

**HIMSS** Analytics

# HIMSS Analytics Stage 7 Case Study

**MultiCare Health System**



# Profile

MultiCare is a not-for-profit healthcare organization with more than 10,000 employees and a comprehensive network of services throughout southwest Washington. We are a 1,130 bed tertiary care organization with 2,350 credentialed providers, 608 of whom are employed. There are 42,426 admissions per year and 512,000 annual outpatient visits.

Today, MultiCare is made up of five hospitals consisting of 4 adult and 1 pediatric trauma center. These include Allenmore Hospital, Auburn Medical Center, Good Samaritan Hospital, Mary Bridge Children's Hospital and Tacoma General Hospital, numerous outpatient specialty centers, primary and urgent care clinics, as well as a variety of other services and community outreach programs.

The locations included in the HIMSS Analytics EMR Adoption Model<sup>sm</sup> Stage 7 award are Allenmore and Tacoma General Hospitals and 107 ambulatory clinics. The HIMSS Analytics EMR Adoption Model<sup>sm</sup> Stage 7 award was received on January 9, 2015.

## The Challenge

Our strategy involved the implementation of an enterprise-wide electronic health record to create “one patient, one record”—a seamless experience for patients no matter where at MultiCare they received care. Our goal of transforming the way care is delivered at MultiCare led the executive team to conclude that an investment in leading edge technology was the key to offering the best care for our patients, to ensure patient safety, and to improve the efficiency of our care teams. To reach our goal, MultiCare decided to build our electronic health record using an integrated platform instead of selecting various systems that were the “best of breed.” An integrated platform would reduce the technical challenges and need for interfaces common with non-integrated systems and our data would be held in a single repository. Another key decision was to take our concept of “one patient, one record” and expand this to include our community. We decided to offer our community providers access to the electronic health record by creating an Application Service Provider (ASP) network called CareConnect™—giving regional providers secure access to patient data outside the MultiCare delivery system.

## Implementation Overview

A multidisciplinary team of healthcare operations and information technology staff spent 1996 reviewing ambulatory practice management systems with the goal to standardize to a single platform. In 1996 after much discussion regarding our strategic direction, Epic's ambulatory electronic health record (EHR) and practice management applications were selected. The ambulatory clinics went live in February 1998 with the practice management applications. The EHR was implemented at our first location in August 1998. The roll out across our ambulatory locations continued through 2000. In 2004, the enterprise suite for inpatient and acute care was selected and a formal kick-off was held in September 2005. In 2007, 3 hospitals went live with admission, discharge, transfer, billing, revenue applications, clerk order entry and an electronic medication administration record. In 2008, clinical documentation for all staff was implemented along with Computerized Physician Order Entry (CPOE).



Several modules have been implemented since that time to include Radiant, Home Health, Hospice, OpTime and Anesthesia. Bedside Barcode Medication Administration was implemented in all areas across the acute care arena with the exception of Interventional Radiology and Gastrointestinal Lab. Our current approach to implementation is big bang, with all functionality going live at one time. This approach has been used successfully in our last two hospital implementations and in all of our clinics. In addition, there is extensive device integration across the system to include monitors, ventilators and Point of Care Testing equipment. MultiCare currently has a single platform of Epic across 120+ sites of care.

*“The actual ‘go-live’ has been less difficult than I anticipated, and there has been great support as we change habits that we’ve cultivated over years (and sometimes decades). Ultimately I think this will be a great step allowing easier access to charts across facilities.” - Dr. Kelly McGinnis*

## Resulting Value / ROI

MultiCare has recognized significant benefit in many areas, to include:

### Access

- Know the patient's story and ensure that the information follows the patient
- Physicians can now access immediate, accurate patient information from anywhere at any time
- Patients can access their information via MyChart powered by MultiCare
- Improved communications between clinicians

### Accuracy

- 27 percent increase in documentation of the plan of care by at least two disciplines
- 30 percent increase in order legibility
- Electronic health record shows the same medications, patient history, allergies, etc. at any location where the patient is seen
- Medication reconciliation is standardized throughout the organization and built into clinical workflows

### Efficiency

- 75 percent decrease in callbacks to in-house pharmacies
- 30 percent reduction in transcription volumes
- Average 30 percent decrease from disposition time to patient admitted time in the Adult EDs
- Operating Room scheduling turn-around-time under 2 minutes
- Mean laboratory order turnaround time reduced by 30 percent
- Median imaging order turnaround time reduced by an average of 50 percent

### Financial Performance

- \$12M in net benefit as a result of improved Patient Responsibility collections
- \$5M reduction in claims with open denials
- \$1,029,808 in avoidable write-offs
- \$585,000 in staff reductions in Patient Financial Services
- \$20M in improved cash collections



# Lessons Learned

## Executive Sponsorship and Ownership

The implementation of MultiCare Connect must be owned, championed, and actively supported by organizational and clinical leadership. System implementations are often seen as IT projects, but without the engagement of the clinical end-users and their leaders, success cannot be realized.

## Organizational Priority and Commitment

As with any large organization, multiple initiatives and priorities will compete for the “number one” spot. The success of an implementation of this magnitude requires consistent communication to the organization about the electronic health record and the benefits it brings both to the patient and employee populations. MultiCare provided consistent messaging from the top down so that employees both understood and were excited about MultiCare Connect. Leaders were committed to meeting milestones and clearing obstacles. Even staff members in support departments who never utilize the system provided rallying encouragement during the implementation. During the first week of the 2008 go-live, several of those departments hosted cheering stations whose sole purpose was to encourage the clinical staff and give them quick breaks from their work. Booths featuring Las Vegas-style events, cooking demonstrations and the opportunity to “limbo for a latte” let those who were deep in the midst of their go-live learning curve get a well-deserved mental break and see how the rest of the organization was behind them.

## Investing in People

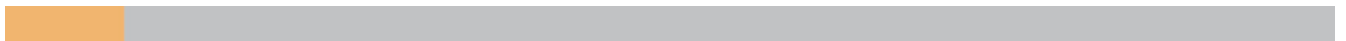
MultiCare knows that a multimillion dollar technology investment without an investment in people is just a very expensive technology venture. Through seminars, brown bag sessions, education and communication the project team made people the heart of the implementation. Care for the patient is always at the forefront, and employees understand that their feedback is welcome and incorporated.

## System-Wide Culture Change

Moving from a paper record, or even a stand-alone electronic health record, to a system-wide record requires the ability to be flexible and open to change. Leaders from MultiCare’s Organizational Effectiveness Department hosted change management seminars to educate staff members on simple things like attitude and environmental changes they could make to help ease the transition. The project team also presented “road show” demonstrations on the clinical floors, at department meetings, in doctors’ offices, and in the cafeterias, so that all future users could get an early look at the system and be prepared to adopt our new electronic health record.

## Have Fun

Many members of the project team have worked on this initiative for years (the original implementation of the electronic health record began in our ambulatory clinics in 1998). Within the projects, we try to remember that encouragement, recognition, and time for levity are key aspects of keeping those team members engaged.



*"MultiCare has been committed to advancing our EHR for more than 15 years. We believe connecting all our providers and patients in a seamless and sustainable way supports safer and more convenient care for our patients. This certification acknowledges the hard work and dedication of all of our staff members who contributed to this effort. We are well positioned for partnering with patients, providers and other health systems for healing and a healthy future."*

*Florence Chang  
Chief Operating Officer  
MultiCare Health System*

