JESSIE MCPHERSON PRIVATE HOSPITAL

CHANGE IMPACT STATEMENT
ALL AREAS

Introduction of Jessie McPherson Private Hospital Electronic Medical Record (EMR)

Campus: All inpatient wards at Jessie McPherson Private Hospital

Date: **update** January 2019

1. Brief Description of Change Proposal

1.1 Background

Jessie McPherson Private Hospital (JMPH) is embarking on a journey to implement an Electronic Medical Record (EMR) together with Monash Health, transforming how care is provided to our patients and families and the community. It is aligned to and will support organisational and strategic imperatives of promoting excellence, with quality, safety and experience as core drivers.

Implementing the EMR will represent a transformational change at JMPH and will support the delivery of:

- Quality and efficiency reliant on systems;
- Standardisation and innovation;
- Prediction and elimination of error; and
- Support for a strong inter-disciplinary team culture.

1.2 Proposed Situation

Once implemented, every patient admitted as an inpatient at JMPH will be on the EMR. In addition, full EMR functionality will be provided for critical and emergency care. Employees outside of these clinical areas will require access to the EMR to view medical records. As such, all clinical and clinical support employees will use the EMR in some form as part of their work.

1.3 Benefits of proposed change

An EMR implementation will enable JMPH to:

- Improve the quality of patient care and clinical decision making using an electronic patient record containing clinical notes, diagnosis, test results, patient allergies, warnings and alerts;
- Provide secure access to the patient record at the point of care enhancing patient experience. There will be no need for clinicians to follow up or share, a single paper-based record.
- Improve workflow processes in inter-disciplinary and inter-departmental care enabling the patient experience to be seamless and integrated across our service rather than differing between departments or hospital campuses;
- Improve alignment across the continuum of care, by ensuring there is a patient information channel between primary and secondary care providers.
- Enhance medication management, improve decision support and provide clear concise clinical documentation, reducing clinical incidents.

- Reduce variations of care through standardised workflow, processes and terminologies implementation in the EMR, which will not only lead to better outcomes for our patients, but also reduce cost through management and control;
- Satisfy our governance, reporting, accreditation and compliance obligations through improved data collection, processing and dissemination;
- Support translational, clinical and outcomes-based research and teaching; and
- Reduce cost through decreased paper handling, improved safety and reduced repetitions / duplications of effort (e.g. re-testing).

2. Anticipated effects of change proposal on employee / team

2.1 Change Impacts

ALL EMPLOYEES				
Current State	**Future State**	**Proposed Change**	**Mitigating the Change**	**Formal Statement Required**

Clinicians predominately use paper charts for documenting clinical information.	Clinicians will use computer/ electronic based documentation.	Change in workflow and movement from handwriting paper charts to computer-based documentation.	Pre-Go-Live Change and Training Activities and Briefings
			• EMR Classroom Training
			• On Line Learning
			• Videos
			• Pop Up Kiosks
			• Portfolio Holder sessions
			• Targeted familiarisation sessions
			• Focus groups
			• Front Lines Managers EMR Course
			
			Communication
			• People Leaders email
			• Communicate the statement of changes
			• All employees email
			  o CIS
			  o Feedback Channel
			• Intranet home page
			• Screen Savers
				NA

Clinicians do not necessarily document in real time.	Employees will perform clinical documentation in the EMR in real time.	Change in workflow for all clinicians documenting in the EMR.		NA
Accountability for documentation and decision making on paper is limited.	Increased accountability for documentation and decision making within the EMR, as these can be audited at any given time.	All actions will be time stamped and auditable to ensure prescribed care requires occurs.		NA
Clinical decision support is currently accessed by searching for policies and protocols in the Prompt system.	The EMR will provide selected decision support alerts.	Change in selected clinical decision support workflows; the EMR will automatically provide selected alerts directly.		NA
PFM (Patient Flow Manager) currently used to support handover and referrals, in addition to being used as bed management tool. At MCH Allied Health employees receive a notification of the referral made in PFM.	Clinical information will be entered in EMR not PFM; EMR will be used to support clinical handover and for referrals. PFM will be used as a bed management tool only.	Change in workflow for employees using PFM.		NA

