

MONTHLY CHAMPION MEETING

2/9/2021

Tonight's Agenda

2

- Welcome to the February Physician Champions Meeting!!
- Old Business
 - Champion Training Class Registration Updates
 - Data Validation Project
 - Operational Readiness/Change Management Update
- Upcoming Critical Activities
 - GLRA Overview
 - Data Abstraction & Document Scanning
- Logistics & Next Steps
 - Publicity
 - Timesheets
- "Pulse Check" (as time permits)

3

Training Classes and Registration Updates

Please contact the Training Hotline for assistance if you have not already registered

(732) 387 3371

Train the Trainer (TTT) Training

4

- Training to prepare for teaching our colleagues
 - Specialty Trainers take the entire program (~20 hours)
 - Champions take the first part of this training (~6 hours)
 - Combination of Web-based Training (WBT) and Virtual ILT (VILT) as you may be called upon by one of your peers for guidance during Wave 1 Go Live
- For Specialties not going live in Wave 1.....

Please contact the Training Hotline for assistance if you have not already registered

(732) 387 3371

TTT Options for Specialties Not in Wave 1

If you are not going live in Wave 1 you may choose to take one of the TTT classes listed below but it is not required for you to do so. Thanks!

Physician Last Name	Physician First Name	Specialty	Potential Options
Betman	Shane	Pathology	Internal Medicine/Family Medicine General Surgery Pediatrics Cardiology – Invasive & Non-invasive Orthopedics OB/GYN Oncology Virtual Platform Training
Epstein	Richard	Radiology	
Fitzhugh	Valerie	Pathology	
Handler	Eric	ED	
Ikagami	Hiro	Thoracic Surgery	
Kashyap	Arun	Neonatology	
Mungekar	Sagar	Anesthesia	
Paulo	James (Jimmy)	IM Hospitalist	
Rezai	Fariborz	Critical Care	
Weng	Francis	Med Transplant	

Data Validation Project

Background:

- ❑ A subset of heritage data has been electronically imported into Epic
- ❑ Initial validation by Informatics is complete
- ❑ Now want actual clinicians/providers to do a second validation

Data Validation Project

7

The “Ask”:

Providers to validate that data imported into Epic from heritage systems is correct

We would like ALL Champions to get involved in this critical activity

❑ Process Overview

- ❑ 1 hour call to go over how to look in Epic and to go over a validation spreadsheet that shows what was converted
- ❑ 2 weeks to validate the data for 5-10 patients
- ❑ 1.5 hour call to review findings with the application and conversion team
- ❑ Possible follow up call to verify corrections have been made

❑ Terri Boyd will be reaching out for the following:

- ❑ Name
- ❑ Facility
- ❑ AD Login ID for RWJBH
- ❑ Email
- ❑ Cell phone
- ❑ SSN – last four

You will hear from David Halverson with details. Work will begin in late February.

Operational Readiness/Change Management Update

- ❑ If you haven't already, you will be contacted soon by your Operational Engagement Lead to begin meeting for this work

Overview of Operational Readiness Plan Development

9



Tools:

Workfront Change Management Portfolio

Detailed Change Management Plan Template

Communications Training
1:1 Contact
Demos
Presentations, etc...



We are here!

