



Connecting the Dots During an Upgrade

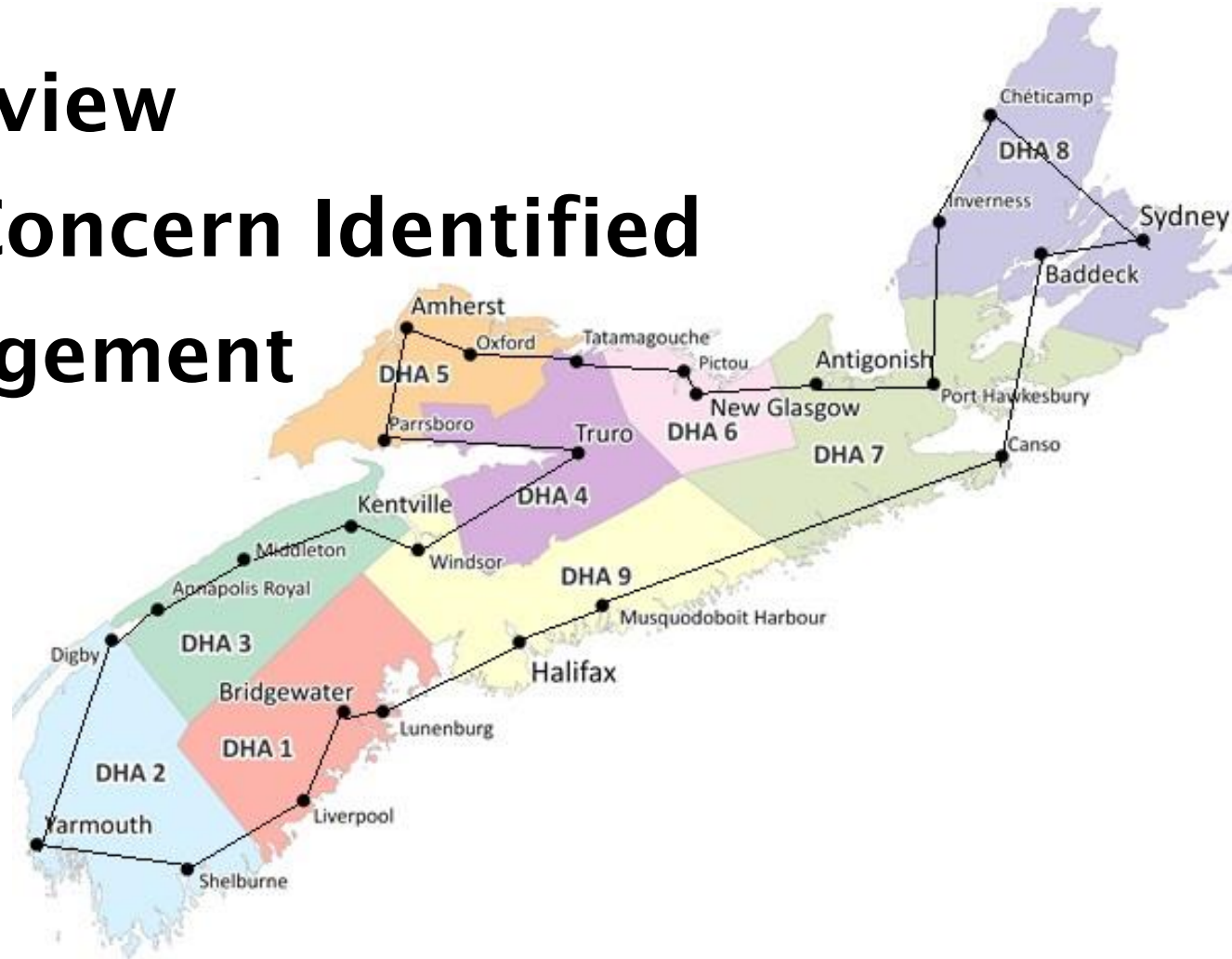
e-Health 2015

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Presentation Overview

- HITS Overview
- Areas of Concern Identified
- DHA Engagement



HITS-NS

Helping Nova Scotia use
technology to deliver better
health care.

