

Failure

Was Not an Option

The Preceptor Role as a Critical Factor in the Successful Go Live Readiness and Transition Model

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4 Hospitals and
over 200
Outpatient Clinics
in multiple states



70,000 hospital
discharges, over
2 million
outpatient visits
and more than
513 million a
year in charity
care



Level 1 Trauma Center
Level 4 Neonatal ICU
Dedicated Burn Center
NCI Designated Comprehensive Cancer Center
Tennessee's only comprehensive solid organ
transplant center



250+
Outpatient
Clinics

1,000
Inpatient Beds

125
Physical Locations

162,000
Scheduled
Appointments

500
Order Sets

30
Months of
Planning

14,000
Build Tasks

650
Design/Adoption
Sessions

5,000
Training Sessions

800
Ambassadors

234
Unique In-Person
Training Courses

11K
ED
Visits

1,100
SMEs

18,000 END USERS

300 TEAM MEMBERS

861
Departments Identified

60,000
End User Devices

1
"Big Bang"

180
Interfaces

10
Training
Weeks

3
Hospitals

25
Epic
Modules

700
Provider
Personalization Labs

10K
New My Health at
Vanderbilt Accounts

30
Operational
Readiness
Meetings

1,200
External
At-the-Elbow
Resources

49
CDAS

600+
Workflows
Reviewed

1,350
Super Users

Nov. 2, 2017
Launched

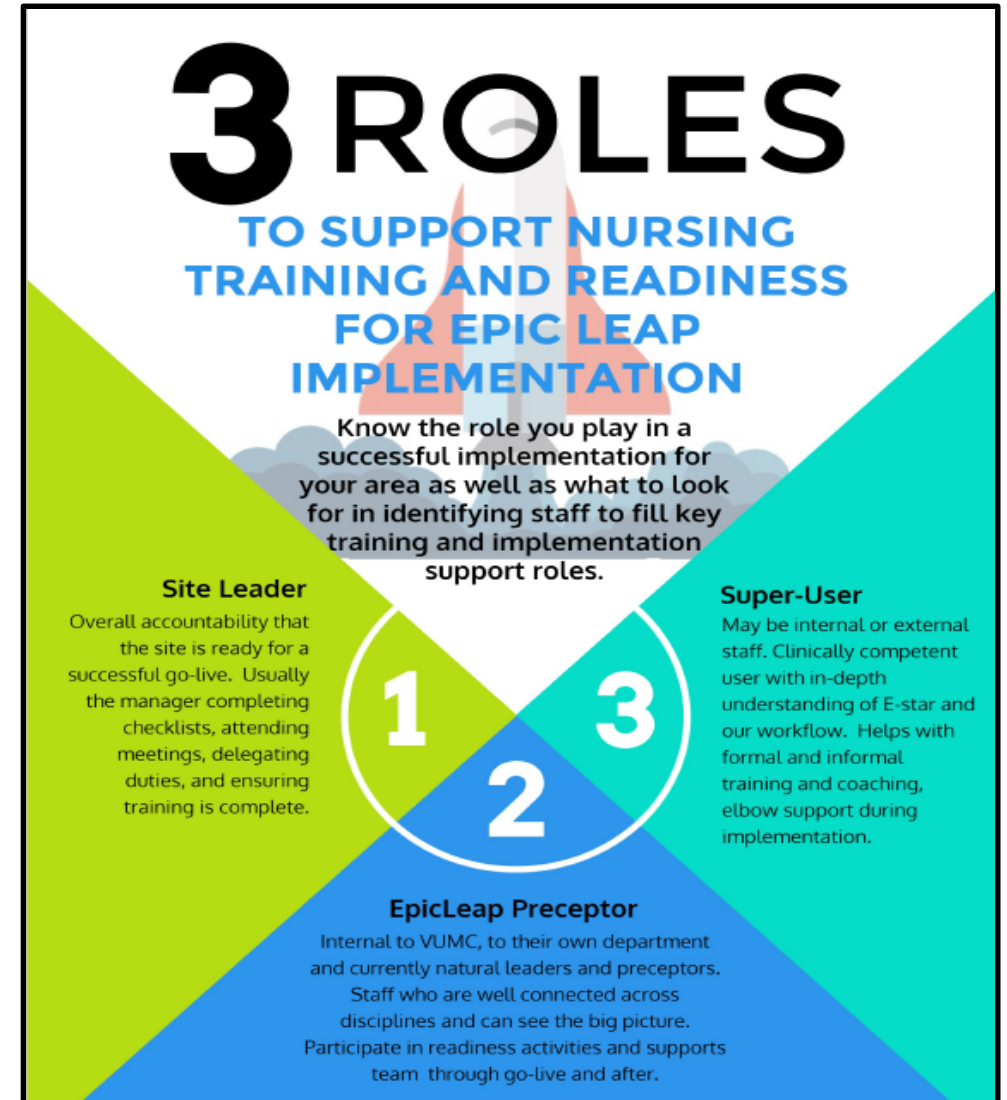
Go Live Readiness Roles

Site Leader

Super User

Nursing Added :
Preceptor

Doing It Differently...



Epic Leap Preceptor

- One per site/
area
- VUMC nurse in
home site
- 8-10 hours per
week for 12-18
months

Definition of Role

- Change agent to assure site is ready for Nov 2 go live
- Optimization post go live
- Unique to the department of Nursing

Focus

- Responsible for **doing** many readiness tasks/activities
- People & Processes

Time Commitment

- 12 - 18 months
- 8-10 h/ week

Who makes a good Preceptor?



Training for Nurse Preceptors