Risk & Change Management Detailed Plans

Workfront Plan Example: POS Collections Tasks

10

POINT OF SERVICE PAYMENTS COLLECTIONS - CHANGE MANAGEMENT PLAN	Assignments	Start On	Due On
Stakeholders Define all stakeholders and operational owners impacted	Julie Lewis (OE)	10/12/20	12/4/20
	Julie Lewis (OE)	10/12/20	12/4/20
Change Management Approach Define the long-term vision (applications, workflows and roles/responsibilities), understanding some portion of this may be adopted during post go-live optimization Define the Go-Live Model (applications, workflows, roles/responsibilities) to be adopted at point of Epic Go-Live Define any pre-implementation optimization to be adopted prior to go-live (may range from educational only to actual heritage system or workflow optimization) Estimate benefit realization opportunity of change management approach Schedule workflow demo(s) for validation at required workgroup meetings	Jean Bryll	12/2/20	1/8/21
	Jean Bryll	12/2/20	12/4/20
<i>Engage Patient Experience group to help define collections workflows and minimum amounts to ensure adherence to organizational financial and patient experience goals.</i>			
Policy/Procedures Identify policies impacted by change management scope, including new policy requirements Confirm/establish standardized RWJBH facility policies/procedures (may include changes in bylaws, etc) Confirm/establish standardized RWJBH ambulatory policies/procedures (may include changes in bylaws, etc) Generate scripting for all collection workflows and determine timing to deploy			
<i>Engage Legal and Compliance Subject Matter Experts on defined collection scripting, practices, and threshold amounts</i>			
HR/Staffing Tasks Work with operational leaders to determine if any job roles are impacted in any way (expanded or contracted job role, added or eliminated positions, moving job locations, etc) Engage HR to ensure proper procedures are followed to avoid delayed adoption (map out additional staffing related tasks as needed)			
Performance / Metric Reporting / Compliance Tracking Define enterprise operational lead (to track / report) Define best practice / target metrics (pre go-live, go-live, post go-live optimization) Define current RWJBH performance level (metrics) by site/entity Develop process to measure performance and adherence to policy (including pre go-live, go-live, and post-go-live targets, reporting requirements, etc) Develop process to escalate / intervene on non-compliant groups			
<i>Ensure collection thresholds built into Epic match organizational collection goals for various workflows.</i>	Jean Bryll	1/25/21	1/29/21

POINT OF SERVICE PAYMENTS COLLECTIONS - CHANGE MANAGEMENT PLAN	Assignments	Start On	Due On
Communication Develop communication plan (what is change, why it is important) – specify target audiences, message channels, frequency and timeframe Develop individualized messaging for key stakeholders impacted by change - specify target audience, channels, frequency and timeframe	Rhett Leibecke	1/4/21	2/26/21
	Rhett Leibecke	1/4/21	1/22/21
	Rhett Leibecke	1/18/21	1/29/21
<i>Engage the Patient Experience Workgroup and define communication plan for patients / general public</i>	Rhett Leibecke	2/1/21	2/26/21
Hardware/Technical/space implications If appropriate, engage project technical team and define acquisition, deployment, testing plan for hardware / devices If appropriate, engage department leaders, technical team, and site plant/operations and define plan for updates to physical space / locations impacted by overall change management pla	Diane Ries	12/21/20	1/8/21
	Diane Ries	12/21/20	1/8/21
Training Epic Together Training Work with operational leaders to review Epic Together training curriculum on impacted workflows Review / revise program training materials to effectively cover impacted workflows If needed, develop supplemental reference materials (tip sheets, etc)	Diane Ries	12/21/20	1/8/21
	Jocelyn Gahndi	12/21/20	1/8/21
	Jocelyn Gahndi	12/21/20	1/8/21
	Jocelyn Gahndi	12/21/20	1/8/21
	Jocelyn Gahndi	12/21/20	1/8/21
Supplemental Training Assess operational training materials (organization policy/procedure, and non-system workflows) If needed, develop supplemental training materials for operational aspects, and define method for adoption	Jocelyn Gahndi	12/21/20	1/8/21
	Jocelyn Gahndi	12/21/20	1/8/21
Go-Live / Readiness Work with operational leaders to develop additional mitigation steps to prepare for and manage the process during go-live (staffing, scheduling, support, etc) Ensure device deployment and activation strategies are finalized	Julie Lewis (OE)	2/8/21	4/9/21
	Julie Lewis (OE)	2/8/21	3/5/21
	Diane Ries	2/15/21	3/19/21
<i>Create signage, scripting, or other patient educational materials on any new collection practices.</i>	Julie Lewis (OE)	3/22/21	4/9/21

Topics Assigned to Champions for Wave 1

11

- ❑ Dragon Adoption & Mastery [Ambulatory]
- ❑ Medication Review [Ambulatory]
- ❑ Interim Workflows - MedOnc/Infusion
- ❑ Interim Workflows - Muse
- ❑ Ambulatory APP/Residents/Fellows
- ❑ Problem List Maintenance and Etiquette
- ❑ Care Everywhere Workflows
- ❑ Social Determinants of Health (SDOH)
- ❑ Advanced Beneficiary Notice (ABN)
- ❑ Revenue Reconciliation and Accountability
- ❑ In Basket
- ❑ Telehealth
- ❑ Patient Experience / MyChart
- ❑ Provider/Clinician Access to Patient Data
- ❑ Handheld Devices Personalization
- ❑ MyChart/Proxy Access
- ❑ OB External Results Data Entry
- ❑ Referrals Workflow and Process

