

The view from above looks “good”

A Week after Go-live, New Epic Users See More Light, No “Hourglass”

By Bill Sonn

“We’re in a good place after two weeks,” Soren Schoultz said the second week after the first 12 hospital clinics and service areas made their switch to Epic February 1. “I’m sure there are specific providers and workflows where the picture is not that rosy, but on a global level, that’s where we are.”

Some of the struggles to get a new Epic module for Pharmacy up to speed seemed to abate somewhat, although not without Pharmacy staff working through the past two weekends.



The closing hours at the Epic Command Center had a distinctly less-urgent feel.

“Generally, it was better than last week. We’ve been logging fewer issues than we’ve been closing” for staff members and providers, added Schoultz, the project director for the multi-year installation of the hospital’s integrated electronic medical record.

Some patient test results, for example, were going to Touchworks – the system being replaced by Epic at the clinics – instead of to Epic. The team found eight reasons for the routing, and had solved all of them by week’s end.

Through last week, the Epic team had logged a total of 1,050 issues, and had already resolved 686 of them. This week, while it continues

to resolve remaining issues, it is focusing on improving the medication order/refill process, Resident workflows, communication within clinics, and a questionably low level of charges from the Wave 1 clinics and the ancillary services like Radiology and Clinical Lab that support them.

A closer brush with normal? Schoultz was speaking during the waning Friday evening hours of February 11, just before the Epic Command Center on the first floor of the Anschutz Inpatient Pavilion was about to close down (it will reopen in April, when the next wave of go-lives begins).

He had, moreover, just left one of the daily debriefings at the Leprino Building, where hospital leaders, clinic managers and others carefully parsed the issues and solutions that arose since the first wave of clinics switched to Epic on February 1.

They even foresaw a return to normal. The launch plan called for the affected areas to schedule 50 percent fewer appointments than normal during the first week and 25 percent fewer during the second. Schoultz said they were all scheduled to return to normal appointment levels the week of February 14.

“It’s a glass half-full, half-empty kind of thing,” Schoultz allowed. “Some people are nervous about returning to 100 percent.”

CT Lin, MD – an internist who is both the hospital’s chief medical information officer and lead physician on the Epic team – acknowledged the remaining problems, but reported physician feedback has been surprisingly good.

Pharmacy’s “woods.” An unnamed psychologist told him, “I finally feel like I’m in the modern world.” John Song, MD, of Otolaryngology, told him, “there’s no hourglass” on his computer monitor, meaning the system was operating quickly.

“Vice President of Clinical Services and surgeon Greg Stiegmann, MD, said, “Word on the street is, it wasn’t as bad as expected.”

Schultz remained confident that the remaining issues will continue to be worked out “although Pharmacy is still not out of the woods.”

The outpatient pharmacies’ problems stemmed from “Willow Ambulatory,” Epic’s new pharmacy module. UCH’s pharmacy was the second Epic customer to install it, and by far the largest (*Insider*, January 19). But leading up to the launch, UCH found it was unable to electronically convert the data in its previous pharmacy system, called DataStat, into the Willow module.

Amid a raft of what Pharmacy Director Nancy Stolpman, PharmD, PhD, called “little breakdowns” in typically reliable printers, outpatient pharmacy staff found themselves having to look up patient records in the old system, print them, and then re-enter them by hand into the new system as each new order and each patient came into the pharmacy.

It led to patient waits of up to three hours during the first days after the switch.

After spending the weekend of February 5-6 catching up on the backlog of new and refilled prescriptions and adding temporary staff, a more workable process for refills was in place by last week.

Inpatient units, for one, were asked to begin forecasting patients who were scheduled to be discharged the next day and letting Pharmacy know in advance what medications might be needed, Schultz reported.

Elbow help. Then the Pharmacy staff would try to fill the upcoming prescriptions “in their spare time, which has not been plentiful,” Schultz said.

Orders tend to spike toward the end of the day, leaving staff to enter them by hand each evening. Schultz said staff generally found they were able to get caught up by the end of the night.

Otherwise, most of the issues coming into the command center were more easily resolved “printing issues and onesy-twoxy security problems. We’re not here until 2 a.m., and we’re not getting 250 calls a day like we were at the beginning.”

“While we do have many issues remaining and some frustrating workflows that we are refining, the overall energy, teamwork, and

collaboration remains positive and constructive,” Chief Information Officer Steve Hess reported in a summary email to a group of hospital leaders. “The fact that we are focused on workflows in week #2, rather than big system glitches, is positive, and we do have to keep in perspective that we are only in week #2.”

Week 3 is proceeding without a command center, but with “at the elbow” Epic team members still in the ambulatory clinics that were part of the first wave. Other questions are being fielded by the Help Desk.



Wave 1 pioneers got stick-on “astronauts” to signal their individual journeys to “mission accomplished.” But from above, they covered a lot of space last week.

“Finding the problems”

Grateful Hess Prepares to Honor the Epic “Pioneers”

“They are helping us find all the bugs,” Chief Information Officer Steve Hess told Leadership Forum, the monthly meeting of vice presidents, directors and managers, on February 8.

“They are finding problems that Wave 2 folks won’t have to face,” he added.

Just as they had anticipated, with the help of the “pioneers” – the clinics and service areas that were the first to go live on Epic – Hess and the rest of the 135-member Epic team have been able to identify system glitches, headaches and minor irritations involved in the switch to the integrated electronic medical record that simply could not have been found until the system itself went live.

At daily debriefings – about to be reduced to thrice-weekly sessions – the team, staff and providers have already applied lessons in everything from training to communications to their preparation for the next wave of launches in April.

Those will start on April 12 and climax on April 26. There will be subsequent waves of go-lives in June, August, September, November of 2011 and, at last, in May and July of 2012.

The Outpatient Infusion Center, which was originally scheduled to be in Wave 1, will go live on March 1, 2011. (A complete list of who is going live when is available at Epic Central, on the Hub at <http://hub.uch.edu/Epic/index.aspx>).

But a series of “Mission Accomplished” go-live celebrations have been scheduled for each of the Wave 1 clinics and services – whom the Epic team has consistently likened to pioneering space explorers – during the first 10 days of March.

“Everyone in Wave 1 needs to be commended for their role, for putting up with some of the inefficient workflows, and seeing through that frustration to help us get to a better place...for themselves, but also the areas going live in the future,” Hess noted in a February 10 summary for hospital executives.

The Epic pioneers were:

- » Urology
- » ENT
- » Audiology
- » University Medicine - Lowry
- » University Medicine - Anschutz
- » AF Williams
- » Executive Health
- » Express Lab
- » Referral Authorization Center
- » Concierge Call Center
- » Outpatient Registration
- » Outpatient pharmacies
- » Business Services
- » Health Information Management