

Piece by Piece: Disseminating Change Toolkits as an Effective **Communication Strategy During EHR Implementation**

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Background

The transition from paper documentation to an electronic health record (EHR) is a catalyst for immense change and mandates wellplanned tactics for information dissemination. To complete this transformation, The University of Texas MD Anderson Cancer Center devised a series of toolkits that showcased high-impact changes in the day-to-day tasks of ultimate end users with the new EHR. The toolkits were sets of materials on specific topics and concepts designed to prepare clinicians for the inevitable changes to the institution's health information technology capabilities. Informatics Resource Nurses (IRNs) from both clinical and nonclinical areas were tasked with personalizing the delivery of the same essential information in each toolkit to ensure transparency during implementation.

Objectives

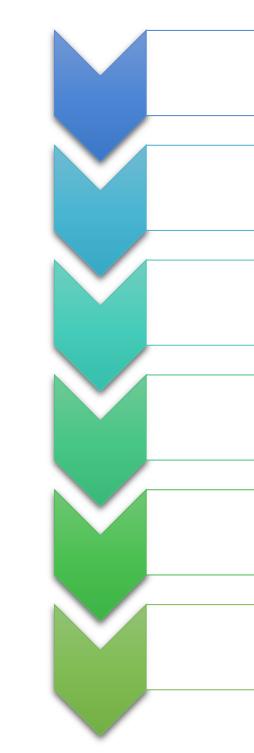
- Engage end users during the institution-wide journey by providing incremental glimpses of the new EHR that demonstrate the efficiency and effectiveness of device integration, streamlining communication, and integrating platforms for all areas of care.
- Help end users see the ways in which the shared and integrated EHR will help them provide better patient care and decrease time in performing day-to-day tasks.



Process of Implementation

- exchange.





• Toolkits served as a bridge to simulated trainings that paralleled the approach to the EHR go-live date and were formatted to capture the major changes with and benefits of the new EHR, particularly those that endorsed patient safety and high-quality care, standardization of data entry and retrieval, and real-time data

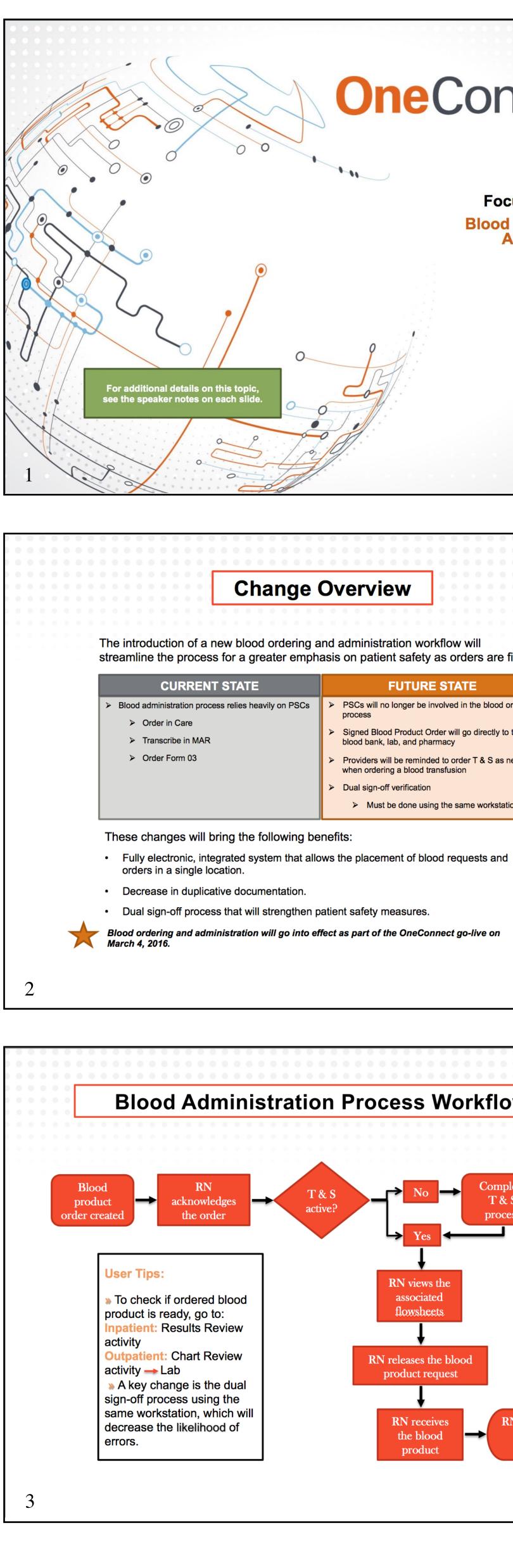
 Every month, a new toolkit was presented to the IRNs during scheduled meetings. The IRNs were then accountable for disseminating the toolkits to their respective areas and centers.