Your Operational Engagement Leads

12



Ann Jorz

- Dragon Adoption & Mastery
- Ambulatory Medical Review
- Med Onc/Infusion Interim Workflows
- Muse Interim Workflows



Dani Voss

- Advance Beneficiary Notices (ABN)
- Referrals Workflow
- Revenue Reconciliation & Accountability



Cate Clay

- Resident/Fellow Workflows
- Problem List Maintenance & Etiquette
- Care Everywhere Workflows
- Social Determinants of Health



Sue Kitchen

- Provider/Clinician Access to Patient Data
- Handheld Device Personalization



Julie Lewis

- InBasket Adoption & Mastery
- Telehealth
- My Chart
- Muse Interim Workflows



Terri Boyd

- All of them!

Tonight's Agenda

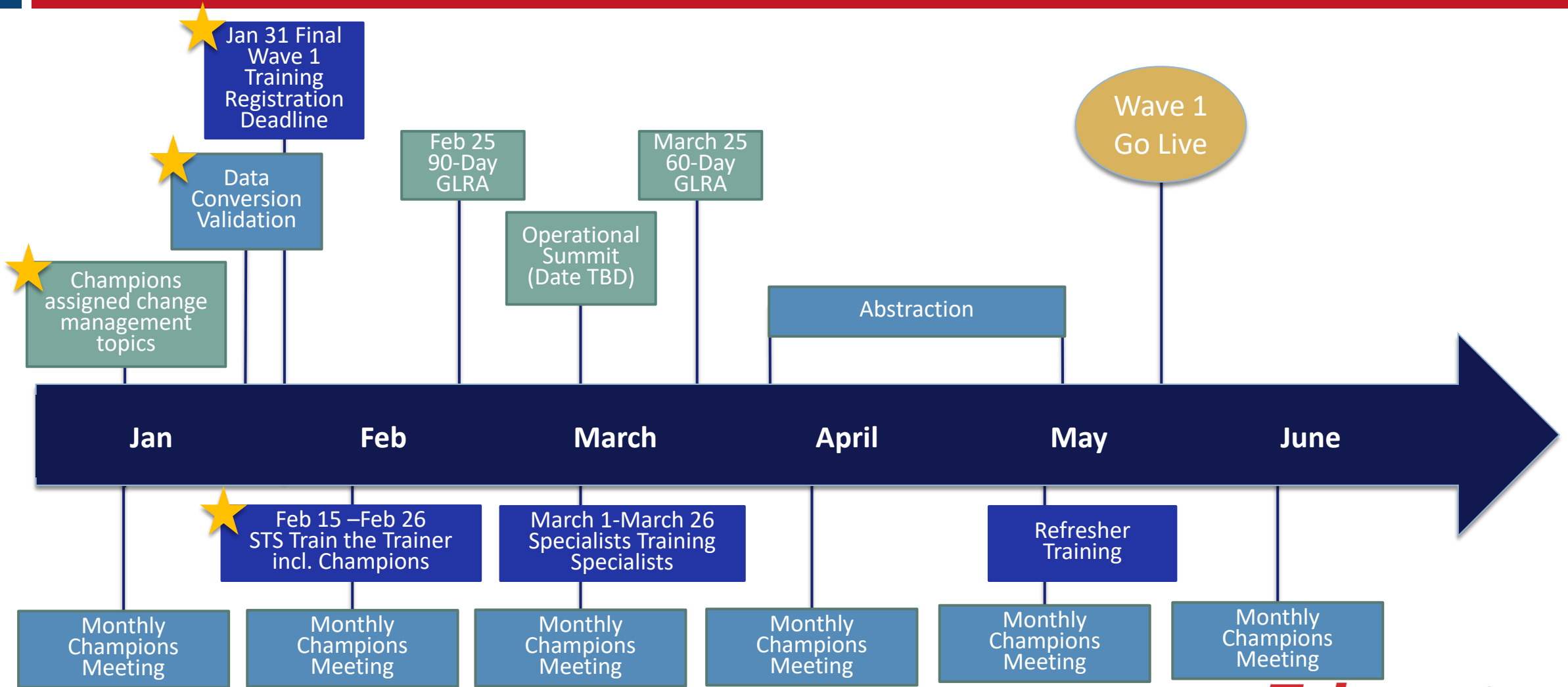
13

- Welcome to the February Physician Champions Meeting!!
- Old Business
 - Champion Training Class Registration Updates
 - Data Validation Project
 - Operational Readiness/Change Management Update
- Upcoming Critical Activities
 - GLRA Overview
 - Data Abstraction & Document Scanning
- Logistics & Next Steps
 - Publicity
 - Timesheets
- "Pulse Check" (as time permits)

Q1 & Q2 2021 Activities



14



GLRA Overview

- ❑ 90 Day GLRA will be held on 2/25/21
 - ❑ You will be receiving more details, an invitation and guidance for how to attend prior to the event.

Go-Live Readiness Assessments (GLRA)

16

What is the purpose of a GLRA?

- Collaborative presentations from Epic Teams and Operations on status of their Epic applications and operational readiness

Who is involved?

- EpicTogether project team and operational leaders (see attached GLRA matrix)