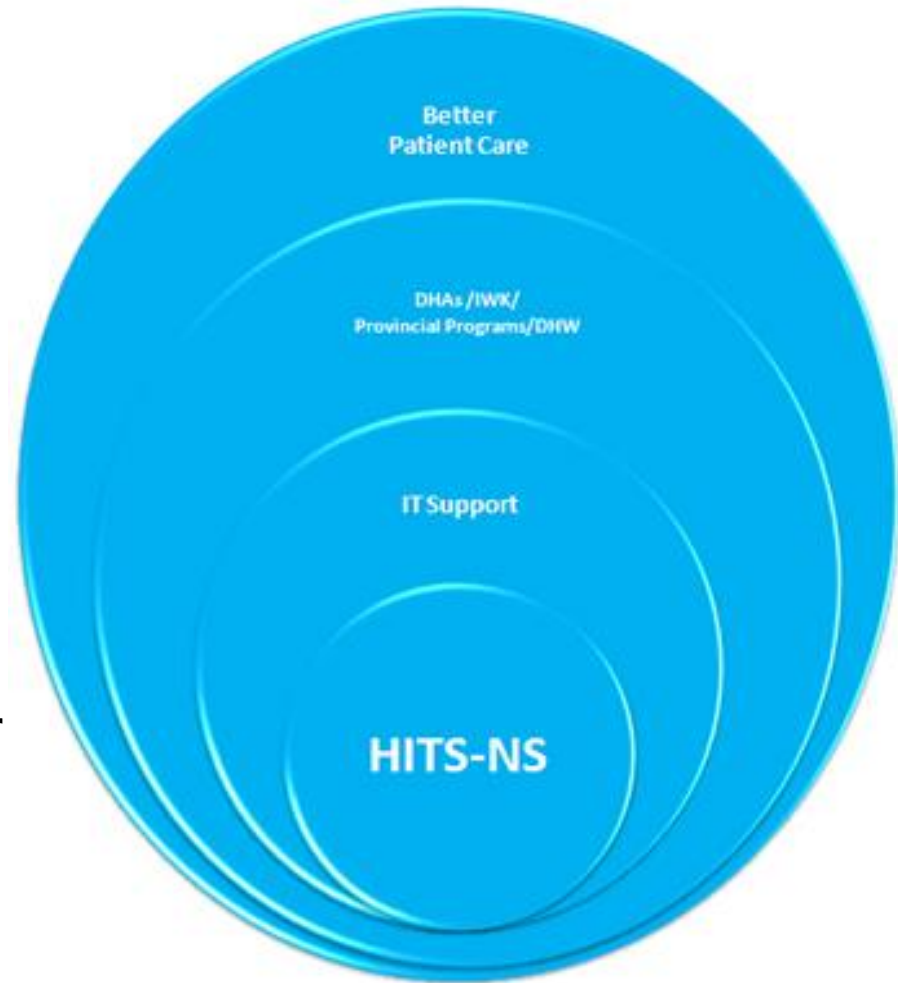


What is HITS-NS?

Health Information Technology Services Nova Scotia (HITS-NS) enables Nova Scotia's health care community to use information technology to deliver better health care.

HITS-NS manages a secure and private health care IT environment, for the benefit of all Nova Scotians.

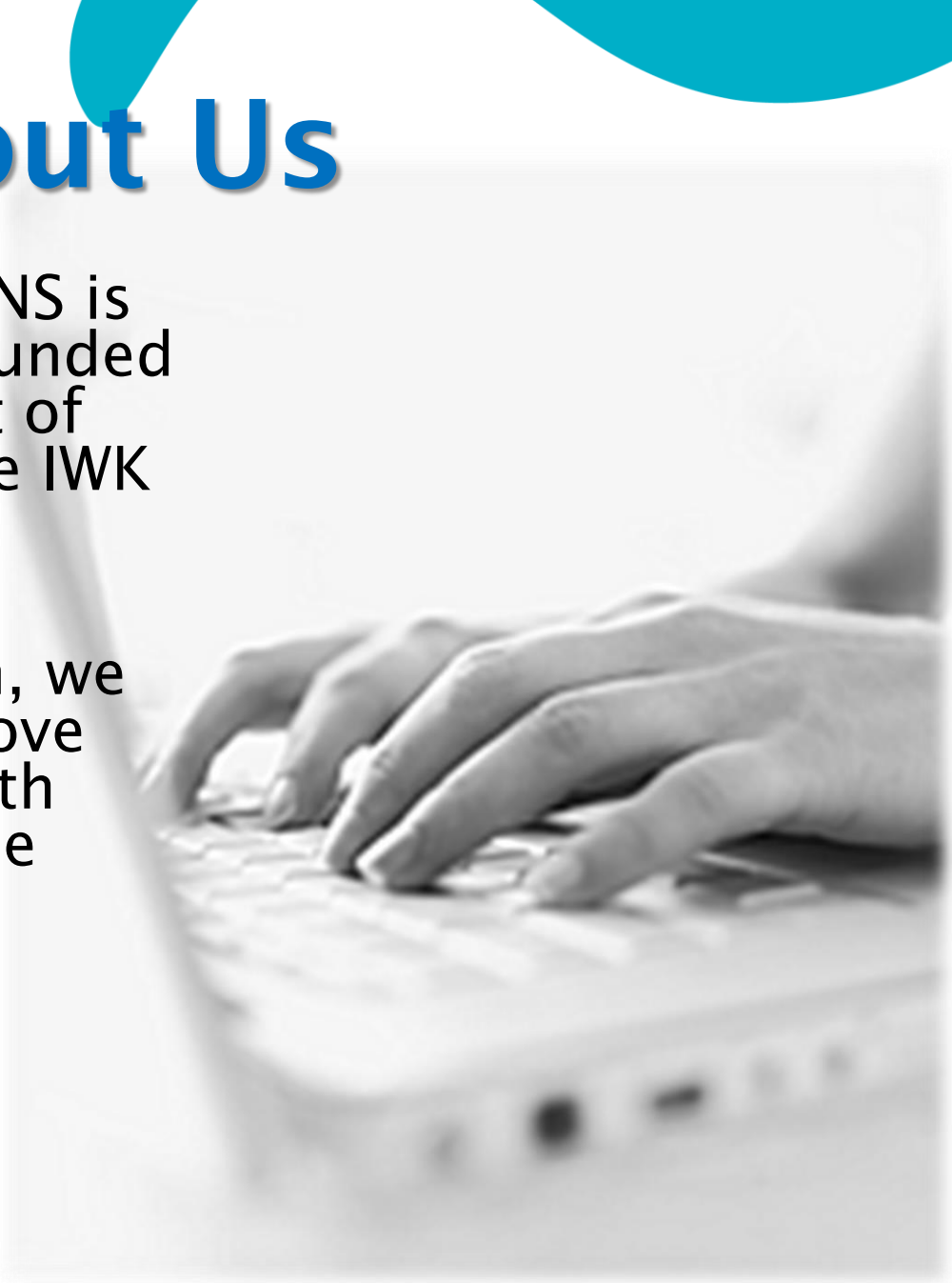
This is accomplished through our committed health care focused staff, integrated systems and 24/7 operational support.



