

The Statement of Problem

The turnaround time to create, change or remove a new department setup in our Electronic Medical Records (EMR) was typically an 8-week turnaround. We knew that we could get the work done quicker and more efficiently but we could never obtain enough support to make a change to the process. Then, COVID hit in March 2020 that required us to convert existing departments into departments that could support the surge of patients with COVID, specifically needing ventilators.

Background

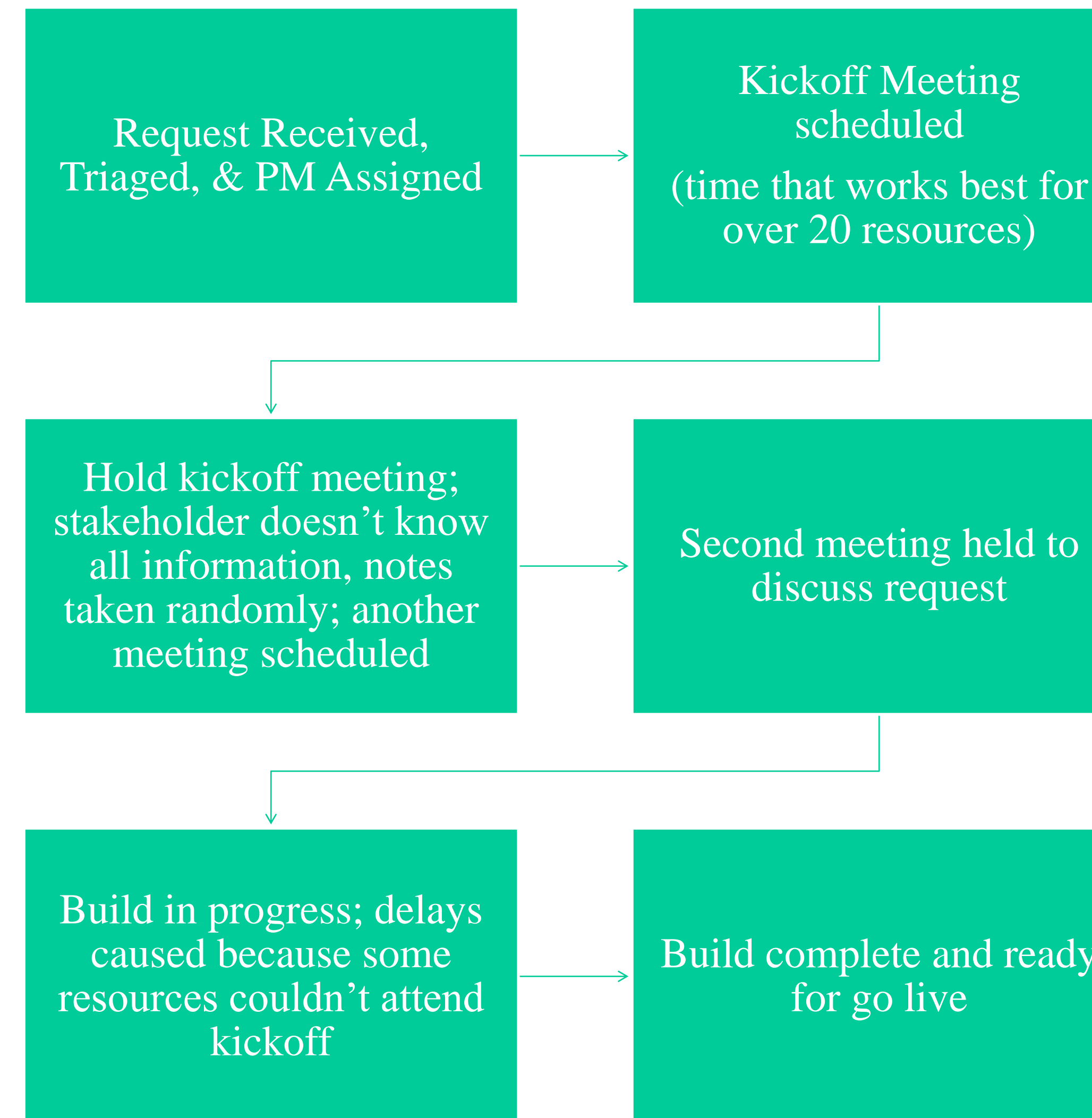
- Operational Business Units would decide to Move, Add, Change or Close a Department within Henry Ford Health. We call this a “MACC Request.”
- When making a change to a department, it needs to be in our EMR for that department to be functional. Then, clinical users can document patient information related to the visits.
- The IT team responsible for the EMR changes would receive notice of changes and those changes typically took 8 weeks to implement.
- Internal teams included to make the changes depends on the type of request but could include the following from the EMR team: Facility, Provider Records, Scheduling, Clinical Outpatient or Inpatient, Coding, Hospital and Professional Billing, Orders, Pharmacy, Surgery, OB, Interfaces, and our Clinical Liaisons. There are other teams outside of the EMR who are part of the internal team too like Revenue Cycle, Device Integration, Virtual Care, Security, Third Party Systems, Reporting.
- An 8-week turnaround, in most cases, would cause delays in getting the department operational and ready for use.
- Then, March 2020 came and COVID required departments to be configured within as little as 12 hours.