When is it?

- GLRAs are held at 30 day intervals starting 150 days prior to first two Go-Lives (120 days for subsequent Go-Lives)

Where is it?

- Remote Webex events (unless social distancing policies change)

What to expect?

- Collaborative and open platforms to escalate issues and celebrate successes
- After each GLRA, the project team will develop a watchlist of critical items

GLRA Guiding Principles

17

□ **Communication**

- ▣ open, honest, detailed and frequent

□ **Collaboration**

- ▣ what do **we** think are the issues and what are **we** doing to solve them

□ **Transparency**

- ▣ it's the hidden monsters you have to be afraid of

□ **Problem Solving**

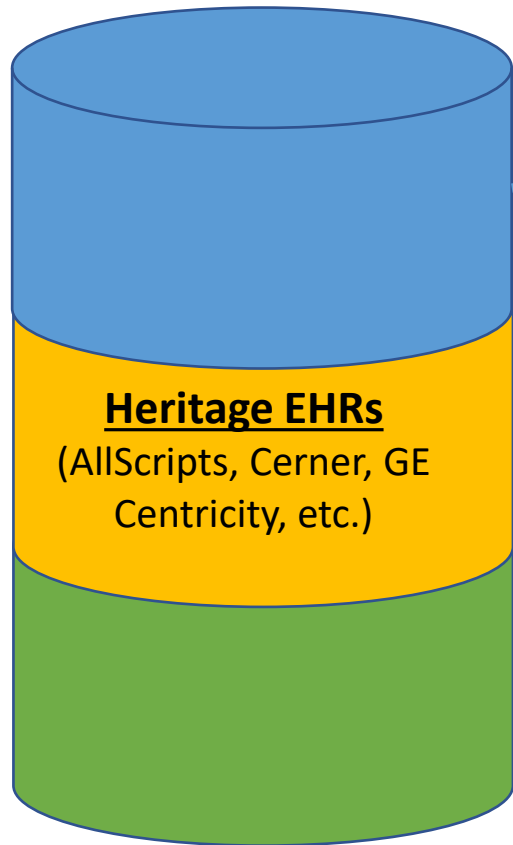
- ▣ anticipate a problem, identify a problem, plan a solution, monitor, resolve

18

Data Abstraction Overview

Frank Sonnenberg, MD

Data Migration



Converted data will be in Epic and require no manual intervention

Converted Data	Lookback
Patient Information (Demographics & Identifiers)	∞
Encounters	5 years
Labs: General and Micro Results	5 years
Labs: Pathology Results	10 years
Imaging Results	5 years
Cardiology Results	5 years
Notes (not all notes, depending on system)	5 years
Vitals (Height, Weight, BP, Head Circumference for peds)	Patients seen in last 5 years
Some Mammography Conversion	Being defined
Future Appointments	∞

Robust data, no further action required

- Data transferred electronically
- No manual intervention required
- Samples of data manually validated to ensure accurate transmission.