Preceptor Education Session	Time	Location
Friday, March 24	8:00am - 12:00pm	Light Hall 208
Thursday, April 13	8:00am - 11:00am	Light Hall 214
Thursday, May 11	8:00am - 11:00am	Light Hall 214
Wednesday, May 17	8:00am - 12:00pm	Light Hall 208
Tuesday, May 30	8:00am - 11:00am	Light Hall 208
Monday, June 12	8:00am - 11:00am	Light Hall 208
Wednesday, June 28	8:30am - 11:30am	Light Hall 214

14 four hour sessions
every two weeks

Sessions

- Becoming a change agent, coaching and training others
- High impact workflow changes and driving these changes to the local level by conducting a workflow walk through
- Hardware assessments and readiness
- Conversion and downtime processes
- Breakout sessions for uniquely ambulatory, perioperative/procedural or acute care issues

- Unit Readiness Kick off
- Protocols & Standing orders
- Wellness & support thru epic transition plan
- Reviewing area specific communication plan & task list

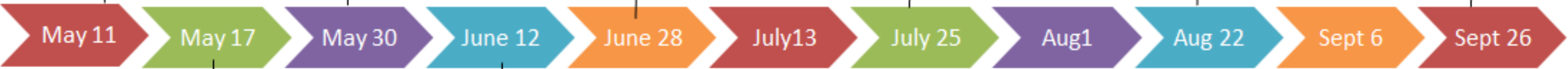
- Orders Mgt – overview & conducting local WFWT
- Engaging the team
- Downtime basics

- Blood administration
- LRL, Result Routing, Point of Care testing
- Review Medication mitigation strategies progress
- Breast Milk scanning

- Orders and bed management
- Prior to Admission Medication reconciliation
- In baskets & Pools

- Quality & KPI & Safety
- Reports
- Handovers

- Patient Safety@ GO Live
- Metric reports
 - escalation policies review of high risk workflows
 - Safety Huddles during shift at go-live



8-11am 214 LH 8-12am 208 LH 8-11am 208 LH 8-11am 208 LH 830-1130am 214 LH 1-4pm 208 LH 8-11am 208 LH 130-430pm 208 LH 8-11am 208 LH 1-4pm 208 LH 8-11am 208 LH

- Implementation Team leading
- Tableau training (view site leader check list)
- Area specific practice scenarios
- Leading meetings and facilitating groups

