Committed to change

Mary-Ellen Vidgen

The introduction of an electronic health record (EHR) at the Mater Health Services (MHS) Brisbane has required the formulation and implementation of a change management plan. This article explores the journey taken to prepare, engage and support the clinical workforce in the adoption of this technology.

Mater Health Services Brisbane’s electronic health record history

The Mater Health Services Brisbane is an 1100 bed acute care, tertiary referral health service comprised of seven hospitals: Mater Adult Public, Mater Mothers’ Public and Private, Mater Children’s Public and Private, Mater Private South Brisbane and Mater Private Redlands. Prior to the amalgamation of these distinct hospitals in 2002, the hospitals were not operating under an enterprise-wide Information Communication Technology (ICT) Strategic Plan. Offering healthcare services to distinct patient cohorts, the seven hospitals had purchased or developed close to 100 stand-alone software applications. Our data were ‘locked up’ in a large and dispersed array of unintegrated sources. With the creation of ‘One Mater’ (i.e. Mater Health Services) in 2002, came an appetite to address the inefficiencies of this growing number of stand-alone applications, which had multiplied steadily every year as different departments’ patient information demands increased.

Under the sponsorship of the Chief Executive Officer, the Mater’s EHR Strategy was born, with a mandate to unite, where possible, the patient information silos across the organisation. Over a two-year period, a request for information (RFO) to the clinical information systems (CIS) industry, national and international site visits, and the appointment of a Chief Information Officer (CIO) resulted in the decision to implement a MHS-wide clinical portal. A clinical portal is a software application that brings together data for a specific patient from discrete systems or repositories and presents the data as a single medical record view. Unlike a single-vendor EHR solution, a clinical portal application would enable the business to continue to benefit from the multiple vendor/dedicated department-specific solutions, while also enabling the rich data in those stand-alone systems to be shared across the services. The argument for a clinical portal was also supported by the situation with the existing paper-based medical record that had, in many cases, become incomplete, unwieldy or missing; a situation, which despite concerted efforts by the Health Record Service, had become an uphill battle to address.

A number of challenges were presented very early in our clinical portal journey: (a) very few vendors in Australia; (b) no existing clinical portal implementations in Australia; (c) poor technical infrastructure; (d) multiple patient administration systems (PAS); and (e) poor patient master index (PMI) data quality. Throughout 2004 to 2007, in preparation for the implementation of the clinical portal, the organisation invested in building better information technology (IT) service capability, replaced the legacy PAS systems and consolidated the PMIs. A clinical portal vendor was selected and a small pilot was conducted. The pilot confirmed the software would deliver benefits to the clinicians, and provided an understanding of the organisational readiness and implementation issues and risks before making the investment commitment. In 2008, a clinical portal project team was formed to implement our vision for a ‘whole of Mater’ patient medical record - electronically accessible anywhere, anytime.

Around that same time, Mater Health Services had identified a significant patient safety risk – missed diagnostic test results. In a busy teaching hospital, the reliance on the existing paper-based solution to pathology and radiology report sign off/acknowledgement was resulting in the fact that tests were being ordered and not reviewed. Several instances of this had resulted in serious adverse patient outcomes. Previous attempts at technical solutions to this problem had failed. The Mater’s Executive requested that the clinical portal project include in our brief a solution for electronic sign-off test reports.

Change management strategies for the clinical portal implementation

In the earlier implementations of the stand-alone clinical information systems at the Mater, no formal change management tools or methodologies had been used. Yet, although the organisation was relatively immature in this element of IT project management, the recent PAS replacement implementation had reinforced a healthy appreciation of the role that formal change strategies can play.

The advent of the clinical portal project saw both excitement and anxiety within the clinical and health information management community at the Mater.
Buoyed by the opportunity to transform healthcare delivery on the one hand, stakeholders were also acutely aware that such transformation projects have failed in other organisations. Great promise brought with it great risk. From the outset, the key players understood and respected the disruption this transformational change would bring, and therefore committed upfront to the thoughtful management of this change.

The term change management can represent different concepts depending on the context. From the EHR implementation perspective, change management is all about the people – supporting them to be ready, willing and able to adopt the new technology. In terms of preparing for the clinical portal implementation’s change management dimensions, the pilot revealed:

- importance of senior staff stakeholder engagement
- value of face-to-face support
- intricacies of current workplace communication cultures
- limited capacity of staff for change during certain periods
- wide variance in IT proficiency levels
- imperative for engaged governance groups
- necessity to understand clinical workflow processes

While the established clinical portal project team had strong IT project management, health information management, business analyst, training and software development skills, it lacked change management discipline experience. It was decided to grow this expertise internally within the project team as a cost-effective and long-term strategy. To achieve this, a consultant was engaged as a mentor. This exercise resulted in the formulation and implementation of the clinical portal project’s change management plan (CMP). However some foundational work was necessary before the CMP could be implemented.