About Us

Established in 2006, HITS-NS is an independent program funded directly by the Department of Health and Wellness via the IWK Health Centre.

As part of a national vision, we are helping Nova Scotia move toward one electronic health record (EHR) to enhance the quality of patient care.



HITS-NS Services

NShIS

PACS

PHIM

Telehealth

Vision (Dietary)

Client and Provider Registries

SHARE Clinical Portal

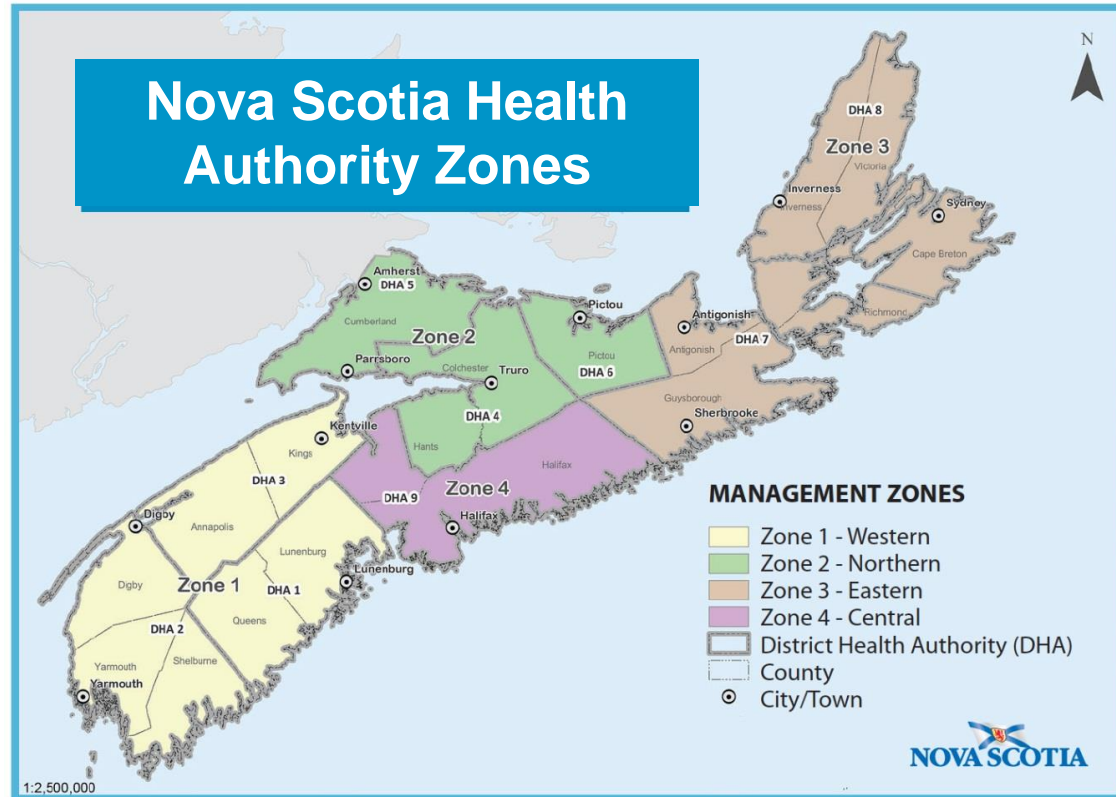
Bed Utilization

DIS (Drug Information System)

NSHA

(Nova Scotia Health Authority)

On April 1, 2015, Nova Scotia Health Authority was created through the consolidation of Nova Scotia's nine District Health Authorities into one. We are partnering with the IWK to plan, act and care as one.



Our People at a Glance

Employees: (unionized and non-unionized): 23,400+

Physicians: (1,292 specialists 1,194 family physicians) 2,486

Medical Residents: 500+

Volunteers: 7,000+

Learners: 5,500+

Foundations: 41

Auxiliaries: 33

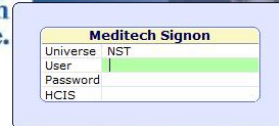
Community Health Boards: 37



NShIS (Nova Scotia Hospital Information System)

Nova Scotia
Hospital Information System

Timely
information
for better care.



