We Are Live!

On Saturday, November 9, UVM Medical Center and other UVM Health Network affiliates, including Central Vermont Medical Center, Champlain Valley Physicians Hospital and Porter Medical Center, went live with Epic. This milestone was made possible by the hard work of many.

When the cowbells rang in the Main Campus Command Center announcing official Go-Live at 6:15 am, there were cheers, and then everyone got back to work. There were challenges, and we continue to work through those. The Command Center was in place for the first two weeks and our Super Users provided invaluable at-the-elbow support.

In the days ahead, we will continue to work through the challenges of adapting to a new system. In the meantime, a tip of the hat to the many people who are working hard to ensure the success of our Epic Go-Live. Your efforts put us in a great position as we continue to roll out Epic network-wide over the next few years.
Scenes from Go-Live
“This is the single biggest initiative that I’ve been a part of”
A Conversation with Lisa Goodrich

As vice president of Medical Group Operations, Lisa Goodrich is responsible for oversight of 750 physicians, 200 advanced practice providers and 1,100 support staff—all of whom have seen changes with the implementation of the new Epic electronic health record system.

Goodrich also is no stranger to large-scale institutional change. She has spent three decades at UVM Medical Center and was deeply involved in the creation of a new ambulatory care center and the hospital’s initial transition from paper to electronic health records.

Goodrich paused amid the early stages of Epic Go-Live to discuss how we got here, where we’re going, and how Epic impacts our medical group.

Q: We were already using Epic in these medical group practices, right?
A: We were using the ambulatory clinic component only. Now, in our clinics, we’ve replaced our old GE scheduling and billing systems with Cadence and the Epic PB billing application. In addition, we have gone live with many new modules that are clinically focused. It is a little overwhelming when you look at all the things we replaced.

Everywhere we could possibly replace an old application with an Epic module, we did it.

Q: From the perspective of the medical group, what were the biggest issues or concerns that had to be addressed in the lead-up to Epic Go-Live?
A: The first thing was the conversion of the scheduling system. That was a pretty heavy lift and one planned for quite a long time leading up to that conversion weekend on Oct. 19 and 20. Taking a system we were all really comfortable with, and trying to get the data out of it and into Cadence, was a pretty significant part of this. That weekend, front line staff came together—about 500 people—to manually enter appointments that didn’t automatically convert; to enter OR cases; to enter orders for radiology and for cardiology that were needed to schedule appointments. The flexibility our frontline staff showed that weekend was amazing. The camaraderie between the various hospitals’ teams was amazing.

The biggest concern that I had from a physician change-management perspective was asking our surgeons to enter case requests in the exam rooms as they were seeing patients. It’s a major workflow change for them. And we’re asking them to initiate case requests because it’s the way we generate an electronic consent for a patient to sign in the exam room—which had not been something we had typically done in exam rooms.

Q: What’s the rationale for making that workflow change?
A: The consent process is very important in our surgical workflow. The consent needs to list the exact procedure we are going to perform. So surgeons are the appropriate people to pick the procedure and the laterality—is it the left side, the right side, both sides. It makes the procedure that we’re booking in the operating room match what we’re saying on the consent form, and that’s a key patient-safety point.

Q: Were there unique aspects of the medical group that led to unique challenges in implementing Epic?
A: The unique challenges for the medical group stem from the fact that each hospital had a different medical record. How do you migrate information from multiple, different electronic health records into Epic? That’s a challenge Bradley Krompf (Vice President, Regional Practice Operations) is facing every day—making sure the right data is coming across and getting people up to speed on Epic for the first time.

Q: What are the key ways in which Epic will improve the physician and staff experience going forward?
A: For the support staff in the clinics, the full integration of this system is pretty powerful. The communication between various parts

continued on page 5
the clinic has vastly improved. The functionality of the scheduling system with the referral queues is vastly improved. There’s no more juggling between multiple applications. You can see what’s going on with the patient wherever you sit.

From a physician or provider perspective, I think one of the biggest advantages is that there will be one common medical record number for every patient. We share patients across this network all the time. No more pushing pieces of paper back and forth. When a patient comes here for a consultation from a primary care provider in Middlebury or CVPH or CVMC, all the notes are already available. Physicians and other providers will be able to see what happened to that patient in real time. I think about the advantage for Emergency Department doctors, who are constantly faced with somebody showing up who they’ve never seen before.