Objectives

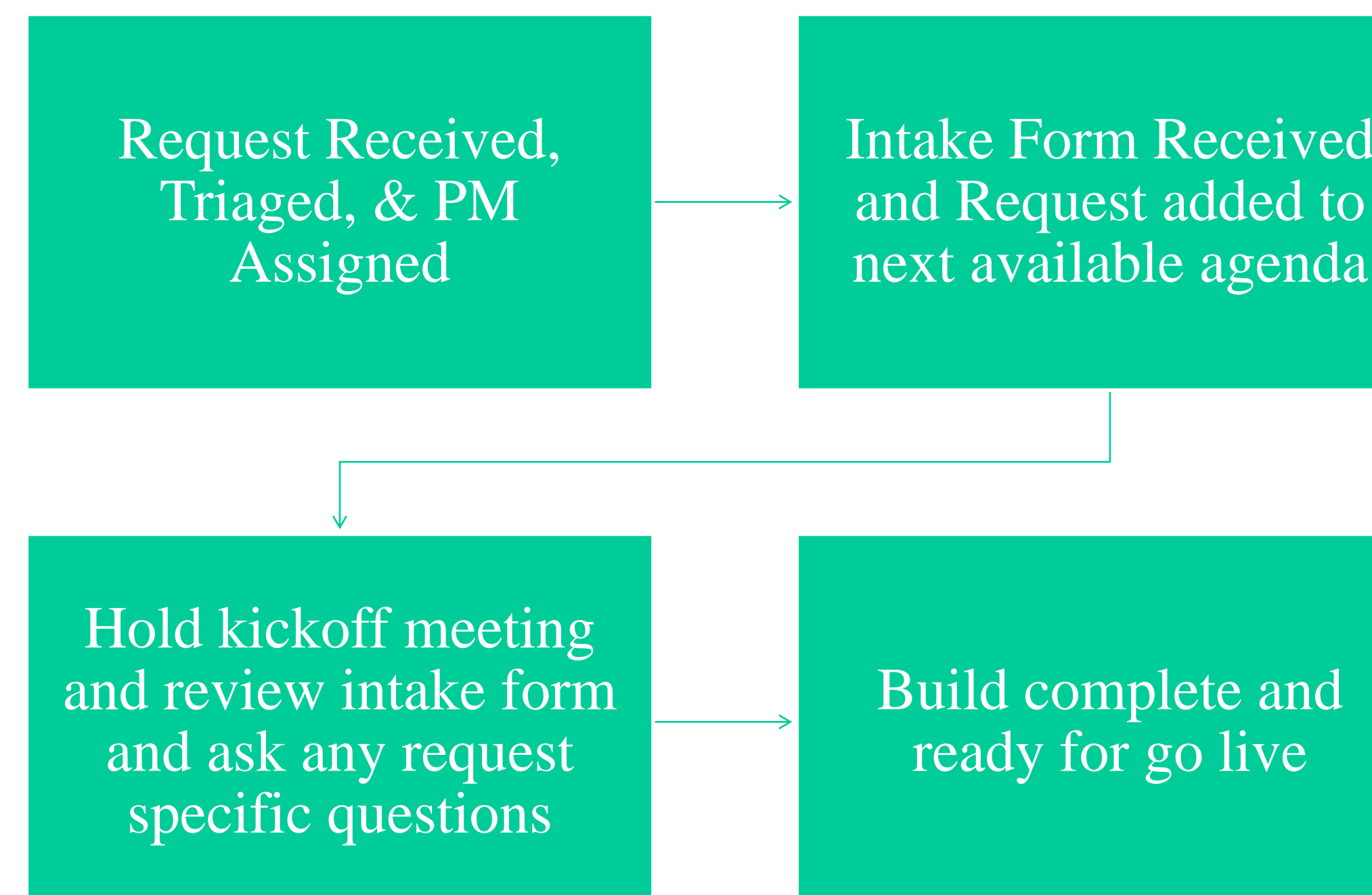
When taking the process from months to hours, we really needed to identify the following pieces to be able to streamline the work

