

SUCCESSFUL USE OF A TEST SYSTEM (EPIC POC) FOR ACHIEVING TRAINING AND COMPETENCE OF END USERS BEFORE GOING LIVE WITH ELECTRONIC ANESTHESIA RECORDS

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The University of Iowa went live with electronic anesthesia records on November 8th 2010. We are a major university hospital with more than 180 clinical providers including trainees and multiple anesthetizing locations. Transitioning from paper anesthesia records to electronic anesthesia records required adequate preparation and thorough training of all clinical providers. Classroom training is valuable in the early stages, but it has limitations. These limitations include

- Inability to cover all the required information in a limited time.
- Poor acceptance from clinicians for IT training
- Clinicians often tired and hence uninterested or unable to grasp all information
- Class room situation very different from real-time OR situation
- Often forget what was presented in training by the time of go-live
- Limited time for hands on experience

Due to all these factors we explored the possibility of the anesthesia providers using the electronic record in parallel with the paper record for several weeks before going live. Use of actual record, EPIC PROD for this would result in inaccurate or incomplete data entry into actual patients' medical records. EPIC POC (Proof of Concept) is a program that was designed for testing the system as well as to provide an arena to trial new changes. With the help of the hospital HCIS team, EPIC POC was transformed into a trial environment for clinicians to practice and ultimately achieve competence prior to initiating EPIC PROD.

Each clinician took part in a 2-hour classroom training session where they were given an introduction to the system. After this EPIC POC was made available for the clinicians in every OR. During the course of the day, they were instructed to make use of this system and encouraged to use the practice environment as though it was live, using factitious patients. They had the ability to start an anesthesia record, see how the data is collected, and work through various events, staffing, attestations etc as they had time. After initial hesitation, the providers started using the system everyday. With this hands-on experience they became acclimated to the system and learned more than could have been possible in a classroom environment. This training period also provided the clinicians with the ability to provide feedback, which helped us tweak the system and make it even better. At the end of the 4-week period, all of our clinicians were proficient with the system. The result of this was an unbelievably smooth go-live. Even though extensive floor support was planned and provided, most providers required little if any help to make the overnight transition from paper to the electronic record. Even though 2 weeks of floor support was planned, the Ambulatory Surgical Center was support free by the third day and the main OR did not require any extra support by the end of the first week. This allowed us to successfully go-live with satellite locations the following week.

We believe this novel technique, which was hugely successful in our institution for training clinicians in electronic anesthesia records, could be used by other major institutions with similar facilities as well.