

Improving Change Management and System Optimization at a Small Community Hospital

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Background

In August of 2017, the Clinical Informatics (CI) and Information Systems (IS) departments at Wentworth-Douglass Hospital identified gaps in the processes surrounding change management and system optimization for the electronic medical record (EMR).

Gaps included:

- Lack of consistent documentation of requests
- Lack of consistency of the approval process
- Inconsistent communication to requestors

These gaps impacted end user satisfaction and delayed request turnaround time. To improve efficiency the facility consolidated from module specific change management groups to a single application specific change committee¹.

Methods

Data collection consisted of:

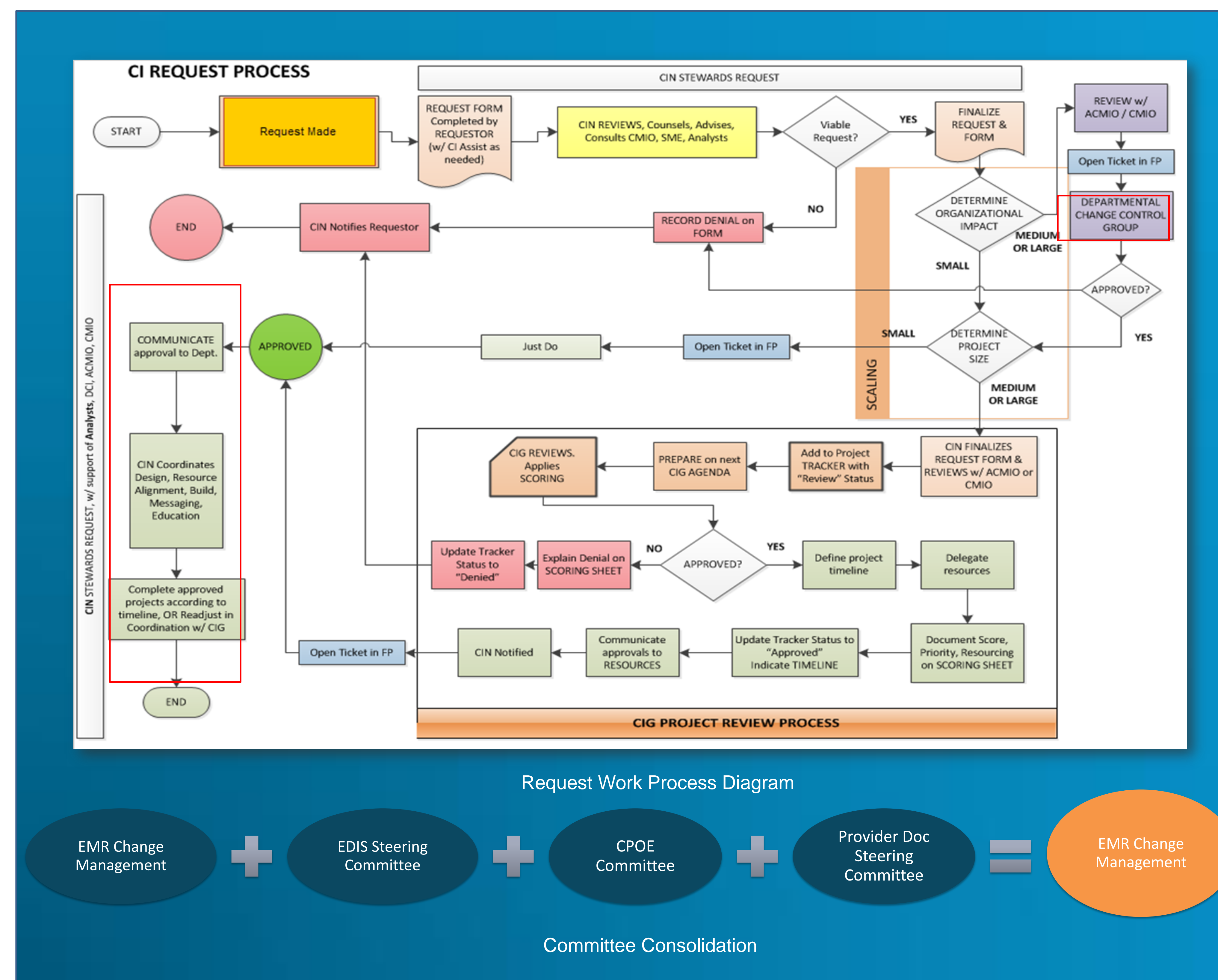
- The average age of outstanding requests
- Average time to resolve request
- Change status
- Request type
- Age of request
- A retrospective review of all requests that were either completed, closed, cancelled, or denied within 3 months of initiating change (compared to data from same 3 months the year prior)

To ensure data sharing and transparency, a biweekly dashboard of the data was presented to the committee.

