New Centricity™ Workflow at DeKalb Medical

Cross enterprise team anticipates future state workflows with advanced RIS technology

Overview

When DeKalb Medical went live with Centricity RIS-IC in July 2016, the team behind the implementation project enjoyed the moment not only as a technology upgrade for the radiology department, but also as a step into the future for the entire three-hospital health system.

First, the new RIS replaced a third party system that had been serving the Atlanta-area institution for close to a quarter of a century. It had been showing its age in various ways for as long as most end-users could remember. One notable RIS crash had required five days of repair downtime, followed by a lengthy recovery period.

Second, DeKalb Medical chose Centricity RIS-IC as the replacement system, in part, because of its ability to readily integrate with the radiology department's existing Centricity PACS. This made it possible to quickly streamline numerous clinical and administrative workflows. It also helped not-for-profit DeKalb stay competitive in this era of image-intensive patient portals, zero-footprint viewers and, most forward-looking of all, a comprehensive enterprise imaging solution.

And third, both the DeKalb and GE Healthcare RIS project teams successfully combined forces in such integral activities as technology planning and workflow mapping.

CIO as change manager

For CIO Beth Patino, MBA, CHCIO, the transition process—which took the better part of a full calendar year—meant having a chance to get deep experience in the ripple effects of change management.

Even though the system change was an easy sell to end-users, a lot of coordination and communication would be needed. "I took several opportunities to promote the transition to leaders in our organization," Patino recalls.

Those communications were necessary, she says, because all DeKalb's physicians and nurses rely on the RIS, whether directly or via the EMR. At leadership-forum meetings, she prepared the institution's managers, directors and executives. "A lot of you in this room are going to be asked to provide staff in your area to participate," she told them. "This is going to impact more than just the radiology department."

Challenge:

Transition a three-hospital, 628-bed healthcare system from an aged radiology information system to an advanced, reliable RIS as part of a comprehensive enterprise imaging plan.

Solution:

GE Healthcare's Centricity RIS-IC, implemented by a strong provider-vendor partnership that jointly mapped present and future states for the overall departmental workflows. It is part of an integrated enterprise imaging solution.

Outcome:

Heightened institution-wide collaboration and increased capacity for improving patient care with streamlined workflows and a detailed technology plan.

Bold beginnings

When Patino joined DeKalb in December 2013, she recognized the aged state of the existing RIS.

"There are a couple of systems that are integral for a hospital," she says. "As much as everyone talks about the EMR, if you don't have a stable lab system and you don't have a stable RIS, then you do not have the means to provide results for physicians who are asked to make patient care decisions."

A new lab system came first, followed by the more challenging RIS replacement. At the same time, Patino's team was continually working to upgrade and stabilize DeKalb's IT infrastructure. "There were a lot of systems that needed to be upgraded," she says. "There still are. But the RIS was one that we felt was extremely critical to the success of the organization."

Last year, DeKalb had more than 120,000 emergency visits, nearly 123,000 outpatient visits and more than 24,000 admissions. Some 830 physicians representing 56 specialties have admitting privileges. Patino knew there would have been no way to optimally support these volumes, much less help DeKalb grow its service lines, without acquiring topnotch RIS technology.

DeKalb's radiologists led the selection process, quickly coming to a consensus on Centricity RIS-IC. They liked it for its features, benefits and compatibility with Centricity PACS. It also afforded them the chance to expand their partnership with GE Healthcare—a strategic move they'd taken for enterprise imaging.

Sturdy partnership

Early on in the year leading up to the go-live date, LaDonn Wakefield, the GE senior account manager who was stationed onsite at DeKalb during much of the project, worked with Patino to put together a five-year technology plan incorporating both current-state and future-state scenarios.

Even before the final contract was executed, GE had people conducting due diligence, gathering requirements and getting an understanding of the customer's current state, Wakefield says. "We understood that this implementation was going to be a huge undertaking for DeKalb," he adds. "We needed to come up with a two-pronged approach for them—something that first of all was very economical and then, second, something that we could implement and upgrade as quickly and efficiently as possible."

Successful juggling act

Patino says that, throughout the transition, she appreciated how GE adapted to DeKalb's unique IT culture. The health system had multiple projects underway along with the RIS replacement, she points out. The situation was such that it called for a coordinated, multi-team effort.

For example, nearly 200 desktops running old operating systems had to be replaced. "We had to coordinate the server team, the network team and the integration team, along with the RIS application people," says Patino. "I know that GE would have preferred some pieces of the RIS project to be further along at certain points, but those pieces were dependent on other applications that were going live along with the RIS."

