sources which can assist practices with making these decisions. We wanted to share some of our more personal experiences with implementation. As a large, multispecialty group, we made the (possibly suicidal) decision to implement one practice site a month over the next year.

Here

are a few of the lessons we have learned. So far.

Leadership. One of the most important elements that we discovered is the need for strong leadership. Implementing an electronic health record is a long, arduous process that requires researching the various products, demo-ing software, choosing a system, followed by building (or customizing) the software, training the staff, and finally, implementing the system in your office. This does not happen overnight. And there are a million decisions to be made along the way.

Communication and decision-making are critical at every step of the process. So, before you even begin to think about an EHR system, evaluate the leadership capabilities of your staff. Do you have a project manager who will be able to stick with the project for the duration? Will this person be able to work a lot of overtime and handle mega-tons of stress? These are necessary qualifications—especially if your office has more than a handful of docs and multiple specialties. And how about your physicians? Do you have at least one provider who can serve as a “physician champion?”

Physician Champions. Having a

tech-savvy physician on staff who will lead the way is also a critical role. A lot of the decisions that need to be made are clinical in origin. What kind of notes will the providers need? Does the software contain any pre-built notes? If so, will they suffice? Or will someone need to do a lot of “tweaking” and/or building? What is your office’s current workflow? Will it translate to the electronic environment? These are just a few of the decisions that will need to be made as you choose your EHR vendor, and throughout the entire implementation process.

Will these physicians be able to devote the necessary time to making these decisions? Will they be able to attend extra meetings? Do they have the power to make decisions for other providers? Can they communicate these items to large groups of people?

Communication. Communication is necessary in any large project, of course, but given the importance of the decisions being made, it is a vital part of any implementation. For example, some of the decisions that we encountered during the early stages of the process included zingers, such as How do we punish physicians who fail to attend training prior to implementation? Possible solutions ranged from stringing them up in the courtyard at dawn, to

stopping their pay and withholding bonuses. Thorny questions, these. Other agenda items ranged from the legality of residents prescribing medications in an outpatient setting to tech questions, such as desktop computers versus tablets. These questions, and the subsequent decisions, need to be communicated to all appropriate personnel. Obviously, this is not a job for the faint of heart. But it’s also not a job for a naysayer. Which brings us to our next point.

Personality. Although we’ve listed personality last in our list, it may very well be the most important element. Maintaining a good, positive attitude throughout the implementation process will not only help prevent employee (and possibly even physician) turnover, it may also save your sanity, and possibly even your implementation. EHR implementations fail every day. In fact, some estimates place the number at over 50%. So, how do you avoid becoming part of this sad statistic? Do your research. Talk to other groups who have already implemented the product you’re considering, and evaluate your needs, your strengths and your weaknesses. EHR implementation is not easy. But it doesn’t have to be fatal.

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Noteworthy Comments

Photos taken during training and Go Live at Kingsport Internal Medicine

"EHR has made my life wonderful and miserable at the same time, wonderful that it's so much more efficient, but [the] transition period is making physicians, therefore nurses, miserable." —KIM Nurse



Tamera and Tina

"The EHR Team arrived and were so nice to us!" —KIM Nurse



Lisa Roller

"I was an 'exception' in that having just transferred, I was not prepared for "Go Live." But the two training sessions helped me understand the system — Jen was great help!" —KIM Nurse

"Everyone should be on site the first week because there is a 'camaraderie of chaos,' which is a big support for first-time users on the Allscripts system."

—KIM Physician

Dr. Jeffrey Summers and Dr. Stuart Leicht



Julie Schmidt handles the soon-to-be-extinct paper chart



Rick Sowers



Pam, Tina, Sherry, Rick and trainer Jenny

August EHR Challenge

This month's challenge question may be a bit tougher, especially if you haven't used the system much. However, all Allscripts users need to know this information.

One winner will be chosen in a drawing from the pool of responses.