Meditech Signon

Universe	NST
User	
Password	
HCIS	



All inquiries are recorded, and use of this system is subject to audit at any time and without notice.

MEDITECH

- 34 Facilities/10,000 Users
- One integrated suite of clinical software applications
- One shared MPI (Master Patient Index)
- One shared EMR & ELR(e-chart)
- Standardized system build

NShIS (Nova Scotia Hospital Information System)

- Applications:
 - ADM- Admissions
 - MRI
 - MRM- Medical Record Management
 - BAR- Billing and Accounts Receivable
 - CWS- Community Wide Scheduling
 - ITS- Diagnostic Imaging and Reports
 - LAB (General; Micro; Pathology & Blood Bank)
 - OE- Order Entry
 - EMR- Enterprise Medical Record
 - PCS- Clinical Documentation
 - ORM- OR management

NShIS MEDITECH 5.66 Upgrade



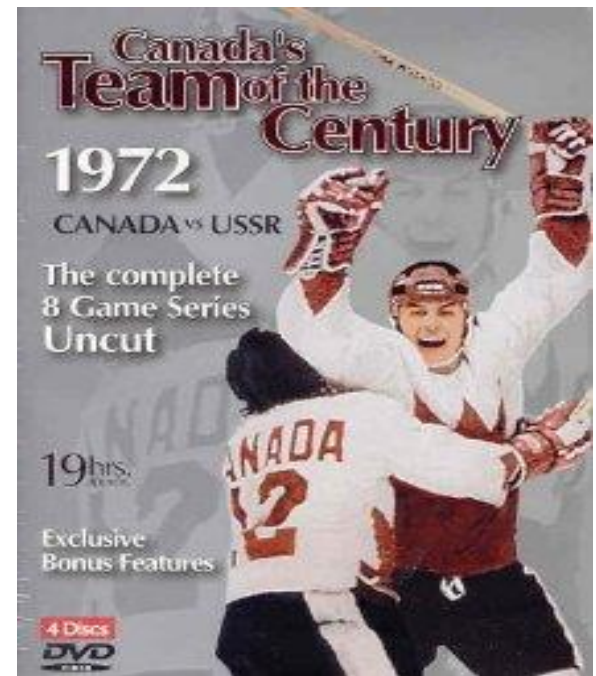
NSHIS MEDITECH 5.66 Upgrade

- MEDITECH version 5.55 was overdue for an upgrade
 - Last significant upgrade 2009
 - Performance issues
 - Unable to accept vendor enhancements to current version
 - Significant risks have been identified and associated with not moving to a new platform