• The nursing leadership team used attendance trackers to monitor staff participation in and adherence to implementing institutional best practices for adopting the new EHR.

 A survey was completed by the IRNs to evaluate the effectiveness of the toolkits in information acquisition and dissemination.

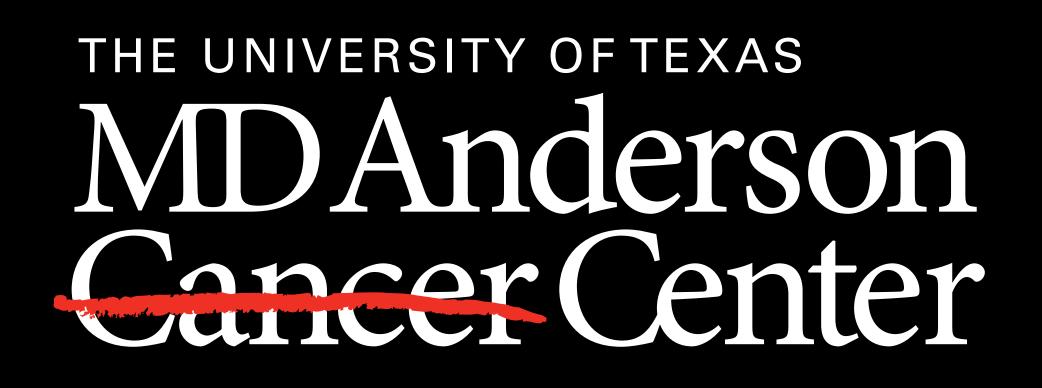
• A descriptive analysis of the data collected using the survey identified areas for improvement with regard to information sharing.

CHANGE		RVIEW	
Current State	VS.	Future State	
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USE	ER TIPS	6	
CHANGE	JOURI	NEY	
Preparation	and Pr	actice	
ADDITIONAL	RESO	URCES	