Q: How significant a change is Epic, based on all the change you’ve seen in three decades at the medical center?
A: This is the single biggest initiative that I’ve been a part of in my 30 years within the organization. If you think about it, Epic has the potential to touch every patient in the network. We could be touching a million people’s lives with this electronic health record. It ties us together in a way nothing else has been able to. So it really does make the promise of the UVM Health Network real. It delivers on the promise of a seamless, coordinated patient care experience.

And the ability to pay bills online is a huge advantage for patients who prefer to manage accounts online rather than through the mail. Also, being able to see lab results and radiology results with just a quick login eases that burden of having to wait and wonder.

Q: How about from a patient perspective?
A: The same is true for patients as it is for providers. Sharing a common medical record vastly improves patient safety. It also enables an expediting function, in terms of not having to wait for records to be able to schedule appointments, and having all of that good, solid historical information at your fingertips.

The other thing from a patient perspective—and this will become functional over the next few months—is being able to request appointments through MyChart.

“Sharing a common medical record vastly improves patient safety.”

LISA GOODRICH
VICE PRESIDENT OF MEDICAL GROUP OPERATIONS
UVM MEDICAL CENTER

FACES
of The University of Vermont Medical Center

SUSAN KUBLIN
HR Application Analyst, HRIS
“Our employees pour their hearts and energy into caring for our patients. By maintaining the systems that provide their benefits and compensation and manage their careers, we help them to take care of themselves.”
IDX Abuzz with Go-Live Support

Saturday, November 9 and Monday, November 11 brought a different kind of energy to IDX Drive. The certified Epic trainers and other professionals staffing the Call Center were busy answering questions and creating ServiceNow tickets for our analysts. We stopped by—here’s what we heard.

Charlie Gilroy
Lab Educator

“As a lab liaison with nursing, it’s been my job to make sure all parties understand how Epic functionality affects nursing, our ICUs, our ED and more. Just this morning I’ve talked to pathologists, nurses, inpatient providers and more. The mood has been pretty good—people seem to want to know the best way to do what they need to do.”

Katy Villa
Business Operations Partner
Medical Group Education & Training

“Last Spring I signed on to be a credentialed Epic trainer. I was part of the training of outpatient clinic staff, which included nursing, patient support and practice supervisors. People were really engaged and the training was well received. Today, and for the next two weeks, credentialed trainers are answering the phones, resolving issues as soon as possible. If something’s not working as it should, we create a ticket. People who are calling in are friendly. We’re all feeling upbeat and eager to help.”

Sara Sorenson
HR Business Partner

“My job is to support IT teams from an HR Employee Relations perspective. Today I’m stepping out of my normal work to be of support on the IT Triage Command Center team. I’m fielding lots of different calls—things like log-in/access and other miscellaneous issues. Most of what I’m doing is taking the information and assigning it to the proper analyst team. People who are calling in are being patient and positive—a couple are even calling in and saying things like ‘I’m so sorry to be bothering you.’”

Julie Duprey
Epic Senior Principal Trainer

“I worked at UVM Medical Center for 11 years—now I work at CVPH. I’ve done a lot of trainings. In fact, I was here in 2010 supporting the Epic outpatient roll-out (which we called PRISM).

I love training. I love seeing people’s faces light up when they ‘get it.’ And I love being a part of helping them serve our patients better.

Mike Deorsey
Ettain Group, Epic
Credentialed Trainer
and newly hired UVM Medical Center employee

“I’m handling calls regarding billing issues. Most of the questions are around access to the system. People are anxious but understanding when they call in. Also, the volume is pretty much what we expected for a busy Monday. I’m giving them tickets and I’m surprised at how quickly they’ve been able to resolve things. There’s a sense of relief to be here, doing what we’re supposed to do, now that we’ve flipped the switch.”

Today I’m the principal trainer for professional billing for all our outpatient clinics across the network. I look closely at the ServiceNow tickets that have been submitted and review them to determine if they need to go to an analyst or if it’s a training issue I can resolve. As part of this, I’m creating educational tip sheets for the call center staff, the end users who are asking the questions. I think we’re all glad it’s finally here, after all the anticipation.”

continued on page 7
“We’ve been prepping for this for a year and a half. It began with learning the Epic System, and then working with leadership and end users to understand what modifications would be necessary to make Epic work best for us. After that we went through many iterations of training and planning, culminating in training of credentialed trainers in July and August. The credentialed trainers then spent a few months training the end users. We knew there would be challenges but we also knew that our people had the knowledge they needed to get through this initial period and continue to do their jobs really well.”