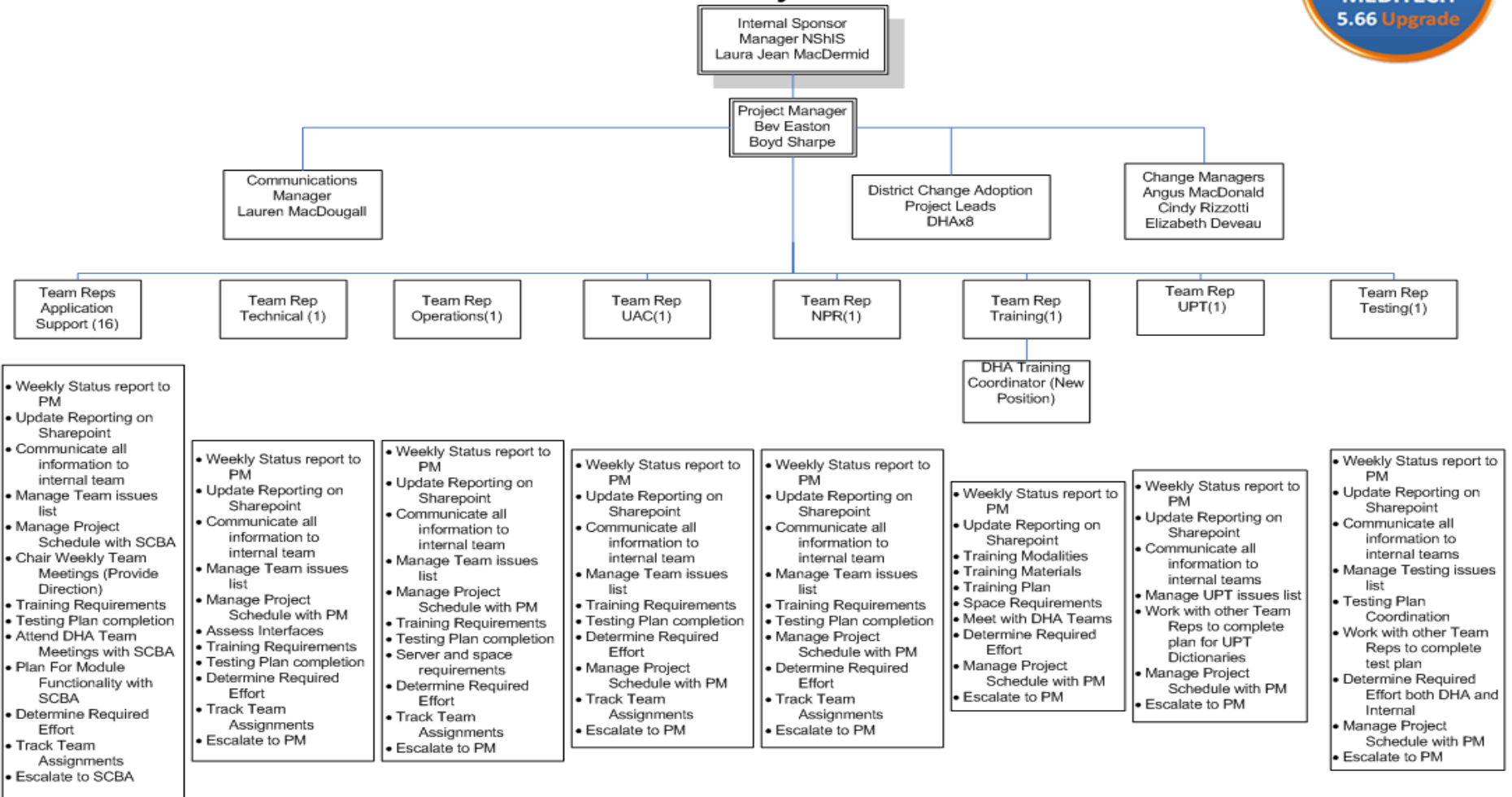


NSHIS MEDITECH5.66 Upgrade Team

- Project Team
 - Steering Committee
 - Project Management Committee
 - Application Specialist Teams 46 with 7 additional temporary positions
 - Training Team- 5
 - Technical Team – 3
 - DHA IT
 - Infrastructure Team
 - JCAPS- Interface Team
 - Communications Manager



MEDITECH Upgrade Internal Project Structure



NShIS MEDITECH 5.66 Upgrade

- April 1, 2013 - Project start date
- May 23, 2013 - TCP client upgrade – DHA IT
- May 27, 2013 - Infrastructure and upgrade for test environment
- May 27, 2013 - Application preparation
- May - June 17, 2013 - Software installation in test environment
- September 2013- September 2014- Software and Interface testing
- November 2014- Go LIVE



Collaborative DHW/ HITSNS/DHA Project



Required DHA input

- Communication
- Downtime Planning
- Testing
- Training
- IT support throughout
- Go live support



Areas of Concern Identified

- Training Requirements
- Effective Communication
- Stakeholder Engagement
- Testing Requirements

Functional Testing; Integration Testing; Customs; Interfaces to and from other vendor systems

- Prolonged downtime – impact to clinical care

Training

Challenge- 55,000 training hours required to support 10,000 users!

- Infrastructure (Classroom space & PC's) to support training on this scale was simply not available
- Budget did not support the cost of classroom training for 10,000 users (costs include training time as well as staff replacement costs)
- Resources (Trainers) not available.

Training Approach

- Training tool development was focused on “functional system and/or business process changes ONLY.
- E-Learning: 58 LMS Courses
- QRG’s (Quick Reference Guides): 87
- Classroom Sessions: Minimal

The “Bubble” – Disaster Recovery Usage

- Uncertainty around length of downtime due to significant jump in versions.
- Utilized the Disaster Recovery site
- Dry run of Code Overlay

The "Bubble"



DHA Engagement

Change Adoption Leads

Communication

Downtime Planning

Command Centre Model -Issue
resolution, Communication



***Impacting People....
Managing the
Change!***



Stakeholder Engagement

Engagement and collaboration with all stakeholders impacted by a change is critical to achieving buy-in, usage, and adoption.

Ultimately, end user's at the time of go-live needed to be able to effectively utilize the NShIS software applications with minimal slow-down or disruption in business process and the provision of patient care.

CHANGE

LOVE IT

FEAR IT





Who was involved....

- HITS-NS Change Team
- District Change Adoption Leads
- DHA Stakeholder Groups

The Change Team

- **NShIS Senior Clinical Business Analysts x 3:**
 - *Non-clinical Apps*
 - *Clinical Apps*
 - *Clinical Diagnostics*
- **Communications Coordinator**
- **Project Managers x 2:**
 - *Application PM*
 - *Technical PM*
- **NShIS Application Manager**
- **Training Coordinators x 2:**
 - *NShIS Coordinator*
 - *District Coordinator*
- **Testing Coordinator**
- **Change Adoption Leads x 9**

Stakeholder Engagement

The “*people*” side of change management.

Key target stakeholder groups

- How the Project team will engage these target groups for the MT 5.66 upgrade
- Roles and responsibilities of each stakeholder groups in terms of engagement with the project and managing change in their district/facilities
- Levels of participation goals (Inform, consult, involve, collaborate, empower)


•Engagement frequency.