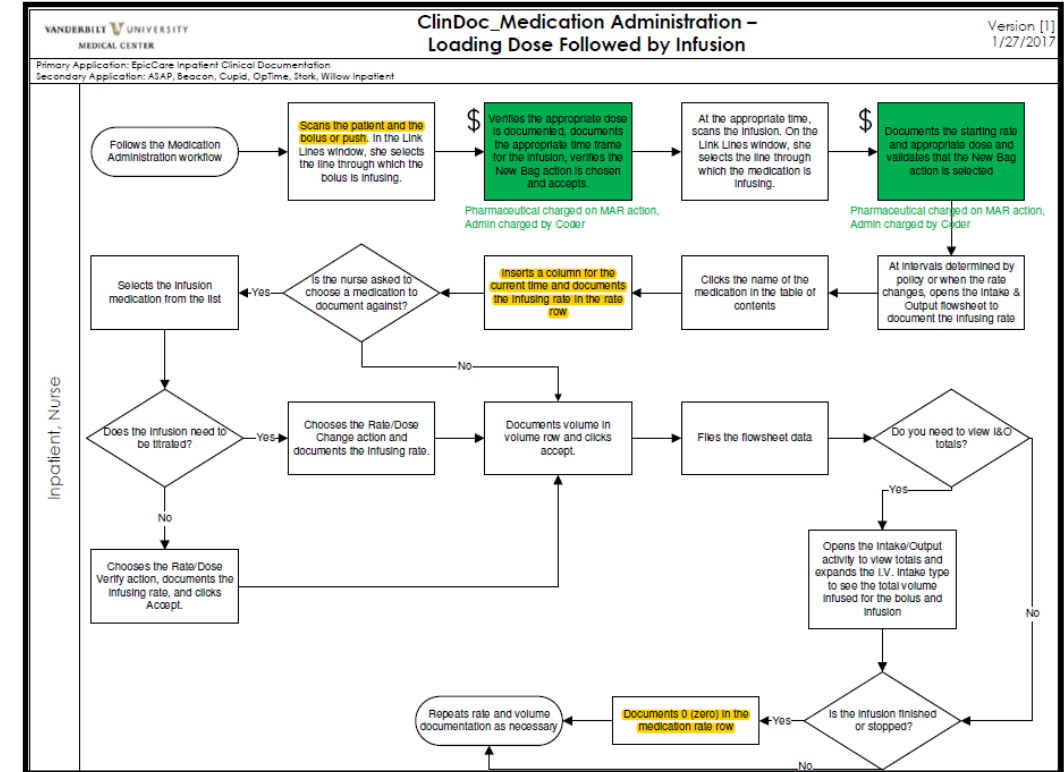
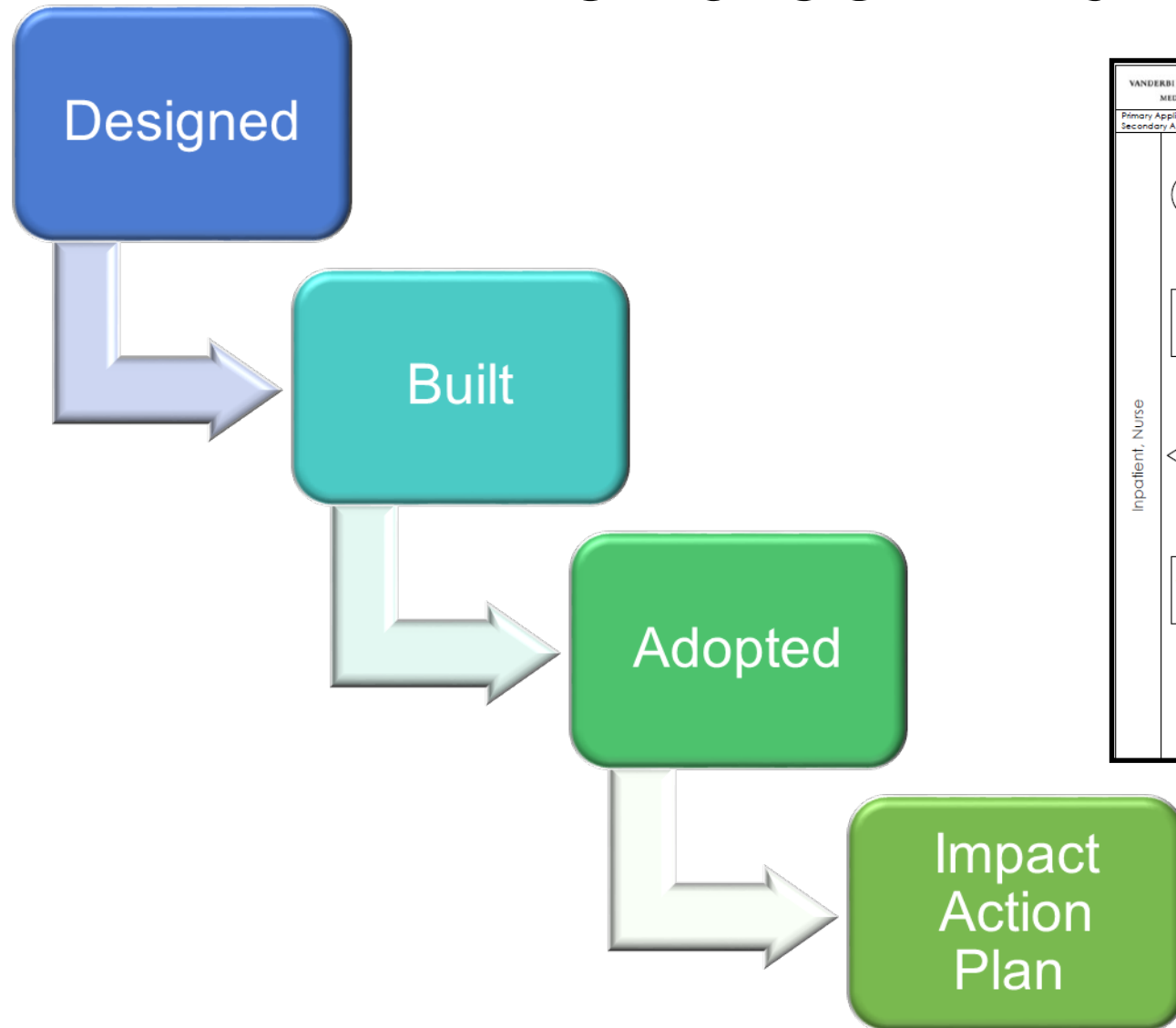
- Medication hi impact changes' & mitigation strategies
- Review local orders wfwt
- Breakout sessions
- Viewing BCMA dashboard

