HUGO – Transforming Care for Patients in Southwestern Ontario

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London Health Sciences Centre & St. Joseph’s Health Care
London
We are only at the start of this journey....

*A journey of a thousand miles begins with a single step.*

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Agenda

• Scope
• Goals – Safety for Our Patients
• Key Learnings
  > Training
  > Timelines & Budgets
  > Leadership
• Where are we Today? -
  > Governance Transition
  > Schulich School of Medicine
  > Stabilization Actions
• Why we did we do this?
Scope
**hugo** stands for Healthcare Undergoing Optimization and consists of four components:

- computerized provider order entry (CPOE),
- electronic medication administration record (eMar),
- closed loop medication administration including barcoding (CLMA), and
- electronic medication reconciliation (e Med Rec)
10 Participating Hospitals
• Eleven hospitals on same Cerner platform
  – Two large academic hospitals
  – 9 community hospitals

Current Service Model/Services in London/Thames Valley
hugo Project

• Started Aug 2011 – Go Live May 21, 2014
• 10 Hospitals across our region
• $30 Million – biggest portion on engagement
• 40 people on the core project team
• Over 1,000 super users
• Every single clinical/medical person trained – 6,000+

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The Goal

Safety for our Patients

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hugo Benefits

Improved Access through decreased turn around time

- Decrease medication errors
- Meet ROP Accreditation Standards
- Reduction in duplicate orders
- Improved communication

Improved outcomes through standardized evidence-based care

- Improved compliance with medication reconciliation
- Improved antibiotic therapy
- Reduced HSMR

Improved trending and reporting of quality indicators

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How Big a Difference is IT?
St. Joseph’s Health Care London–Adverse Medication Events

Reduced Adverse Medication Events
LHSC Adverse Medication Events

Reduced Adverse Medication Events
Key Learnings
Training & Adoption

• We didn’t do enough pre-go live
• Many regional sites re-trained their physicians
• Post go live support 6 months after go live

Key Metrics
- CPOE Percentage
- Medication and Patient Scanning Percentage
- Clicks and Seconds per order
- Use of care sets vs individual orders
- Med Rec Completeness

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Timelines & Budget

Timelines
- No flexibility built into our rolling 6 month go live schedule
- Not enough recovery time for our implementation team between sites; given 24/7 support
- Winter go live – travel difficulties

Budget
- More contingency – 20% not 10%
- More post go live support – not six weeks but six months
- Operating budget closer to 70% of project team not 38%

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Leadership

KEEP CALM and hugo on

Leaders must:
Observe, Communicate, Take Action, Have Compassion
Where are we Today?

6 months later....

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Governance Transition

Pre-Go Live

- Senior Teams
- 10 Hospitals
- Hugo Steering Committee
- Physician Advisory & Clinician Advisory Teams

Post Go Live

- Regional MAC/CNE
- Integrated Care Committee
- 10 ePractice Committees

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Schulich School of Medicine

Needed More Engagement for our Residents & Medical Students

- Functionality of assigning orders from medical student to the resident

- Additional post go live support for residents

- A strategy for rounding using CPOE

- Formalized escalation mechanism just for residents

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Stabilization Actions

- Resolved over 3,000 in the moment go live issues
- Established a strategy for 140+ major go live issues
- Three task teams: Medication, Imaging, Laboratory
- Two Comprehensive Review: Emergency & Orthopaedics
- Educating leaders how to use new real time data
- Training ITS staff to support leaders differently
- New structures that ensure clinicians and physicians approve changes

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Thinking ahead….  

• We are continuing to help our providers and clinicians adapt to the changes  
• There is new information that allows us to review our workflow more intensively  
• Standardization of care processes and increasing consistency of care is a new goal supported by automation  
• Many learnings as we prepare for full Electronic Clinical Documentation and HIMSS 6/7
Who was hugo really about?
Questions ?
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