Analysts Address Issues 24/7

With a project as all-encompassing as Epic, some glitches in the system were expected. By Wednesday afternoon after Go-Live, more than 7,400 tickets were logged with ServiceNow. However, 46 percent of them had already been resolved with support from dedicated IT colleagues who worked around the clock in the command center to address issues as they arose.

“I’m truly impressed with how well we’ve been able to manage the amount of incidents being logged,” said Jillian Charles, Network Epic Application Analyst Lead. “Truthfully, I was expecting a much higher volume of incidents for all modules due to the complexity of the project. It’s important to note, we have experienced a high volume of tickets related to Beaker, our new lab module, as we expected. Lab tests touch almost every area of our Epic rollout from ordering the test, collecting and labeling the specimen, transporting it to lab, resulting the test, routing the results to the correct recipients, and billing for the test. Thankfully, we have additional resources working hand in hand with the lab to prioritize those issues.”

The analysts worked closely with end users on analysis and configuration within Epic throughout the entire process. “This collaboration results in the end user’s ability to work within the system in an organic way.”

Analysts began working extended hours twice weekly in August, in anticipation of Go-Live. “Our analysts have demonstrated resilience and maintained a strong work ethic,” Charles added. “They’ve worked long shifts—evenings, sometimes weekends in addition to normal workday hours—to support some of the pre Go-Live activities. As with many Health Network employees involved with the project, they have sacrificed time with their families to ensure the success of the project.”

Epic By-the-Numbers

A project of this magnitude involves many people and many hours. Here’s just some of what went into our Go-Live:

- 175 training courses
- 68 trainers
- 5,000 instructor training hours
- 82 employed Epic analysts
- 8,000 Epic Users
- 102 seats in the Main Campus command center
Super Users to the Rescue

They are respected by their colleagues, love to learn, and step up to lead others through change. They are the Super Users of Epic, and they have played a critical role in providing on-the-ground support leading up to and post Go-Live. Here at UVM Medical Center, hundreds of Super Users have been helping their colleagues adjust to the new system at Go-Live and after.

Julie Morse, RN, nursing director for cardiovascular and neurosciences and the interim director for hematology oncology, observed that successes from the Miller move-in strategy helped inform planning for the transition to Epic.

“Staff engagement has been so important. The Epic Super User model was really built on the Transition Leader model we used for Miller,” she said. “We had transition leaders, which were our staff who work with patients, and we relied on them to be the experts around the system and let them guide our process. We listened to them and they were involved every step of the way. That’s the same model for our Super Users.”

A few hours after Go-Live, Super User Danielle Johansen, RN, on the Mother-Baby unit said, “There’s been a couple of small bugs, but we’re putting in all our tickets and hopefully going to work through it all. It’s all good.”

Super User Diane McBride, RN, who has worked in the Birthing Center almost all of her 34 years here, said she volunteered for the role of Super User not because she considers herself a technology whiz, but because she doesn’t. “I thought that if I worked extra hard to train with the other Super Users it would benefit me and all of the other nurses who are a little timid around technology. I know them so well and they feel comfortable coming to me with questions. A bunch of us go back to when we all did paper charting—we’ve come a long way.”

She said she likes the new electronic health record. “We can find almost everything we need from the EHR and can now read the doctors’ orders and notes—bad handwriting is no longer an issue.”

Any little bumps so far had not been a problem, she said. “We know how to take care of patients very well and that hasn’t changed. The rest we can figure out.”

Above: Susan Lord, RN with Danielle Johansen, RN; left: Diane McBride, RN.

Faces

of The University of Vermont Medical Center

JAMIE LIBBY
Manager, Payroll
“I love that I can share my knowledge and information with others so we can develop collaborative solutions with our employees and for the organization.”
Troubleshooting in the Lab After Go-Live

One of the areas experiencing more issues in the first few weeks of Go-Live is the lab, where staff are feeling the ramifications of adjustments to the Beaker module. “Beaker is so tied into workflows,” said Tania Hong, Network Director, Laboratory and Pathology, “that any variations are causing tremendous issues for us in the lab.” Lab staff are having to do a lot of work manually to compensate, which is causing a great deal of stress and extra work. Additionally, said Hong, the intricate pieces of the build are affecting major components of the lab workflow, such as the automation line, which isn’t adapting well to the Beaker module.

Staff are finding ways to get results with a lot of work behind the scenes, said Hong. “They are the best and so dedicated to patient care. But this comes at a cost. Our people are really working hard to adjust and deliver high quality results under poor conditions in these first few difficult weeks, and I hope they know how much they are appreciated.”