- Bed management workflow (whiteboard/tracking board)
- GLRA basics

- Charges
 - IV start & stop
 - BCMA
 - Procedures
- Discharge process

- Patient/ Family Communication & the portal
- End to End Dress Rehearsal

Involvement in workflow impact assessments and communication



- Global Impact
- Local Impact

Site Based Implementation Teams

- Nursing Preceptor
- Site Leader
- Front Line Nursing Staff (Super Users)
- Provider (as designated by Medical Director)
- House staff/Chief resident
- Others that are integral to the care team & entering orders
- Respiratory, Rehab services, etc.
- Customer Care Specialist, Operation Engineers



Regular meetings every 2 weeks, approx. 60-90 minutes on the unit.

High Impact Workflow Changes

Workflow Walkthrough



Medication Admin
Process



Ordering Process



Barcode Scanning
Blood & Bar Code



Specimen Collection -
Lab Ready Label/Printing



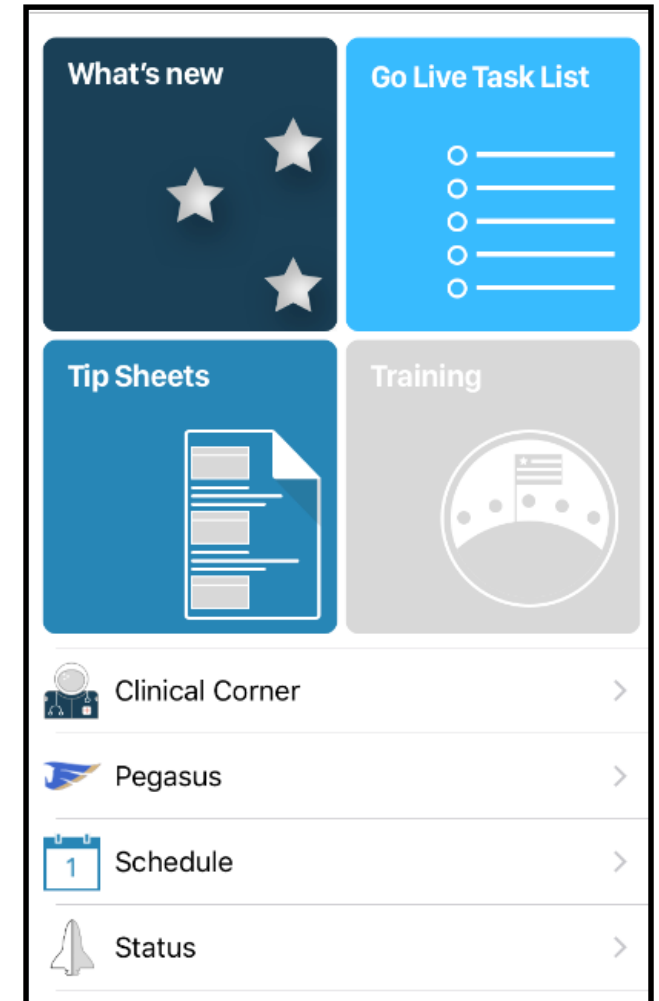
Nursing Charge
Capture



Outpatient Consistent
Workflows & Roles

What went Well

- Preceptor preparation of their team members
- Embedded Preceptors and Supers Users doing at the Elbow Support
- Video and live streamed presentation
- Mobile App to assign and monitor completion of tasks, at go live to post tips sheets, shift summaries and to log help desk tickets
- Combined sessions and then break out sessions for focused session
- Follow up after session – sending out information, templates etc.



Challenges

- Keeping up-to-date lists—preceptors and email
- Completing assigned tasks and escalation process
- Quality of Work Flow Walk Through processes (WFWT)
- Communication with midlevel nursing leadership who might be unaware of preceptor activities
- Some preceptors did not have staffing time reduction
- Smaller Clinic staff
- Insufficient time for testing/ training
- Provider engagement in WFWT
- Preceptor Turnover
- Diversity of areas