Transfer of Patients during Go-Lives. Patients are transferred between sites using paper documentation.	During Go-Lives 1 and 2, transferring patients from Dandenong to a Go-Live 2 facility, will require view only access in the EMR. A medication drug chart from the EMR will be printed and accompany the patient transfer to the next hospital. SCN at Go-Live 1 will no longer use BadgerNet whilst Go-Live 2 will remain active until August.	Employees will be working across both systems until all inpatient sites are live. Transfer from an EMR site to a paper site will require identified documents to be printed.	• CEO Message (video) • Follow up reminder • Employees EMR comms materials Go-Live support • Super Users • EMR Champions • eCoach • EMR Hotline • Quick Reference Guides • Website	NA
MEDICAL				
Current State	**Future State**	**Proposed Change**	**Mitigating the Change**	
All anaesthetic documentation completed on paper.	Anaesthetists will continue to document intraoperatively on paper charts; pre-admission and post-operative documentation will occur in EMR.	Change in workflow for Anaesthetists to partial documentation in the EMR.	Pre-Go-Live Change and Training Activities and Briefings • Focus groups • Pop Up Kiosks • Roadshows • Ward Walk throughs • Targeted familiarisation sessions • On Line learning • EMR Classroom Training (6hrs) • Simulation Training (1hr) • Simulation Practice Go-Live support and Adoption Coaching	NA
Medical practitioners document problems, diagnosis and patient history as free text format. The process can be variable depending on the specialty. Patient history is documented as past or current history.	Patient history is documented as diagnosis and the problem list will be a new way in which medical practitioners will record and access this information. Clinicians will choose from a codified drop-down list of SNOMED-CT terms in order to document diagnosis and problems. The single source of truth for diagnosis and medical history also be a new concept. The emphasis changes from a personal list of problems per patient, to a codified list that utilised across the patient's record.	The doctor will be using a codified clinical terminology data set (SNOMED-CT) for problems and diagnosis recording.		NA
Paper medication charts follow patients moving between sites. Current practice requires	The medical team discharging a patient is required to reconcile current and proposed medications in the	Medical teams will perform medication reconciliations in the		NA

medication charts to be rewritten within 24 hours of transfer of care between JMPH sites.	Medication Administration Record. The receiving medical team will need to reconcile the patient's medications on the Medication administration record, within four hours of leaving the transferring facility.	EMR within the 4 hour time frame.		
Results endorsement relies on verbal communication pathways within the medical workforce.	The EMR has a message centre and results endorsement function in the EMR.	Closed loop accountability process for notification and endorsement of results.		NA
Medications given intra op via the sterile field are documented in Health Track on the procedural log, and medications given e.g. pain relief and conscious sedation, are documented on the medication chart by the nurse.	Doctors will order medications upfront via powerplan, and cardiac physiologist will record the administration of these meds in EMR.	New workflow, and all medication administered will be in the EMR for Cath Lab.		NA
Maternity related documentation is completed in other electronic systems; BOS and K2 and on paper charts.	Maternity related documentation will remain in BOS and K2, paper charts and in the EMR for medications, orders (pathology, radiology, referrals) and blood transfusions.	Change in workflow for maternity employees to include partial documentation in the EMR.		NA
NURSING AND MIDWIFERY				
Current State	**Future State**	**Proposed Change**	**Mitigating the Change**	
Paper Care Plans are generic for all patients and are used to support shift planning. They do not contain goals and patient interventions.	Care plans in the EMR will document patient goals, care and interventions.	Change in documentation workflow for nursing and allied health with increased discreet entry fields, contemporaneous clinical notes.	Interim paper care plans introduced with documented goals and interventions aligned to new EMR care plans. Pre-Go-Live Change Activities and Briefings • Focus groups • Ward walkthroughs • Pop Up Kiosks • Targeted familiarisation sessions	NA

			• On Line learning • EMR Classroom Training • Simulation Practice Go-Live support and Adoption Coaching	
Patient registration and patient movements are not always entered into Patient Administration Systems, WebPAS/WebPAS by clerical employees in real time 24/7.	Real time registrations at admission and patient movement updates will be entered into in WebPAS 24/7, to create an Electronic Medical Record.	Change in documentation workflow for administration and applicable nursing employees.	Pre-Go-Live Change Activities and Briefings • Focus groups • Ward/theatre walkthroughs • Pop Up Kiosks • Targeted familiarisation sessions • On Line learning • EMR Classroom Training • Simulation Practice Go-Live support and Adoption Coaching	Yes
Surgeon makes a verbal request for specimen orders during procedures and these are placed on paper by operating theatre nurses.	Nurse will initiate specimen order during the procedure via EMR. This allows for specimen stickers to be printed out immediately and not wait until the procedure is finished. (Surgeons however can still do their own order).	Nurses will initiate the order at the doctor's request to ensure timeliness and accuracy of the specimen request.	Pre-Go-Live Change Activities and Briefings • Focus groups • Ward/theatre walkthroughs • Pop Up Kiosks • Targeted familiarisation sessions • On Line learning • EMR Classroom Training • Simulation Practice Go-Live support and Adoption Coaching	NA
All vital signs are documented on paper charts.	In critical care areas, the majority of vital sign monitoring will feed directly into EMR for devices that are compatible through linked devices (device integration). All inpatient observations will be recorded in the EMR	Change in workflow with selected devices being integrated into the EMR. The nurse will authorize the results in the EMR. Change in workflow with all observations for inpatients being recorded on EMR.	Pre-Go-Live Change Activities and Briefings • Focus groups • Ward walkthroughs • Pop Up Kiosks • Targeted familiarisation sessions	NA