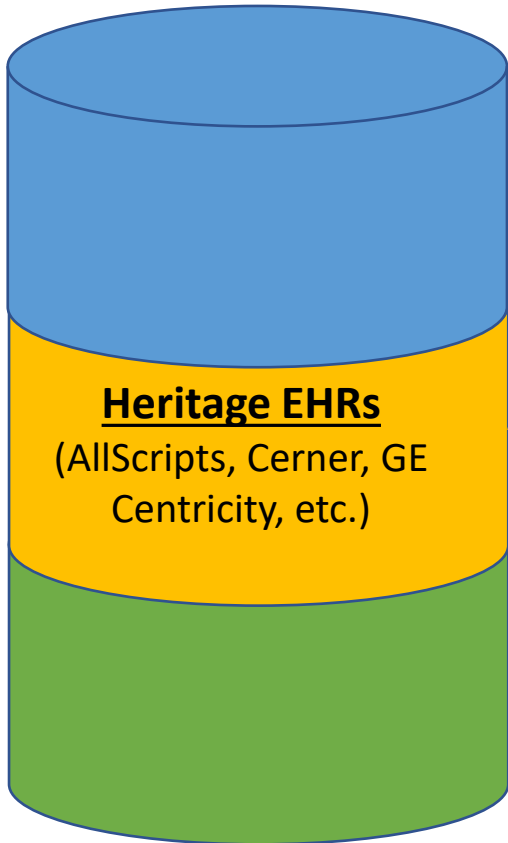
“PAMI” Data:

Problems, Allergies, Medications, Immunizations

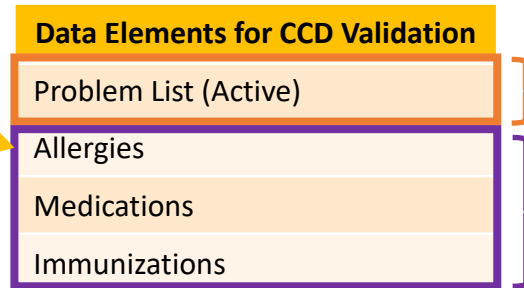
20

Problem List Abstraction

- To be done by providers
- Goal is to clean up messy problem lists
- Providers can work on problem list reconciliation in advance of go-live
- Going forward, problem lists are much more important in Epic



CCD will be moved to a waiting list for validation and abstraction prior to a patient's first Epic visit



Recommendation: Abstracted by Physicians/APPs

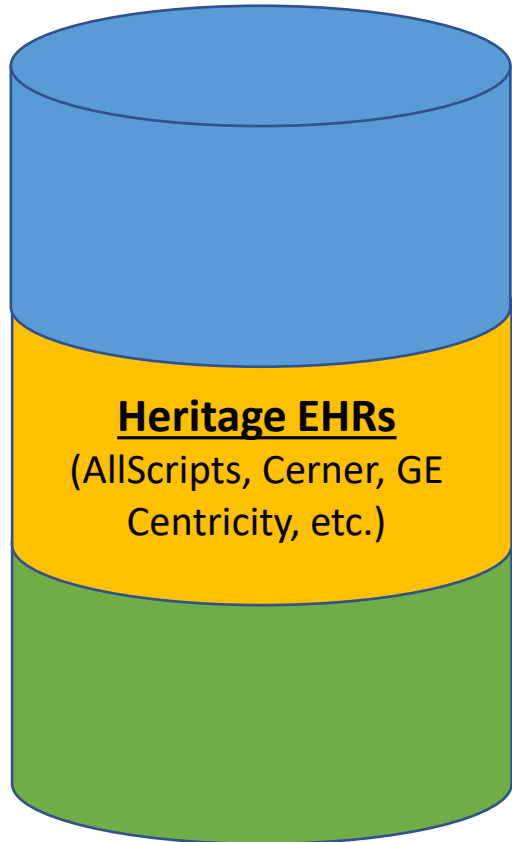
Recommendation: Abstracted by Clinical Staff

Allergies, Meds, Immunizations

- To be done prior to patient's first visit with Epic
- Reconciliation compares data from CCD to Epic list
- Medications “marked for review” by provider if the patient is not taking them

The “Green Zone”

21



- Data not included in the other two categories
- Needed for quality metrics, decision support or preference of providers
- We will be soliciting input from each specialty to see what they might need in addition to the other two categories.