Good luck everyone!

"Where do Allscripts users go to find out if their fax or script was sent successfully or if an item printed?"

You may e-mail your response to: EHRmail@qetsu.org.



EHR Challenge Winner



Sandy Moore (DTC)

Sandy Moore correctly answered the July challenge question—"What is the name of our EHR system?"

Sandy's name was drawn from all the participants who knew **Allscripts** is the name of our EHR system.

Congratulations!!

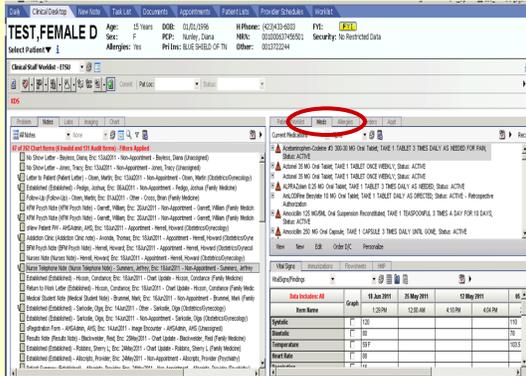
From the Developer Zone

As more users begin using Allscripts, more and more data is being entered. To ensure that we have the correct information in the system, it is going to be very important that someone (each office can determine who, either nurse or provider) reconcile the med and allergy lists.

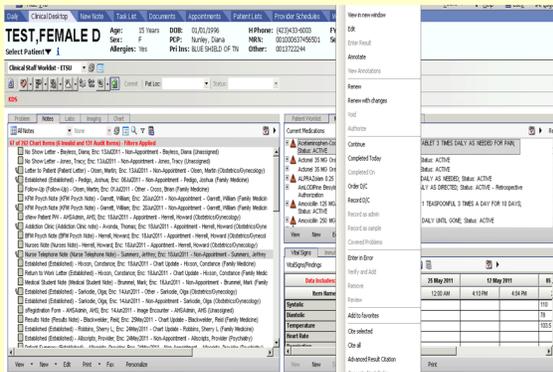
Below is the workflow we have suggested.

List Reconciliation

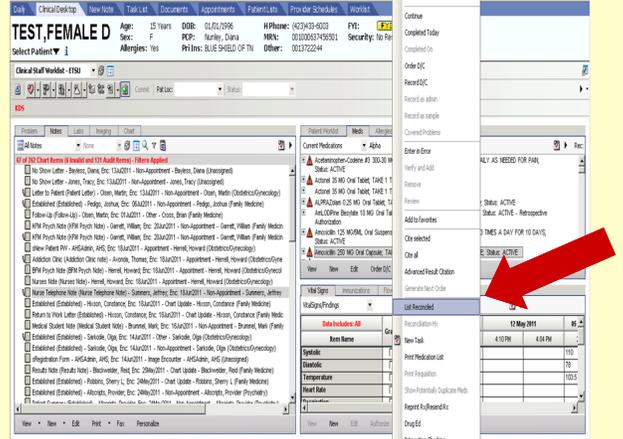
1. Once you have the patient pulled up, click on the Meds tab in the 2nd Component of the Clinical Desktop.



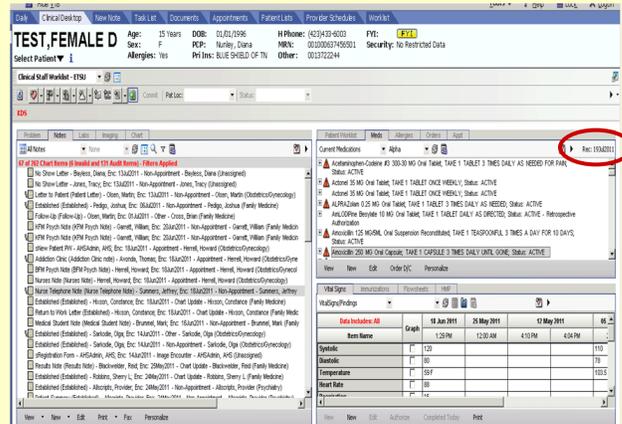
2. Go over the information with the patient. If there are changes such as a medication that has been discontinued or completed, you can make the appropriate changes by right clicking on the item.