“Mondays are typically busy and today is business as usual. The atmosphere seems light, there haven’t been any lag times or extra waiting times. Our patients are being cared for and they don’t seem to be aware that there’s anything different.”

**Kelly Hanley, RN**  
Nurse Manager, Outpatient Cardiology Clinic

“We kept saying prior to the Go-Live, and then in safety huddle this morning, that our care is not going to change. Our patients are breathing, they’re safe and stable. As long as we have that, we can figure out the other stuff and it will come. And it always does.”

**Traci Patterson, RN**  
Nurse Manager, McClure 6

“The human beings that are here are just amazing. You remove the machines, remove the computers, remove everything—you have the smile on their face, ready for anything.”

**Claude Deschamps, MD**  
President and Chief Executive Officer, UVM Health Network Medical Group

“I think it’s a huge step toward becoming a strong network of hospitals. It’s really important for the patients, primarily, and the providers. This is just one day, one moment—but it’s an incredibly important moment. It is, in some ways, a historic moment of improving integration across two states.”

**Al Gobeille**  
Executive Vice President for Operations, UVM Health Network

“My team is incredibly dedicated and has put a tremendous amount of hours and effort into this project. To a certain degree, the real work starts today, because you can’t get everything perfect on Go-Live day. So there are a lot of things that will need to be fixed and addressed and tweaked over time. We had a very high-functioning revenue cycle operation before, and getting back to that level will take some time. But I have full confidence that we’ll get there.”

**Rick Vincent**  
CFO, UVM Medical Center
Soon after Epic Go-Live at 6 am, Ray Keller, MD, director of medical informatics, raced down from the command center to respond to a glitch reported by the emergency department.

The issue? Steve Skinner, MD, who was working the overnight shift, was not showing up in the new system. “I’ll show you how to fix your problem,” Dr. Keller said, sitting down at the computer. After trying a couple of things with no resolution, he put in a call to Logan Schultz, Network Epic Programmer Senior Analyst. The conversation was quick. Within a couple of minutes of talking and working the keyboard, Dr. Keller declared: “OK, Logan, you fixed it!”

The incident escalation process was working smoothly, Dr. Keller observed. As the physician lead in the command center, he monitored a dashboard that showed incidents flowing in and responded accordingly. “When I saw this one, which was preventing a provider from doing their job, I just grabbed it and started running,” he said, adding that, as the former medical director of the ED, “My heart will always be here.”

The team in the ED took it all in stride. Dr. Skinner, who works overnights exclusively, has a reputation for getting busy at 6 am near the end of his shift. He said that didn’t happen on Go-Live day: “Thankfully it was a relatively tame night here.”

Added Mieneke Maher, RN, a Super User who staffed a mini command center in the emergency department to report incidents and keep track of their resolution: “This is the ED; We thrive on change.”

“We have six Super Users and a command center here on site and the support process is robust. We’re keeping slow-downs to a minimum. Our patients are bearing with us—they’ve been very patient and accommodating.”

Kerry Pinkham, RN
Nursing Supervisor at Orthopedics Outpatient Clinic

“We’ve gotten through the harder part of getting all the pieces worked out, this is going to be a game changer for our patients, because having an accurate record follow you is so helpful for your care—for efficiency, for safety, for high-quality care.”

Steve Leffler, MD
Interim President, UVM Medical Center

“You see how many people are here—we’re all patients here, too. We live in this community. We want this tool to be for our kids and our families, just as we want it to be for our next-door neighbors.”

Irene Bonin, RN
Network Manager, Clinical Ancillaries
Go-Live Around the Network

“We’re super excited about the fact that a patient’s health information will follow them in a more seamless fashion. This will reduce issues with reconciling medications and other problems so that information is going to be more accurate and consistent. And that is a huge win so we can continue to keep patients safe.”

**Tom Manion**
Vice President, Medical Group,
Porter Medical Center

“The Epic patient portal, MyChart, will allow patients to be much more engaged in their health. They will have the ability to pay bills, to self-schedule appointments and to see all their health records.

Having one health record allows us to dig into the quality of care and guide the quality of care much more effectively. Now, we’ll be able to influence quality across the entire Network.”

**Woutter Rietsema**
Vice President,
Population Health & Information Services
Champlain Valley Physicians Hospital

“I think it’s exciting to be doing it together. We get on these phone calls every other day, and there are people on there from all throughout the network, helping each other, explaining things to each other, being willing to have a phone call later with each other to answer questions. It’s a good feeling.”

**Sarah Britton, APP**
Epic Specialty Champion,
Central Vermont Medical Center