She was particularly impressed by GE's work converting a current-state workflow into a future-state workflow. "That was phenomenal work," she says. "Not all vendors go into that level of depth. But it is really needed, and it didn't happen in a vacuum. Our team needed to spend a lot of time with GE. I would have someone from the technology team involved, but then you would also have management and potential end-users from areas that they were focusing on. As everyone knows, mammography functions very differently than, for example, MRI and CT."

Testing, excitement—and 'dread'

As for the RIS project itself, it wouldn't have gone far without a detailed project plan. "At times we struggled with the level of granularity," says Patino. "LaDonn would say, 'Yes, it really does have to be this detailed,'" she says. "And we would all get back on the same page."

For example, DeKalb's IT staff had to convert reams of data from the old RIS. "There was no way you could do that kind of conversion without building a test environment," says Patino. "You would never do anything of this magnitude without testing."

Patino now looks back on the final days prior to the go-live as a time of "both excitement and dread. We had so much data to convert, extract, clean and import into the new system," she explains. "We had meetings with GE and then meetings just among ourselves. You have to think about and be prepared for anything that could go wrong, and then have solutions to fall back on should any of those items occur."

Command and control

DeKalb had learned from past projects that every go-live deserves its own temporary command center. For RIS-IC, they set one of these up for a full week, manning it 24 hours a day with 25 to 30 superusers from the clinical departments across the three facilities, numerous master trainers from IT and several expert hands—available virtually as well as on site—from GE.

The command center participants were largely the same people who had helped provide training on the new RIS in the weeks and months leading up to the go-live. "The amount of training we did prior to the go-live was significant," Patino says, adding that the command center took over for the IT department's existing help desk for the go-live period. "All operation issues went to the command center, and we had trainers and superusers doing rounding and just checking on the staff."

Seamless transition

DeKalb Medical's satisfaction with the system testifies to the success of the go-live, the strength of Centricity RIS-IC—and the power of the DeKalb-GE partnership.

"This was an extremely complicated implementation," Patino says. "And yet to the end-user it was pretty much seamless. Were there issues? Yes, there were issues—but it was very close to turnkey because things were resolved so quickly. I am very satisfied with the outcome, and so is the rest of the DeKalb leadership."

"In the end," says GE's Wakefield, "we delivered on what we said we were going to do, DeKalb delivered on what they said they were going to do on the contractual piece, and now we have a great team and a great partnership."

"GE held up their side of the bargain and wanted to make DeKalb as successful as possible," adds Patino. "If they saw a need, they did what needed to be done. We both sat at the table together and made sure that things got done correctly."

Patino says she looks forward to working with GE Healthcare for years to come.

Lessons learned, takeaways offered

Having guided the replacement of an old, failing RIS with a new GE Centricity RIS-IC—a process that took nearly a full year to complete—Beth Patino, MBA, CHCIO, the CIO of DeKalb Medical in Georgia, offers six pointers to hospital IT transition teams facing similarly formidable undertakings.

1. **Carefully choose—and thoroughly prepare—your vendor partner.** "Make sure you conduct due diligence on your partner selection," says Patino, "and make sure they have buy-in on your priorities and principles, along with a commitment to make you successful."

2. **Allocate plenty of time for current-state/future-state planning.** Once you select your partner, make sure that you spend enough time planning, says Patino. "I can't say enough about the planning that we did. We talked in-depth about the current-state and the future-state and how vital that understanding was."

3. **Involve many team members to get organization-wide buy-in.** The entire organization has to understand that "this is not an IT project," says Patino. "Even though it's technology, you have to have wide buy-in, involvement and commitment to allow the involvement of the end-user staff."

4. **As a first order of technical business, set up everything in a test environment.** You cannot test too much, and you have to have a wide range of people involved in your testing, Patino says. "There are volumes of dictionaries to set up and a lot of steps that you have to go through. Do all of that in a test environment first."

5. **Appoint superusers as first-tier trainers.** "Training is a requirement," Patino points out, "and we really like the superuser approach. We tried to devise classes so that the superusers were doing the bulk of the training. We had both master trainers and superusers in there, and we made sure we had people representing the clinical areas."

6. **Set up a command center.** This is crucial to any project this big, says Patino. "It's not that the people at the IT service desk aren't experts, but they are the service desk for everything," she points out. "For a successful go-live, you really need the short-term expertise of a command center."

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