All other data can be manually abstracted into Epic from the heritage EHRs for a limited period of time and forever from the Galen archival system

Potentially desirable additional information that includes but is not limited to family, social, surgical histories.

Next Steps:

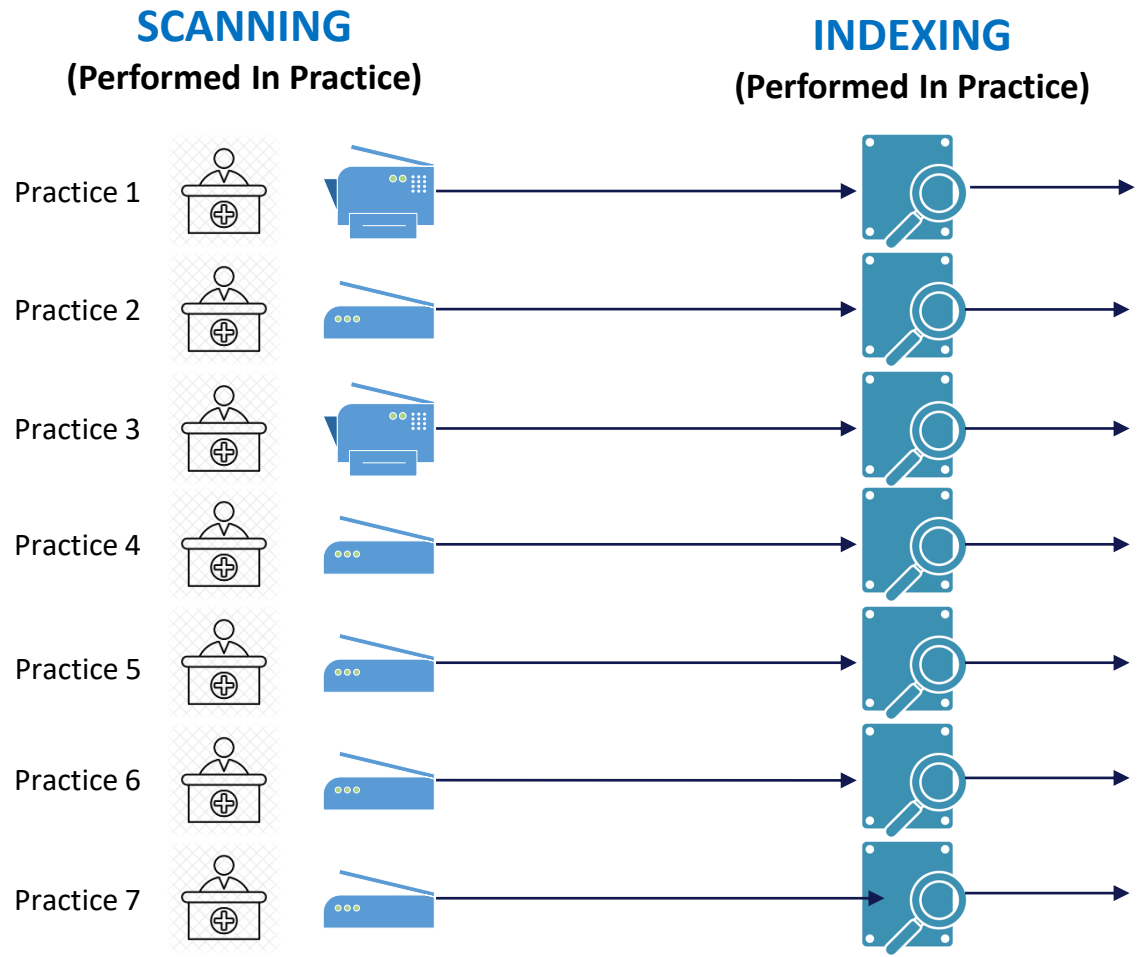
- Identify any specific information that is required by medical specialty to be abstracted
- Develop standards for abstracting the required data
- Assess the potential need, timetable, scope, and approach for third-party abstracting support