			• On Line learning • EMR Classroom Training • Simulation Practice Go-Live support and Adoption Coaching	
Maternity related documentation is completed in other electronic systems; BOS and K2 and on paper charts.	Maternity related documentation will remain in BOS and K2, paper charts and in the EMR for medications, orders (pathology, radiology, referrals) and blood transfusions.	Change in workflow for maternity employees to include partial documentation in the EMR.	Pre-Go-Live Change Activities and Briefings • Focus groups • Ward/theatre walkthroughs • Pop Up Kiosks • Targeted familiarisation sessions • On Line learning • EMR Classroom Training • Simulation Practice Go-Live support and adoption coaching	NA
WARD CLERK				
Current State	**Future State**	**Proposed Change**	**Mitigating the Change**	
Ward clerks prepare paper medical record; compile medical record on discharge and send to SMR; follow up medical discharge summaries for some units; send letter/discharge summaries to GPs; some do WEBPAS admissions; prepare medical record to send with patients transferring to another site. Significant variation in roles and responsibilities of ward clerks across all sites.	Real time entry into WebPAS -Ward Clerks will still compile small amount of paper notes and send to SMR; D/C summary will automatically be sent to GP (for GPs signed up to HealthLinks) and MyHR on D/C. For GPs not signed up to Health Link, ward clerk will continue to send D/C summary to GP. Ward clerk will be required to print relevant pages from EMR to send with patients transferring cross site.	Reduction in paper forms will result in reduction of paper notes needing to be compiled on admission and discharge by ward clerks. Ward clerks will need to understand which parts of EMR need to be printed to send with patients transferring cross site. Ward clerks will have a new way of transmitting the D/C summary.	Pre-Go-Live Change Activities and Briefings • Targeted familiarisation sessions • On Line learning • EMR Classroom Training Go-Live support and Adoption Coaching	NA
Emergency theatre scheduling of pts is done in ETBS (includes ECT).	ETBS will no longer be used, EMR will be used.	The high-level workflow for organising an emergency case will remain unchanged (liaising with surgical employees,	Pre-Go-Live Change Activities and Briefings • Targeted familiarisation sessions	NA

		anaesthetist and OR Nurse in charge prior to approval of booking).	• On Line learning • EMR Classroom Training Go-Live support and Adoption Coaching	
Pathology and Radiology				
Current State	**Future State**	**Proposed Change**	**Mitigating the Change**	
Pathology and radiology requests, medication prescriptions and patient care delivery are on paper.	Pathology and radiology requests, medication prescriptions and patient care delivery will be in the EMR, with a catalogue to choose from.	A catalogue will be used to order pathology, radiology requests, prescribe medications and for patient care activity.	Pre-Go-Live Change Activities and Briefings • Focus groups • Pop Up Kiosks • Targeted familiarisation sessions • On Line learning • EMR Classroom Training Go-Live support and Adoption Coaching	NA
Pharmacy				
Current State	**Future State**	**Proposed Change**	**Mitigating the Change**	
Discharge prescriptions are electronically generated through the MerlinMAP E-Prescribing system, printed, signed and given to the pharmacist for profiling. The dispensing pharmacist scans the barcode on the prescription and this populates the dispensing screen in Merlin, limiting the need for transcription.	Discharge medications will be ordered through discharge medication reconciliation screen in the EMR. The prescription will be profiled by a pharmacist and any changes required will be amended and an updated prescription, if required, generated through the orders screen in the EMR. The dispensing pharmacist will then manually transcribe the printed prescription into the Merlin dispensing system.	Change in dispensing pharmacist workflow; as dispensing employees will be required to manually transcribe all prescription details into the Merlin dispensing system.	Pre-Go-Live Change Activities and Briefings • Focus groups • Pharmacy walkthroughs • Pop Up Kiosks • Targeted familiarisation sessions • On Line learning • EMR Classroom Training Go-Live support	NA
Patient lists are generated using PFM. Pharmacists prioritise their workflow by manually reviewing their patient list to identify new patients that require a	Pharmacists will refer to their PCO for their patient list which will assist them with prioritising their workflow. The medication reconciliation column will provide a snapshot of patients who	Change in documentation and how pharmacists will be able to prioritise their daily workflow		