Implementation

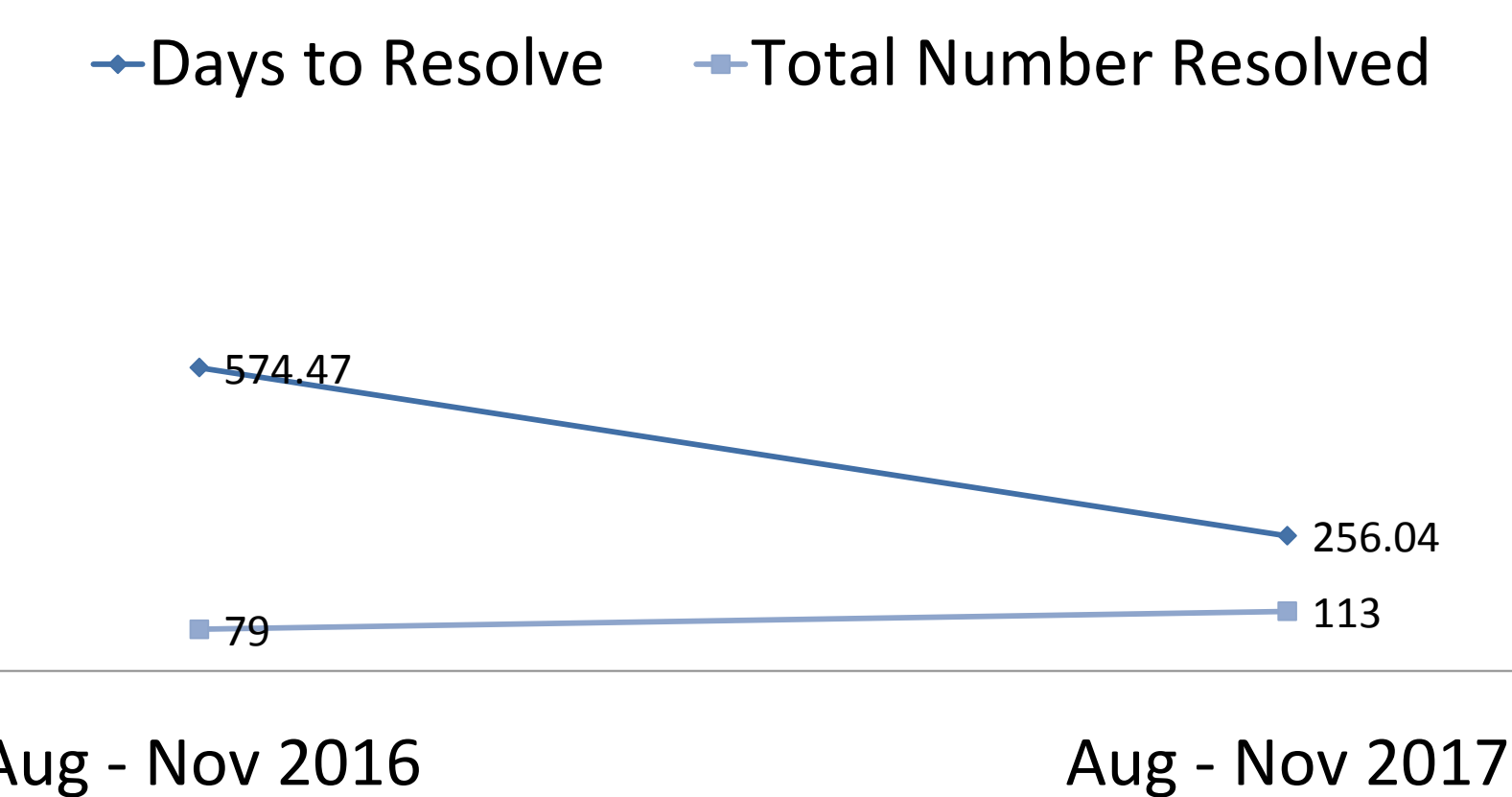
Before implementing, a standardized work process was developed for change requests based on feedback from key stakeholders. The following new workflow was implemented:

- Consolidated four change control committees into one, single clinician driven committee
- Developed clinical informatics governance to scale and prioritize large scale change requests and projects in a standardized format across all applications
- Assigned a clinical informatics professional to each change request to steward it through the process
- Developed a process to account for and track all methods of submission of change requests;
- Standardized tracking of change requests through the use of a ticket management system and standardized reports



Results

- Three months after the new process, the average age of outstanding request decreased from 146.5 days (8/1/2017) to 96.8 days (11/30/2017)
- Year to year comparison showed average time of resolution decreased by 44%



Discussion

- The committee continues to identify areas for improvement, including developing a standardized & objective prioritization scoring tool to supplement decision making
- Process improvements will be transparent and shared throughout the health system
- Future goal is to align the facility for an enterprise wide system implementation by 2019

Lessons Learned

- Clearly identify roles & responsibilities early in process
- Maintain open communication & transparency
- Assure flexibility to adjust as new challenges arise

References

1. Lorenzi, NM, Riley, RT. Managing Change: An Overview. Journal of the American Medical Informatics Association, 2000; 7-2; 116-124