**Creation of a change management team**

With guidance from the external change management consultant, several Health Information Managers on the project team undertook a six-month process to learn ‘how change can be managed’. The understanding that two out of three EHR implementations fail (McCarthy & Eastman 2010: 6-7) because the users are not engaged to change their behaviour, was an observation made previously but dealt with inadequately by previous project teams and steering committees. Commencing the project with this issue at the forefront meant that change management activities were sufficiently resourced to create an environment for success. The establishment of a distinct five-person change management team within the wider project implementation team enabled a dedicated focus on change initiatives.

**Project governance roles and responsibilities**

As the concept of IT project sponsors and advocates was relatively new to the Mater, the working relationship between them, the project manager and the change manager took time to develop clarity. So too did the concept of project change management. In particular, a people-focused dimension to a project initially appeared as an excessive luxury. At times the mindset of senior staff was somewhat autocratic in the belief that staff will do as directed. This attitude ignored the fact that such an approach to clinical process transformation had failed with certain past initiatives. Poorly designed software was often the scapegoat for these failures. Our challenge was to convince the project sponsors and steering committee that the critical success factor would be the people not the software. As organisational leaders, these individuals had a responsibility to embrace the change management activities articulated in the CMP.

**Clinical portal project change management plan**

The clinical portal CMP introduced a number of tools and processes that were designed to develop understanding, acceptance and commitment among all of the project stakeholders for the changes being implemented. It was designed to help reduce the degree of resistance to the changes and minimise the disruption to the Mater’s ‘business as usual’ – as well as ensure sustainability of the changes being introduced. The use of a computer instead of paper may have obvious advantages to some; however, many Mater clinicians had not previously been exposed to this form of technology and therefore had not experienced their benefits in the workplace. On reflection, the areas of the plan that had a profound impact on the success of the project were: stakeholder engagement mapping and tracking tools; change impact assessments; and the clinical portal champion network.
Stakeholder engagement mapping and tracking tools

Stakeholder groups affected by the project were identified and monitored in order to track their project ‘awareness to commitment’ journey. Relationship managers were assigned to these various groups or individuals, and the relevant communication approaches were planned. Although initially time-consuming, with over 100 individuals or groups identified, this process delivered a valuable management tool in an environment with a large number of stakeholders across different disciplines, roles and locations.

Change impact assessments

With the affected stakeholders identified, our change management methodology then called for an assessment of the various change impacts on those groups or individuals. By gathering an early indication of the likely change impacts being placed upon the range of stakeholders, the project had a good basis upon which we could predict the likely change management activities and resources that were required to adequately ‘engage, prepare and support’ stakeholders during the transition. For example, in some circumstances there may or may not have been: process changes that needed to be documented; new infrastructure or equipment needed to support some new capability; or the degree of training varied, depending on the extent of new knowledge, skills or functionality being altered or introduced for the first time. There was a possibility that changes to job roles and organisational structure or reporting lines, or both, would occur as a result of the project.

Clinical portal champion network

Currently there are 150 clinical portal end-user champions at the Mater, across 45 clinical and clinical support service areas, representing almost 2,000 of their colleagues. The concept of an individual representing their work unit colleagues prior to, during and post implementation of the clinical portal proved extremely successful.

Typical clinical portal champion attributes are that they: (a) have had previous exposure to other EHRs; (b) are well respected among peers and staff in general; (c) have good people and communication skills; (d) are supporters of technology as a tool in the workplace; and (e) are willing to accommodate the time commit-

What has the clinical portal project change management plan achieved?

The implementation project is now four years into the schedule. The project team was recently commended by Mater Executive for an unprecedented successful clinical and administrative process change initiative. Of significance was the acknowledgment that the clinical portal project has not been a technology project. Indeed, it has been about bringing Mater staff on a journey to a place where the benefits of technology are understood, desired and realised. Staff are truly excited about an easy-to-use tool that enables them to more efficiently care for their patients and they are now hungry for more. The project team has been requested to develop a business case to extend the functionality of the portal to address other clinical process issues with which the organisation is grappling. Mater Executive and clinicians have developed a level of trust in the team to manage the technology and change solutions to these issues. The project team is extremely motivated to continue their efforts. For a health information management professional, the Mater is a most rewarding place to work these days.

Reference


Mary-Ellen Vidgen
Change Manager, Electronic Health Record Program
Mater Health Services
Information Management Division
Level 2, Corporate Services Building
Raymond Tce, South Brisbane, QLD 4101
Tel: +61 7 3163 8007
Fax: +61 7 3163 6883
email: mary-ellen.vidgen@mater.org.au
Website: www.mater.org.au