

Performance Strategies

for Healthcare Leaders



Drive Adoption and Effective Use of IT

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How to Make Full System Adoption a Reality



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[OakBend Medical Center](#) shares much in common with community-based hospitals across the country. Our county is growing at a rate of 5% per year, and with that growth we've gone from being a sole provider in the area to one of four hospitals. We had a stable hospital environment with our existing IT system, but we needed to move forward with sophisticated tools to remain competitive in the eyes of our physicians, nurses and patients.

Like a growing number of community hospitals across the nation, we chose a comprehensive IT system that would enable us to deploy electronic health records (EHR) to our physicians. The EHRs would eliminate the need to locate paper patient charts and provide our physicians with easier access to patient information to support faster care decisions.

But when it came to implementing McKesson's [Paragon® HIS for community hospitals](#) across the medical center and our second campus, we chose a vastly different method from the standard hospital implementation model that vendors historically have used. By turning the industry's model on its ear, we achieved 100% nursing utilization within the first month of go-live and had every physician using the system for electronic health records within three months.

Radical, But Successful, Strategies

A Fresh Start — No Data Migrated

The key component to our strategy, and why we were so successful, was our first decision regarding data. In a typical hospital IT implementation, the hospital migrates data from the previous system. In our case, we chose to start fresh and not convert any data — not even the master patient index. This enabled us to focus all of our efforts on building the new system instead of converting old data. This also helped post-go live in eliminating issues that stemmed from problems in the conversion of the old data.

Build at a Department Level — Not IT Directed

We shifted responsibility for building the system away from IT and put it squarely on the shoulders of each department director. In some organizations, nurses, for instance, simply don't have the time to help build a system to enhance their department's workflow. By default, the responsibility falls to the IT department, and IT resources who are not members of the given department design the process flows.

Invariably when the system is rolled out, the department staff is resistant because the workflow doesn't follow their department's processes. In our implementation at OakBend, department directors assigned department staff to serve as super users who designed the process flow for the department. Because the build architect of the new system was a colleague with whom they regularly worked in caring for patients, other staff members were not only more open to the new system but they were reluctant to criticize a friend and co-worker. Finally, in the course of the build, the departmental staff became the biggest promoters of the new system — a far more powerful voice of support for the new system than your traditional management and IT advocates.

Training at a Department Level — Not IT Directed

Typical training in a community hospital, too, is unrealistic and doesn't meet the hospital's needs. We spend all this time and money

CONTINUED ON PAGE 2

How to Make Full System Adoption a Reality (Cont.)

engaging physicians only to find that they won't truly be engaged until they have their own live data. And it's the same with nurses. The traditional model puts them through a training program that takes months to complete and allows too much time to pass before go-live.

Our approach was to introduce staff to the new system in a classroom setting, but then to shift the responsibility for ensuring that staff could effectively use the system to the department director. In fact, we established a job performance requirement for our VPs and Department Directors to be proficient using the new system and to personally sign off that each of their direct reports were capable of using the system as designed. This hands-on training meant the system was no longer a Paragon system or even an OakBend system — it was "my system." Department ownership and accountability for the system virtually eliminated criticism of the system and guaranteed full adoption.

Effective Outcomes — Quick Results

For a decade, I served as an IT consultant conducting implementations across the country, and hands down, this was the best implementation I've ever seen. Our noise levels from end users were extremely low. Our days in accounts receivable declined and cash flow went up because of the efficiency and effectiveness of the Paragon business office application.

On the floors, we've also seen a quick return on investment. Nursing staff use workstations to document patient vital signs and assessments remotely from the nursing station, making them more accessible to their patients. Physicians can then immediately view the vitals online for accelerated patient care. Everybody at OakBend uses the system — from business office staff to pharmacy techs to nurses and physicians, and everyone in between.

Successful implementations aren't owned by IT; they're owned and championed by the end users. By having department staff members operationally drive the implementation, we reinforced accountability and invested ownership in the staff and clinicians. It meant we were able to achieve full adoption of the tools we must use to succeed.

Joseph Freudenberger is the chief executive officer of OakBend Medical Center in Richmond, Texas. He has spent more than 23 years in healthcare — the first 10 as a consultant with Deloitte & Touche working with major healthcare systems around the country and the last 13 as CFO/COO and now as CEO for both for-profit and non-profit hospitals in Texas. He has overseen every department in a hospital during his career and is intimately familiar with all revenue cycle operations, managed care contracting, physician relations, debt financing choices/issues, risk management, systems and clinical operations. He has served as a member of the Healthcare Financial Management Association (HFMA) for the last 14 years and also serves on the Boards of the Greater Fort Bend Economic Development Council and Central Fort Bend Chamber Alliance.

OakBend Medical Center Adoption Success

- ▶ **Achieved 100% nursing use of system within the first month of go-live**
- ▶ **Reached full physician use of system for electronic health records within three months**
- ▶ **Completed implementation within 15 months from signing of contract**

A key to OakBend Medical Center's success in nursing and physician adoption was shifting responsibility for building the system away from IT to department directors. OakBend found this improved adoption because the department staff that architected the system was a colleague with whom staff worked in caring for patients. Department directors were required to ensure staff was proficient in using the system and personally signed off on their readiness.

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[Roadmap for the Adoption of HIT in Rural Communities](#)

[JMIR: Improving IT Adoption and Implementation Through the ID of Appropriate Benefits](#)