Key Stakeholder Groups

- Provincial (SME) Management Groups
- District Change Adoption Project Leads
- SME Standards Groups
- LIS Coordinators Group
- District MEDITECH User Groups
- District Management/Senior Leadership
- District Change Champions/SME's
- District Physician Groups
- Public Relations Working Group
- Third Party Vendors

Communication

- Ongoing, regular updates
- Working with the DHA PR staff to coordinate communications
- First update distributed in May to DHA PR staff to distribute to end users
- Update was in poster format that can be posted in central areas
- MEDITECH upgrade icon created and distributed to DHA PR staff to post on DHA intranets that was linked to HITSzone MEDITECH Upgrade page
- Present to each DHA



MEDITECH
Client Server
5.66 Upgrade

hits
NOVA SCOTIA

Update #1
May 2013

Beacon Partners recently conducted a review of the Province's MEDITECH Client Server application for the purpose of recommending an upgrade strategy for the aging system.

Based on the report's findings, the decision was made to upgrade the MEDITECH Client Server (DHAs 1-8) from version 5.55 to 5.66.


HITS-NS and the DHAs are collaborating on this initiative. The technical teams have already begun preparing for the 5.66 upgrade.

Regular updates will be communicated to end users via email and [HITSzone](#) as information becomes available.

Why Upgrade?

- » MEDITECH is overdue for an upgrade
- » To resolve existing performance issues
- » To mitigate risks linked to not moving to a new version
- » To better serve our clients
- » To keep current

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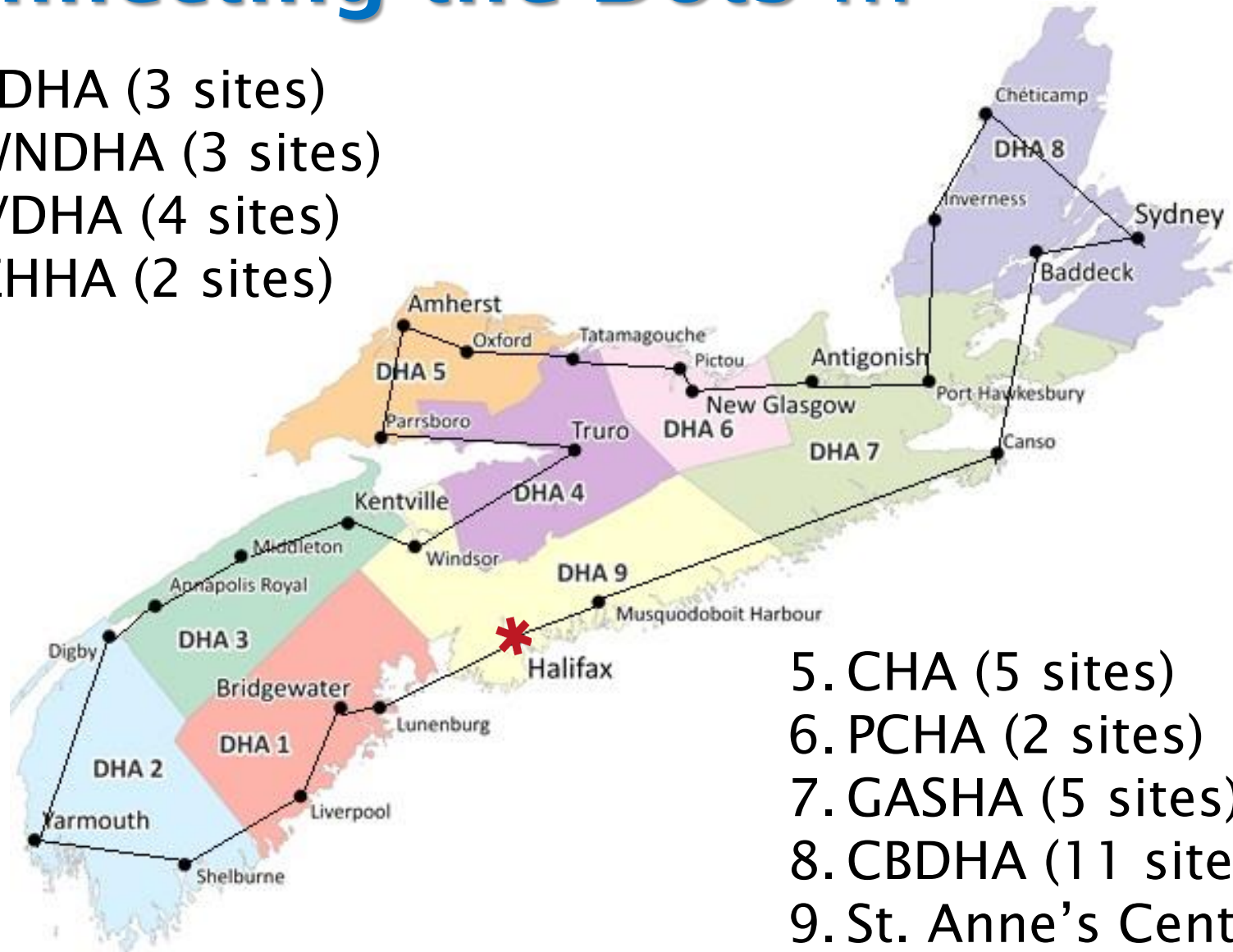
Keys to success

District Change Adoption Leads

- DHA employees; chosen by DHA but employed by HITS-NS for the duration of the upgrade project.
- Primary point of contact for upgrade activities.
- Pivotal role bridging the connection as the primary communication channel between sites & staff, clinical care and HITS-NS.
- Three team building/planning sessions in Halifax.
 - Built relationships with HITS-NS & each other
 - Sharing of ideas across DHA's
 - Standardized approach (all doing the same thing)

Connecting the Dots ...