- Determine the types of departments that would need to be configured
- Identify each task that was required for each department type workflow and those that were optional
 - Example: Inpatient vs Ambulatory Clinic (Covid Drive Thru Testing)
- Identify the team and a resource specific to each task
- Identify any dependencies that each task may have
- Gather general information about the department from the Operational Stakeholder: Department Name, Address, Phone/Fax, Providers/Users assigned, Billing setup, etc
- Determine if there is a department already existing that the requested department should look/function like
- Schedule meetings with all the identified resources to meet on a frequent basis (beginning of Covid the team had a bridge line open 8:30am – 5pm daily Monday – Friday and then meeting three times daily on Saturday and Sunday)
- Ensure there is a ticket for each request to track the status of the department request
- Use the tickets to generate a list of all requests which would include the status of each from a reporting perspective

8 Week Process



12 Hour – 2 Week Process



Lean Actions

- Added an Intake Form to collect information upfront instead of asking for this information during the kickoff meeting – not only collected the information ahead of time, but also increased efficiency and reduced time of meeting.
- Having pre-scheduled meetings with agenda spots allowed for all team members to be available for the meeting and for the request to be discussed in a timely manner. Previously it could take at least a week to get the large group together for a meeting and resources would still miss due to conflicts. Now each resource has that time slot booked on their schedule and they can determine if they are needed at that meeting based on the requests on the agenda.

Findings

Eliminated Waste

These department requests were going through the formal PMO process, but they were necessary to be done. During Covid, reporting was created to be able to quickly share at any given time what departments were not started, in progress, on hold or complete. This report provided enough awareness to leadership about the status of the department requests that there was no longer a need for the specific request to go through the formal PMO process. If the department was part of a larger project, then that overall project would still go through the process.

Happy People

We had happier people with our stakeholders and within our internal team. Our stakeholders were able to get their product faster and our internal team had information they needed to complete their build successfully ahead of time and in an organized process. 90% of the internal team agreed that the new process was better.

Streamlined Processes

Having the intake form specific for these types of requests turned out to be super valuable. It was created with the team to identify what information was needed for that piece of the build to be complete. Generic demographic information is required to be completed prior to the stakeholder joining the call, but they are also provided the list of other questions, so they can come prepared to answer those questions. During the meeting, the demographic information is verified with the team and then the list of build questions are reviewed and answered. Depending on the response from the stakeholder, the team may be all set or ask additional questions.

Recommendation

- Have standing meetings that include all resources that could be involved twice weekly for 2 hours. As new requests come in, those requests would be added into a 30 min timeslot. Agenda for each meeting kept up to date so resources can see what requests are being discussed and determine if the need to join.
- Have an intake form to be completed by the stakeholder prior to attending the meeting to discuss the request. If this is not provided prior to the meeting, then the request gets bumped to the next agenda

Keys to Success

- Providing the meeting agenda prior to the meeting so resources know which types of requests will be covered and they can determine if they need to attend or not.
- Ensuring that intake forms are received prior to the meeting so that all information is available for discussion during the meeting.
- Reporting available to all of IT to be able to look up at anytime what MACC’s are going through the process and their current status.