medication admission history to be completed.	don't have a medication or admission reconciliation complete. A high-risk category work list will be available in the EMR to assist pharmacists in identifying patients who are prescribed high risk medications or have co- morbidities/conditions that put them at high risk of medication errors.			
Medication management issues to be followed up are documented on the Medication Management Plan. Pharmacists would also document details in the Pharmacy Handover field in PFM.	Issues that have been identified will be documented in the Multi-Patient Task List (MPTL). Pharmacists will also be able to document a handover to another pharmacist using iPASS on the PCO	Change in documentation workflow for all pharmacy employees		
Pharmacists perform a daily review of each patient's medication chart. Pharmacists endorse appropriate medication orders by initialing the 'Pharmacy' field of the relevant order. The pharmaceutical review box at the bottom of the NIMC is signed for the relevant date to indicate that the pharmacist has checked the medication chart on that day	All unverified medication orders will appear on the MAR with a mortar & pestle icon and appear in the unverified orders column of the PCO. Pharmacists must review and verify each medication order in PharmNet Medication Manager. Pharmaceutical review orders will drop daily on the MPTL which will need to be actioned by the pharmacist once completed.	Change in documentation and workflow for pharmacists.		
Non-imprest medications are requested with a copy of the medication order on the NIMC. This is given to the ward pharmacist who clinically	Non imprest medications will be requested through the MAR. The medication request will appear on the pharmacy care organizer (PCO). All unverified medication requests must	Change in non-imprest medication supply workflow as a pharmacist must always verify orders in PharmNet Medication Manager before they can be		

reviews the orders' appropriateness. Once approved the medication is issued to the ward. All single patient use medications are directly issued to the patient	be verified by a pharmacist in PharmNet Medication Manager. The pharmacist must assign a product to the medication order and it is then transmitted to the PRX screen in Merlin. All non-imprest medication supplies will be issued directly to the patient and checked by a pharmacist before being sent to the ward.	issued in Merlin including clinical areas without a ward pharmacist.		
At the point of discharge pharmacists will profile the prescription and manually annotate any medication changes on the prescription. The pharmacist then navigates to the PFM and updates the prescription status on PFM.	Once profiled, the pharmacist will continue to manually annotate any medication changes on the prescription. Additionally, they will need to document any medication changes in the 'Medication Management Plan for discharge' field which will automatically update the patient's medical discharge summary As the pharmacist updates the discharge checklist powerform the prescription status on the Clinical Leader Organiser (CLO) will update.	Change in documentation and workflow for pharmacists.		
Patients requiring specific pharmacy review or intervention are contacted by phone.	Clinicians will be able to order pharmacy referrals for patients requiring pharmaceutical review or intervention	Change in workflow for pharmacists		

Universal change impacts are discussed above and any specific areas that require further consultation, will be outlined in separate change impact statements.

2.2 **Training and Go-Live Support**

The EMR implementation will require employees to participate in training. Some employees will require basic computer skills training to prepare them to utilise the EMR, which will be provided prior to Go-Live. All EMR training and proficiency testing is a mandatory requirement for employees documenting in the EMR. The Training Strategy provides the recommended approach to aspects of training implementation and sustainability for JMPH. The training provided will be competency based and will encompass a blended approach, consisting of classroom training, web-based training and practical skills simulations.