3. Once you are satisfied that the list is correct, right click and choose "List Reconciled." NOTE: You may need to scroll to the bottom of the list to see this option.



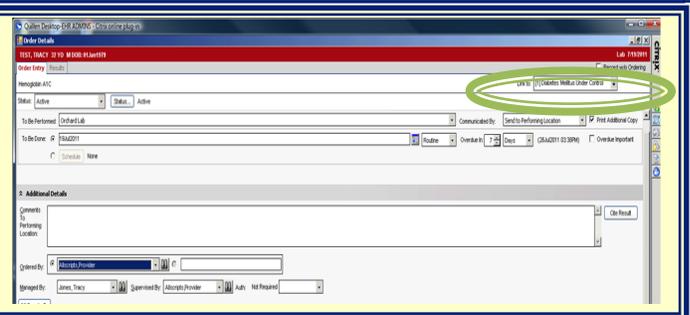
4. After clicking "list reconciled," you will notice "Rec: current date" in the right hand corner of component 2. This indicates that the list has been reconciled on that date. Medication **and** Allergies need to be reconciled.



Ask the EHR Experts

Question: Why do some of my lab orders fail to go to the lab?

Answer: It is critical that you link lab orders to the correct active problem. Choosing the "Health Maintenance" option will generally cause the order to fail, so be sure to choose an active diagnosis.



Help Desk Support. . .



Help Desk

- Click on the **QITS Help Icon** on the desktop
- Or
- Send an e-mail to EHR-help@qetsu.org
- Or
- Call: **423-282-6122**
- Or
- Send us a **task!** From your task list, choose "Allscripts Help."

EHR Support Team

**Monaco Briggs
Jennifer Logan
Tracy Jones
Bridget Garland**

Remember, the Help Desk is open from 8 to 5, M-F. If you have an after-hours question, leave a message and a cell number or email and we will get back to you as soon as possible.



We Love Change Change is Good

KIM staff wrote the following song and sang it during Go Live week to the tune of Sheryl Crow's "A Change Will Do You Good"

Five days sitting at the same old desk,
Tapping on the keyboard with the schedule a mess.

EHR will change things, so we can see
What Allscripts has in mind for you and me.
Charts piled in the floor instead of on the shelf.
Whoever scans the files will be overwhelmed!

We won't have any charts around here;
Instead, there are computers everywhere!

GUYS: A little change would do you good
GIRLS: We love change, change is good.
GUYs: A little change would do you good
GIRLS: We love change, change is good.

"Mock" Go Live

A unique opportunity presented with Bristol Family Medicine that we would like to share with everyone.

Due to scheduling changes with the rollout dates, BFM completed their end-user training two months prior to their Go Live date. Since we realized that they would need a refresher prior to Go Live, the Green Team headed to Bristol for three days prior to Go Live week. During this time period, we encouraged the providers and residents to begin using the EHR and to document at least one patient visit in Allscripts. The nurses and front desk were encouraged to check patients in and out of Allscripts and to document vital signs and immunizations. Doing this allowed us the opportunity to examine workflows, determine if any changes needed to be made, and provide the staff with a chance to actually use the system, without the pressure of having to document every patient visit.

Due to the success of this experiment, we would like to encourage all upcoming sites to schedule some time for a "mock" Go Live. Pediatrics is already working on getting this scheduled. We also hope to take some time during the latter part of Internal Medicine's end-user training week to come to their office and provide some one-on-one support.

We really believe that this will benefit all users and will provide better patient care. Thanks to BFM for allowing us the opportunity to try this new idea!