22

Document Scanning & Indexing Overview

Frank Sonnenberg, MD

Current State (PE & BHMG): Decentralized Scanning, Indexing & QA



NO STANDARD QUALITY ASSURANCE

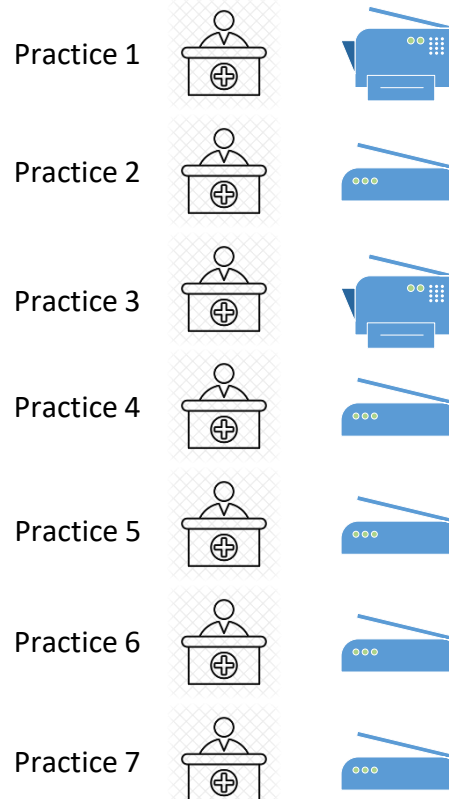
A vertical stack of seven circular icons, each containing a red checkmark and an upward-pointing arrow, with the words 'QUALITY' and 'ASSURANCE' around the perimeter. These icons are enclosed in a light blue rectangular box, indicating a lack of standard quality assurance across the decentralized processes.

Future State (already in use at RWJMS & CINJ): Decentralized Scanning/Centralized Indexing and QA

24

SCANNING

(performed in practice)



INDEXING

(contracted to Meridian)



QUALITY ASSURANCE

(contracted to Meridian)



Indexing

- Assign patient record and visit to image
- Define the document type (ex. lab result, prenatal, etc)

Quality Assurance (QA)

- Audit medical records and scan batches
- Validate patient record assignments
- Validate document types
- Determine timeliness of scanning

Tonight's Agenda

25

- Welcome to the February Physician Champions Meeting!!
- Old Business
 - Champion Training Class Registration Updates
 - Data Validation Project
 - Operational Readiness/Change Management Update
- Upcoming Critical Activities
 - GLRA Overview
 - Data Abstraction & Document Scanning
- Logistics & Next Steps
 - Publicity
 - Timesheets
- "Pulse Check" (as time permits)

Logistics & Next Steps

Logistics

- ❑ Monthly Standing Champion Meetings will be scheduled through 2021 every 2nd Tuesday of the month from 6:00 to 7:30pm
- ❑ PAC Meetings second Tuesday from 8:00 to 10:00am
- ❑ Recordings of meetings will be coming soon

Publicity Reminder



Please send to Victoria
(Victoria.Woodworth@rwjbh.org)

Name, Titles, Specialties, Institution, Location
and “Home Base”

Why are you excited about Epic?

Fun Fact About Yourself

Timesheet Update

RWJBH Process*

- Timesheet form
- Schedule for Submission

**January 2021 Timesheets have been submitted for RWJBH*

Rutgers Process

- Online submission form in development
- Meeting on 2/11 to finalize design and process

Tonight's Agenda

29

- Welcome to the February Physician Champions Meeting!!
- Old Business
 - Champion Training Class Registration Updates
 - Data Validation Project
 - Operational Readiness/Change Management Update
- Upcoming Critical Activities
 - GLRA Overview
 - Data Abstraction
- Logistics & Next Steps
 - Publicity
 - Timesheets
- "Pulse Check" (as time permits)

Pulse Check: What's on your mind?

Thanks to the 14 of you who attended PAC this morning!

- ▣ Demos on focused functionality will be starting soon at PAC



Thank you!

31