Allocated Training Hours:

Profession	Classroom	Web Based
Nursing	8 hrs	4hrs
Medical	7 hrs	2hrs
Allied Health	4 hrs	2hrs
Ward Clerks	2-4 hrs	1hrs
Pharmacy	8 hrs	4hrs
Phlebotomy	2 hrs	1hrs

Formal training will commence 6-8 weeks prior to Go-Live stages. This will entail:

- Scenario and workflow-based training delivered in a classroom setting. Each participant will have their own computer to utilize the EMR program.
- Interactive E learning modules- available prior to and during training
- Mock Go-Live sessions
- Simulation based practice prior to Go-Live
- 'Favourites Fairs' (Doctors given one to one assistance and direction with patient lists, care teams, and favourite order sets and diagnosis will be provided with one on one support to create up to 10 personalised order sets"

**Dandenong Training dates commence on the 8th of April through to Go-Live.*

A Super User model has been established to provide at the "elbow support" for all end users during training and Go-Live. At the elbow support is face to face, on the job support for employees adopting the EMR, utilizing allocated Super Users per department and/or profession. Selected clinical employees will receive double the end user training to become a super user in a supernumerary model for Go-Live.
Super Users will be supported by operational and the EMR Program team.
EMR Champions will receive the same training as super users and will be available to support employees during the EMR Go-Live, to ensure adoption. Our Champions are typically all clinical leaders and pharmacy employees.

Super User Ratios:

Nursing:

- Week 1 & 2: of 1SU/1 shift/ ward (1SU to 5Nurses)
- Week 3: 50% reduction for SU from week 1 & 2 (1SU to 10 Nurses)
- Week 4: 50% reduction for SU from week 3 & 4 (1SU to 20 Nurses)

Doctors:

- Week 1 – 4:
  - 1SU/1 shift/ ward for wards where doctors are always present (Emergency, Surgery, etc)
  - 1:6* ratio of on demand doctor support for doctors on duty
  - * based off total number of doctors typically present in hospital at one time.

Allied Health:

- Week 1 & 2: of 1SU/1 shift/ 10 people
- Week 3: 50% reduction for SU from week 1 & 2
- Week 4: 50% reduction for SU from week 3
- *Allied Health employees may utilise Nursing SU while on the ward if their dedicated SU is unavailable

Pharmacy:

- Week 1&2: 1SU/shift/5 pharmacists
- Week 3: 50% reduction for SU from week 1 & 2
- Week 4: 50% reduction for SU from week 3
- **Conversion team**

Clerks/Admin:

- Week 1 & 2: 1SU/1 shift/ 20 people
- Week 3: 50% reduction for SU from week 1 & 2
- Week 4: 50% reduction for SU from week 3

Pathology:

- Week 1&2: 1SU/1 shift/15 people
- Week 3: 50% reduction for SU from week 1 & 2
- Week 4: 50% reduction for SU from week 3

Significant Impact/Risk Areas

- ICU, NICU, PICU, Emergency Department, Periop/Anaesthetics, HDU, Maternity, Oncology/clinical trials
- Week 1&4: 1SU/1shift/4employees
- Week 3: 50% 1SU/1shift/8employees
- Week 4: 50% 1SU/1shift/16 employees

**Dandenong Super User Training commences on the 18th of March until the 5th of April 2019.*

Basic Computer Skills Training:

A basic computers skills training course has been and will continue to be offered to all employees prior to and during EMR training. The course is hosted through the Monash Library and will consist of a basic computer orientation, Microsoft outlook, word, some excel components and direction on how to access relevant icons on the screen. All employees are welcomed to undertake the course that will encourage and develop employee confidence using a computer. The course will be available at all sites.

EMR Go-Live Training for Managers

Training commences on the 14th of February for front line managers with the following agenda to support managers in preparation and through to Go-Live.;

- ✓ Clinical transition for Go-Live
- ✓ The role of a manager at Go-Live
- ✓ Significant Changes
- ✓ Key Messages
- ✓ Training and compliance- including how to roster your employees to training, training support, managing challenged learners
- ✓ Employeesing for Go-Live- Super Users, adoption coaches
- ✓ Communication – to patients and families
- ✓ Go Live Planning:
    - o Escalation of Go-Live Issues
    - o Readiness plan (checklist)
- ✓ Human Factors- behaviour changes and influences

2.3 Change Management

A comprehensive Change Activity Plan has been developed and commenced to support our employees to transition from the current to future state.

The Change Activity Plan identifies key stakeholders and coordinated activities to address the significant changes to familiarize our employees, address business redesign (to identify the current state of workflows, processes, policies and systems and build the future state), mitigate any challenges or blockers with future workflows that may arise, provide at the elbow support during training and Go-Live and people change support (transitioning resistant employees through change).

The activities include;

- Immersion sessions
- Presentations
- Pop Up Kiosks
- Change Enabling Working Groups
- Ward Walk throughs
- Front Line Manager Training
- Roadshows
- Simulation

- Videos
- Communication;
    - Website
    - Smart Phone App
    - Personas
    - infographics

The change activities will be focused to the specific needs of each professions with the delivered relevant to the profession workflows.