1. SSDHA (3 sites)
2. SWNDHA (3 sites)
3. AVDHA (4 sites)
4. CEHHA (2 sites)



5. CHA (5 sites)
6. PCHA (2 sites)
7. GASHA (5 sites)
8. CBDHA (11 sites)
9. St. Anne's Centre

Change Adoption Leads

- Status reporting to PM upgrade team.
- Active participation in District Meditech User Group meetings.
- Escalated issues and risks to project CM/PM upgrade team.
- Worked with District management & Leadership to identify and secure SME resources for UAT and training & go live support.
- Monitored and tracked testing, training, down time preparedness and go-live readiness.

Keys to Success....

District Change Champions/SME's:



Leveraged district “Change Champions” as an extension of the project team.

- DHA front line resources
- Early adopters with specialized training
- Dedicated resource for UAT activities as an extension of the upgrade team.
- Dedicated resource for peer training and go live support activities.
- Worked collaboratively with District Change Adoption Lead.
- Worked collaboratively with provincial training coordinator.

Downtime Planning:

Districts required to plan for 8 to 48 hours of downtime (i.e. full clinical MEDITECH system outage!)

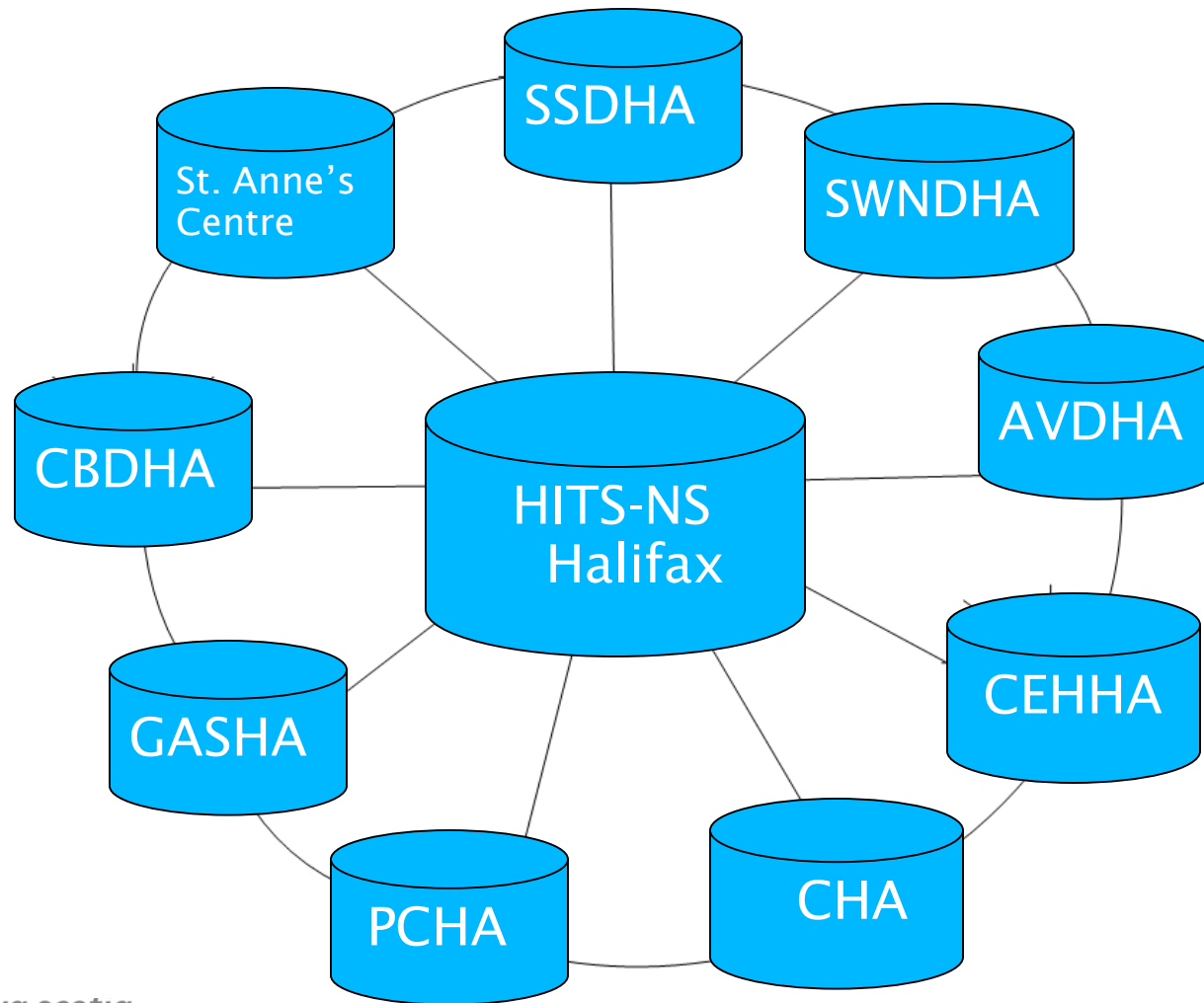


Downtime Planning:



- SCBA's – Visited DHA's and met regularly with Change Adoption Leads and District Planning Teams/Committees
- Comprehensive patient flow tabletop exercises conducted
- Findings, issues & solutions shared across DHA's
- Alternate access to clinical information identified - (how, where, when?)
- Essential services and patient care continuity - collaboration and planning provincially

The Command Centre Model

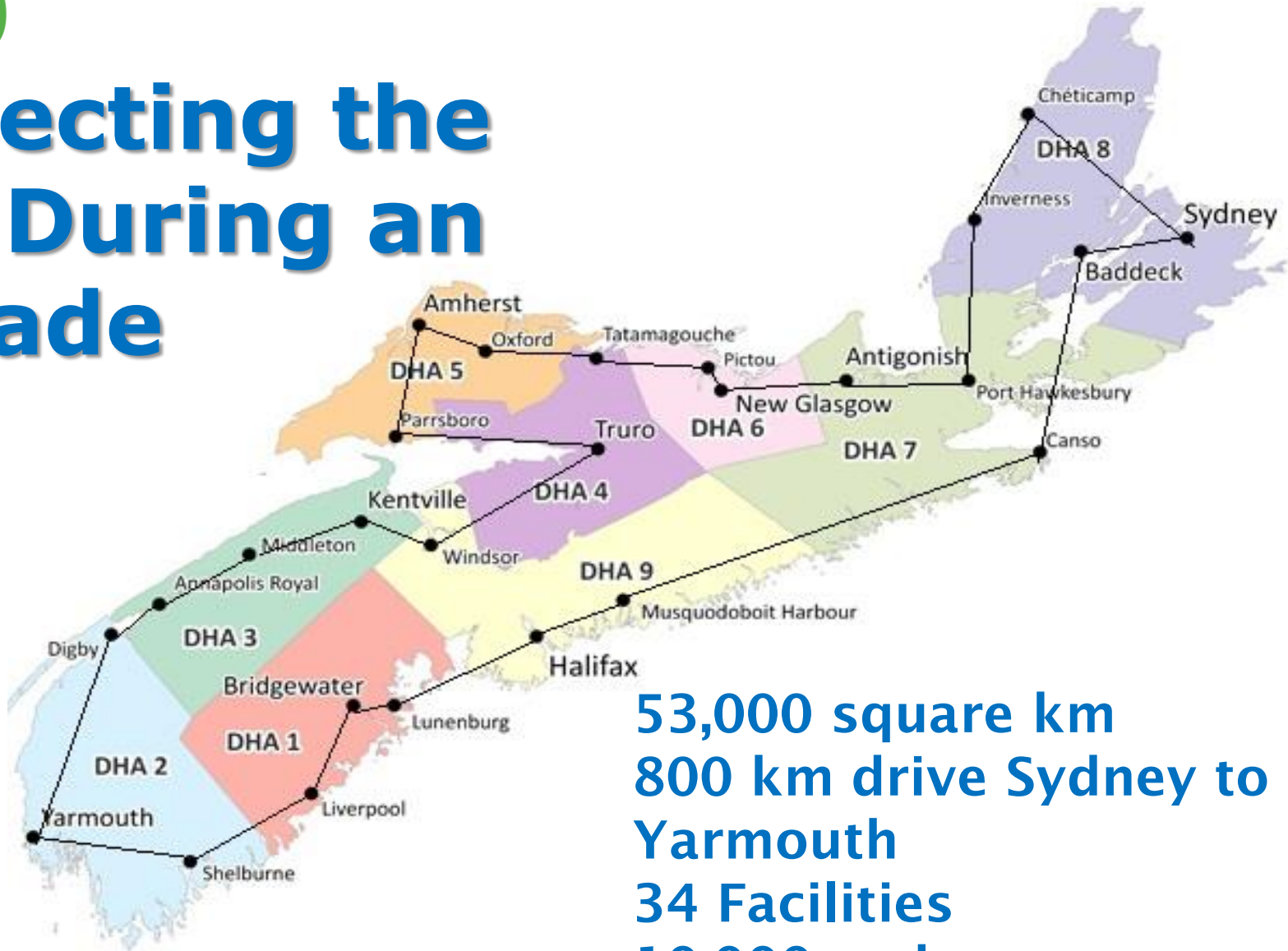


The Command Centre Model





Connecting the Dots During an Upgrade



53,000 square km
800 km drive Sydney to Yarmouth
34 Facilities
10,000 end users

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