

# Vendor Partnership, Thorough Implementation Planning Shrink Workload, Billing Delays and Paper Mountain at Cleveland Clinic

How many people would be needed to distribute 350 individual visit schedules by fax every day? Perhaps more to the point, where would one find somebody to take such a job? The Cleveland Clinic Division of Post-Acute Medicine wrestled with that question and solved it by switching to a software system with an automated scheduling system. Since implementing *Misys Homecare*<sup>™</sup>, fax machines at the Clinic have gone from sending all day to gathering dust.

Though IT Director Musood Pirzada describes scheduler benefits as “a huge operational advantage,” that change is only one among many since the large Ohio home care agency switched to Misys. A client/server application with online components, *Misys Homecare*<sup>™</sup> has transformed the Clinic staff’s daily routine as well. A wireless point-of-care system currently being implemented will enable clinicians to avoid daily drives to the office. Remote access to an enterprise-wide Electronic Medical Record puts lab results at clinicians’ fingertips from almost anywhere. Referring physicians use *Misys Physician Portal*, which is integrated with the EMR, to review and sign 485s and orders, significantly shortening the Clinic’s billing cycle.

Controlling paper alone would have signified a victory. Pirzada says the Cleveland Clinic generates 530,640 pages per year for new admissions and 493,000 pieces of paper per year for follow-up visits. He believes *Misys Homecare*<sup>™</sup> has tools to significantly reduce this paper mountain but it is the vendor’s commitment that leads him to predict with confidence that it will happen. “Once the sale is made,” Pirzada emphasized, “the most important thing to me is getting the right support at the right time to the right people. Misys has been living up to our expectations during implementation. If there are issues, we talk about them; I communicate as easily with their management folks as with their support staff.”

The vendor/customer partnership Pirzada speaks of is apparently paying off. For a home care agency with 1,500 patients, 350 nurses and an office staff of over 200, replacing one software system with another, while introducing automated point-of-care during the same implementation, is a major undertaking. Pirzada and Misys designed a phased approach, which helped make the transition a positive experience.

Back office conversion came first, followed by a four-step point-of-care implementation. Preparations lasted from January through September, 2005, with back office go-live on October 1. During that time, point-of-care implementation phase one began in the background with basic computer training for clinicians needing a

gradual introduction to the computer world. “The home care division here has been paper-oriented for a long time,” Pirzada explained, “and we didn’t want to cause people to become technophobic by throwing too much technology at them at one time.”

First, he purchased enough Tablet PCs for those with no computer experience and provided a basic, on/off switch course and some initial Windows navigation training. Trainees took the Tablets home and practiced on solitaire and email, as well as with the Tablet’s handwriting recognition function. Pirzada included instructions on using “SecureID” cards, with synchronized passwords that update every 60 seconds, for logging in remotely.

When it came time to implement the point-of-care module, Pirzada took delivery on the rest of the Tablet PCs and provided clinicians with only the application’s scheduling component. Learning the daily synchronization process was easier when only schedules were being transferred during this early phase. Network drops were installed in a few of the Clinic’s community-based Family Health Centers so clinicians could synchronize at broadband speeds from various locations.

Training on the application’s OASIS and visit functions began with a pilot. Clinicians in one of the Clinic’s five districts attended one three-day training session every other week to minimize disruption of visit schedules. Two such sessions, limited to eight clinicians, were conducted each week. During off-weeks, Pirzada and his staff evaluated their efforts. “It may be overkill, I realize,” he said, “but right now we want to make sure we are creating a manageable deployment.”

Sessions are led by both Misys trainers and Cleveland super-users, staff who had been involved in the implementation since the beginning. “Because our volume is so high,” Pirzada said, “we need many trainers, more than we have in-house. Misys trainers not only prepared our super-users but are continuing to chip in and provide the additional experts we need.”

Post-training support is also critical to the Cleveland Clinic’s success. A centralized support team of five technicians and clinicians will remain together until the number of calls tapers off. Calls will be logged and analyzed to identify any need for documentation and training adjustments. Once call volume decreases, the help desk will be taken over by nurse managers, super-users and IT help staff. Pirzada expects to complete point-of-care implementation in all five districts by October, 2006.