

# Governance structure helps manage EHR change

BETH ISRAEL LAHEY HEALTH

Beth Israel Lahey Health System is a large integrated health care delivery system that includes 13 hospitals, over 4,000 physicians and 35,000 employees. Among the hospitals in the recently merged system are three Beth Israel community hospitals located in Milton, Needham and Plymouth.

## Challenge

Inefficient electronic health records (EHR) processes can contribute to the cognitive burden that clinicians face as they navigate patient records and initiate orders for everything from diagnostic tests or medications to inpatient admissions. This burden is felt more acutely when a clinician has to adjust to different electronic platforms in different clinical settings.

## Action

The Beth Israel Deaconess (BI) community hospitals, located in Milton, Needham and Plymouth, tackled this challenge by adopting a unified EHR platform across all three sites, allowing clinicians to interact with the same EHR environment in all clinical sites. They have also set up a common EHR governance structure that helps to monitor implementation and functionality of the EHR system as well as receive feedback from frontline providers.

In October 2018, the three Beth Israel community hospitals – BI Milton, BI Needham and BI Plymouth – went live with an upgraded EHR that brought a common platform to the three hospitals. The implementation of a new MEDITECH EHR was the culmination of a collaborative, multi-year, multidisciplinary effort that sought to prioritize certain EHR enhancements as well as to bring standardization to key clinical workflows. In addition to upgraded functionality, the unified platform brought a standardized electronic environment for clinicians who practice in all three hospitals, reducing the cognitive burden associated with working at different clinical sites.

Now that the team is several months beyond go-live, they plan will utilize an interdisciplinary Clinical Informatics Committee (CIC) to provide ongoing oversight to the EHR. According to the CIC charter, the group will include representatives from all three hospitals and will include medical administration, nursing administration, nursing leadership, quality, pharmacy IT clinical analysts, clinical representatives, health information management, legal and compliance. The CIC is charged with “developing strategic plans; establishing clinical IT priorities, policies and procedures; and identifying improvement opportunities through the appropriate use of clinical informatics.” Their duties will include implementation of order sets, review and approve clinical decision support tools, monitor satisfaction with the EHR and develop a process to standardize clinical content for the three community hospitals.

## Lessons learned

- **Engage with clinical end-users upfront.** Having good end-user representation along with leadership from the start helps and keeping the focus on end-users and their experience is key to success.
- **Set up a good governance structure.** Having a clear governance structure to vet decisions appropriately is important. It gives clear avenues for input into the process and allows for the right players to be at the table.
- **Level-set expectations.** Culture and change management need to be top priorities. Barriers tend to be cultural and psychological instead of technical, so it’s important to shape expectations of what the product will be on day one.