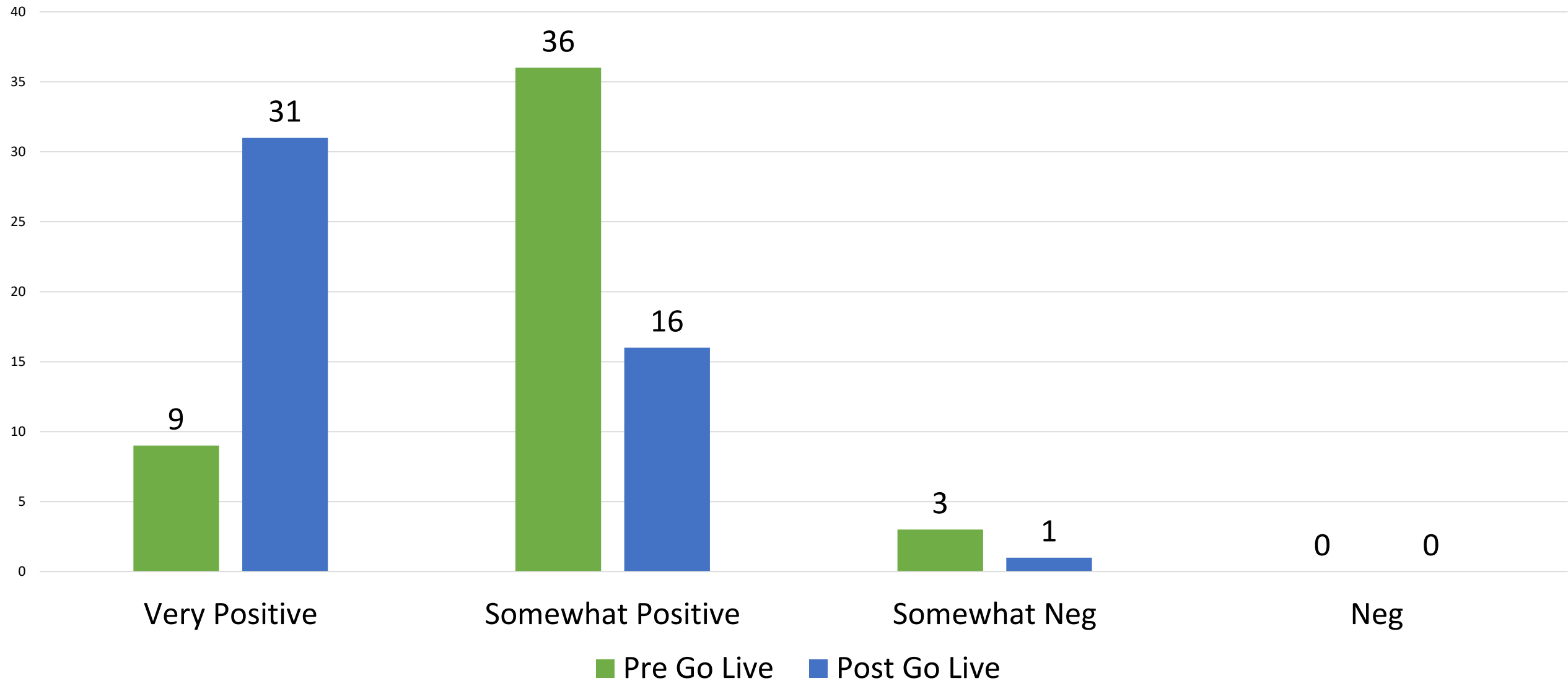


What would we do differently

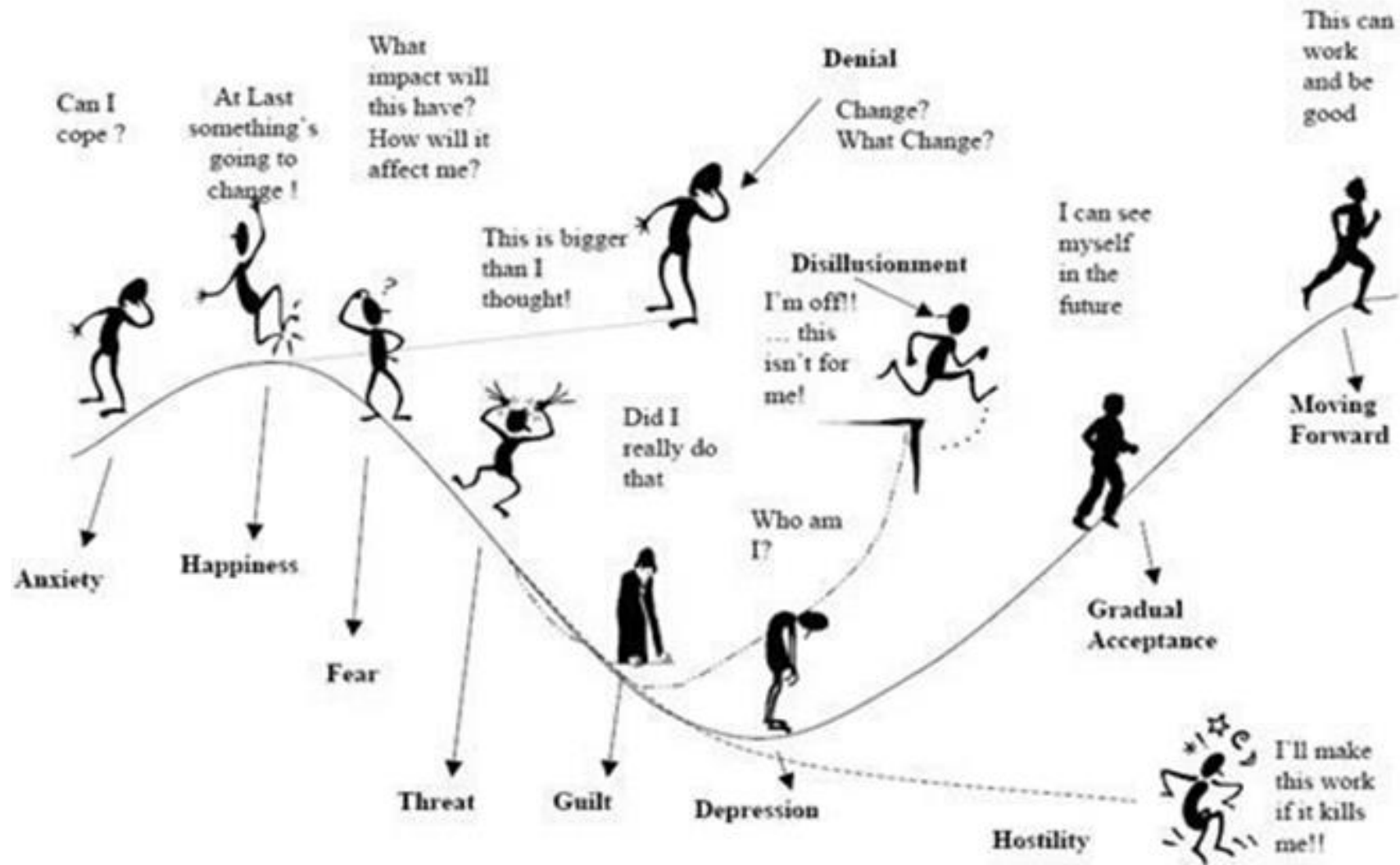
- Shorter but more frequent sessions
- Have physician champion engagement in training sessions
- More team involvement in the post go-live drop-in sessions
- Analyst involvement - to respond to questions
- Expand the preceptor concept to other disciplines – providers, patient access & scheduling
- Post go live engagement with the preceptors