			Your Mission:
69 y.o., 08/08/1946, ❤ A	Code Status: FULL Precaution: Aspiration precautions Seizure p Weight: 81 kg (178 lb 9.2 oz) Attending: BOTZ, G Ullergies: Penicillins Out of Hospital DNR?: On File Admit Weight: 86.04 kg Research: Active Yf: None Current Location: P1020 (MAIN DI-C - MRI) BSA: 1.87 m ² 24Hr Blood Total (Clin+Rsch) max 150: oslation. Organism: Strict, Clostridium Difficile Height: 155 cm (5* 1.02") PCP: Lactation Consultant Obstetrics, RN 8 Wk Blood Total (Rsch Only) max 550	VAL ENVIRONMENT Pref Language, Need Interp: Spanish, Yes Implants: Implant, IVC Filter Patient Class: Observation Impl. 99 Patient Class: Observation	Take an Active Role in the Change Journey
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Routine, (30 minute Votify Physician V Hold Transfusion and Notify Physicia	Once First occurrence Today at 1309 es after transfusion complete; then return to previously-ordered vital signs.	Providers Place new order Select order mode	
1) Patient	Continuous startin T ti complains of ch . Blood Administration Red Blood Cells	Orders from Order Sets IP General Blood Administration Rem	Each of us needs to take responsibility for helping to prepare
Type and screen Routine, C Pre Transfusion Labs Post Transfusion Labs	Prepare RBC: Image: Conce First occurre of the second se	Vital signs Routine, Once First occurrence Today at 1309 15 to 30 minutes prior to initiating blood component transfusion Vital signs	for this change.
Medications Optional Premedications: acetaminophen (TYLENOL) tablet	1. Transfusion Indications 4 Wgb less than or equal to 9 gm/dt Actively bleeding Cardiac history Sickle Cell patient Scheduled for Radiation Therapy O.R. Patient Symptomatic Anemia Undergoing Photopheresis Other (specify)	Routine, Once First occurrence Today at 1309 15 minutes after initiating transfusion Vital signs Routine, Once First occurrence Today at 1309 30 minutes after transfusion complete; then return to previously-	 What aspects of the blood ordering and administration workflow do you think
acetaminophen (TYLENOL) solution oral, Once hydrocortisone sodium succinate (So	1 650 mg/20.3 m e, Administer price p	ordered vital signs. Hold Transfusion and Notify Physician if: Routine, Continuous starting Today at 1309 Until Specified 1) Patient complains of chills, abdominal / flank pain. 2) Shortness of breath. 3) Chest pain. 4) Restlessness. 5) Infusion site pain. 6) Sudden	will make your job easier?
diphenhydrAMINE (BENADRYL) IV intravenou furosemide (LASIX) IV		changes in vital signs. 7) Rash/hives/itching Type and screen Routine, Once First occurrence Today at 1309 Blood Administration Red Blood Cells Re	 How will your day to day job be impacted by the blood ordering and administration workflow?
Transfusion Orders Blood Products Adult Blood Administration Red Blood Cells Prepare RBC:	And	OPrepare RBC: Routine Patient Weight: 81 kg (178 lb 9.2 oz) And	 What do you think will be the biggest challenge to adjusting to these changes? What steps can you take to address this challenge?
Routin Patien And Transfuse RBC: P Detail	ne nt Weight: 81 kg (13	Order Details	 What are things you can do now to begin preparing for these changes?
Blood Administration Platelet Blood Administration Fresh Frozen F Blood Administration Cryoprecipitate Blood Administration White Blood Ce			
Blood Administration Buffy Coat Blood Administration Plasma for Exc	change	Remove All Save Work	
4			7
			Additional Resources
	Order Questions/Answers		Additional Resources
Vital Signs Assessment Intak Cosign Report Blood Admin	Priority: Routine Order Start Time: Today 11/19/15 at 0954 Linked Line: CVC Double Lumen 05/11/15 Non-tunneled Left Fermoral (Brown)		
Blood Bank Product Release Red Vitals Oxygen Therapy Respiratory Assessment		Override (i)	 FAQ - For answers to commonly asked questions about Blood Ordering and Administration, see the <u>Blood Ordering and Administration FAQ</u>.
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Implications for Advancing the Practice

- Attendance trackers revealed that more than half of the 75 areas and centers in the institution maintained a compliance rate of 100% for each toolkit.
- The IRN survey indicated that 75% of the 194 respondents felt that the toolkits promoted awareness and understanding of the new EHR, which increased stakeholder buy-in and commitment to the future state of health information management.
- IRNs believe the toolkits provided a holistic view of nursing workflows throughout the continuum of care, which increased their confidence in serving as ambassadors for the change enablement team as a result of previous exposure and familiarity with OneConnect, the front-end application client for the new EHR.



Conclusions

EHR implementation and acclimation at a large institution demand interdisciplinary collaboration to promote open channels of communication and support for the change process among all stakeholders. As change agents, the empowered IRNs play a fundamental role in facilitating effective information sharing with their peers and have shown that the toolkits increase end user readiness during the transition to the new EHR.

Acknowledgements

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