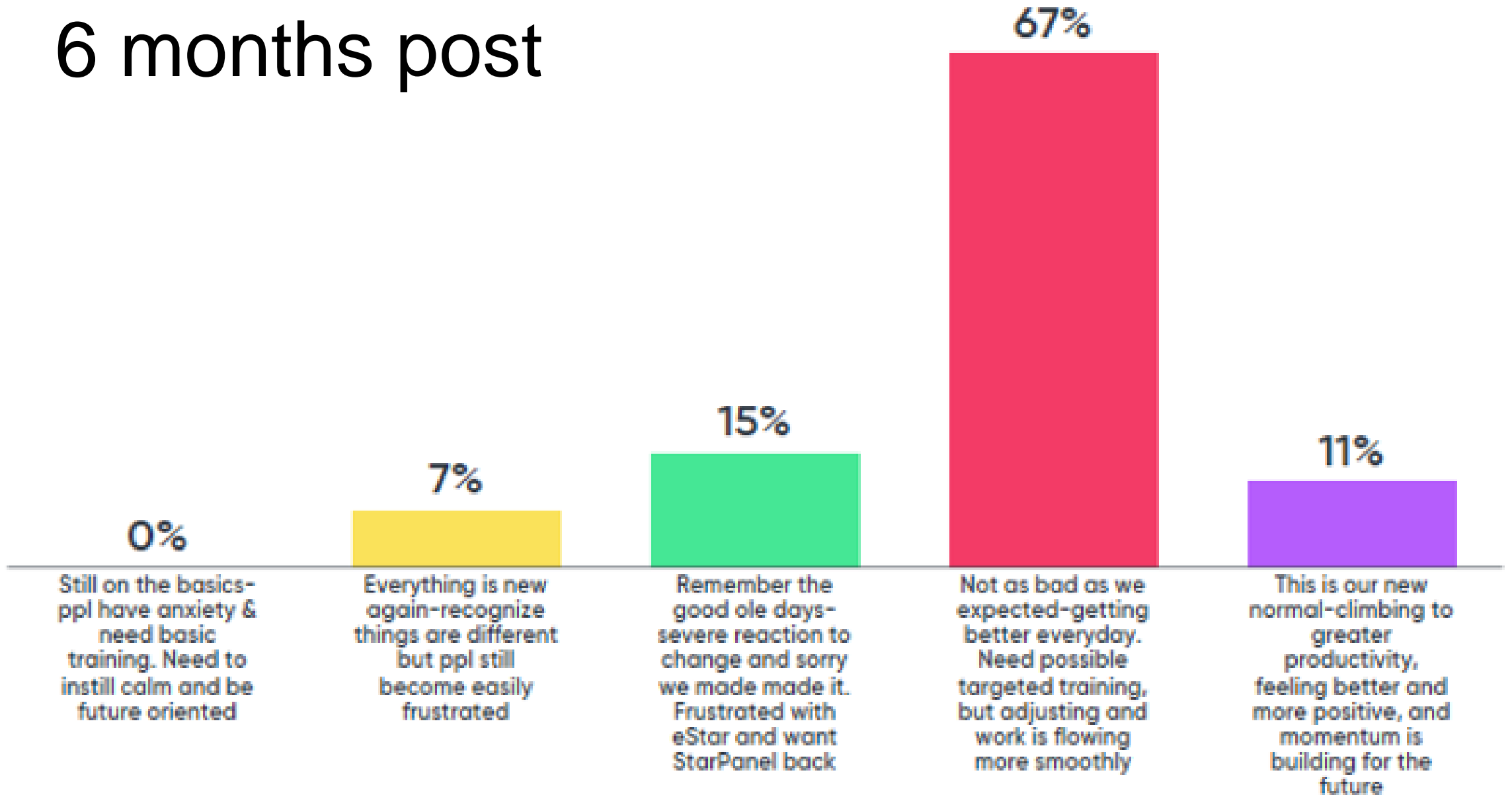
How Unit Staff Feels About Impact of the new EMR



Change Curve—Emotions and Stage



6 months post



What Would We Do....



Questions