2.4 Occupational Health and Safety

- Health and Safety Representative Consultation has been and will continue to be undertaken with all participating clinical areas and the Change Enabling Working Group Activities.
- Occupational Health and Safety advice and consultation has been sought regarding end user devices.
- Appropriate safety education will be provided to employees regarding their new clinical and/or administrative environments.
- Orientation to new environments with appropriate ward specific fire and evacuation training will be undertaken.

2.5 Employee Feedback

Employees will be offered the opportunity to feedback and raise questions regarding enquiries to the Change Impact Statement via a dedicated feedback survey and via the EMR email address; EMRProgram@monashhealth.org, through their department managers, EMR Portfolio Holders and Directors of Clinical Operations.

3. Measures to mitigate impacts

3.1 Communication with team

Communication with employees is an important part of the process to ensure that all key stakeholders are given sufficient and timely information prior to the change transition occurring. Employees will be consulted in relation to the development of the proposal and invited to raise concerns and issues and to offer solutions and alternative suggestions. We will continue to work with our employees to ensure their concerns are considered in the change process. Two-way communication channels have been established via an EMR email inbox, survey tool and through People Leaders. Push notifications will be deployed to support employees pre, during and post Go-Live.

- Communication to support Change and Training activities have been deployed through the following channels and will continue to do so through to and beyond Go-Live;
    - EMR Website
    - EMR App
    - iNews – Intranet
    - Screensavers and TV displays
    - Posters

- Videos
- People Leader briefings
- Yammer
- Sharepoint
- Email
- Newsletters
- Presentations and forums
- Quick Reference Guides/Factsheets/FAQs
- Banners and signage
- Employee Communication Books

3.2 Redeployment

Health information Services are working on the redeployment of identified roles that will require reallocation. These numbers are low and will be mitigated prior to Go-Live and appropriate timing. Regular communication and consultation has already occurred for this profession.

3.3 People Assist

Employees often find the relocation and adjustment to a new working environment stressful. Accordingly, People Assist information has been distributed and promoted to affected employees, to ensure they are aware of the service and the benefits. Additionally, the Monash Care intranet page is available to employees 24/7, with tools and resources available.

4. Details of employee/union consultation

4.1 Consultation to date

Informal consultation for this change initiative commenced several months ago with clinical and management employees. Feedback and comments were sought regarding workflows and design of the EMR. EMR Program Steering Committee was established as part of the EMR program.

4.2 Key dates currently proposed

1(a)	Distribution and explain Change Impact Statement to employees	11/02/2019
1(b)	Relevant unions forwarded a copy of the Change Impact Statement	12/02/2019
2	Written response from employees and / or Union	26/02/2019 (*14 days of Step 1*)
3	Employee consultation period	26/2 to 05/03/2019 (*7-14 Days of Step 2*)
4	Further employee response (where relevant)	05/03/2019 (*after the consultation of Step 3*)
5	Alternative proposal from Employee Union	19/03/2019 (*14 days of Step 4*)

6(a)	Employer to consider alternative proposal/s consistent with the obligation to consult and, if applicable, to arrange further meetings with employees or Union prior to advising outcome of consultation	05/04/2019 (*14 days of Step 5*)
6(b)	Follow up employee forum to present consultation process feedback - confirm any changes to the initial proposal - confirm implementation date	04/2019

5. Contact Details

To discuss any aspect of this change, please contact:

Karen Lowe
Executive Director, People and Culture
Karen.Lowe@monashhealth.org

Date: Date:

Note: The above Change Impact Statement is based on information available at the time of writing and may be subject to change.

Change Impacts for Action prior to Go-Live

Proposed Change	Nature of Change	Activation Plan prior to Go-Live
Point of Care Admissions	Real time registrations at admission and patient movement updates will be entered into in WebPAS 24/7, to ensure the Electronic Medical Record encounter is current If the patient is not registered on WebPAS, there will be no encounter to document care against, and Correct location details in WebPAS ensure functioning patient lists, which are key to encounter management...	Create 24/7 coverage by rostering ward clerk employees to ensure real time registration is enabled.
Nursing Care Plans	Care plans will be developed using a framework that is based on the JMPH Foundations of Care to ensure systematic but individually developed care plans. Some care plans will be suggested depending on risk screening and documentation requirements, such as risk of falls or pressure injury, or will be able to be commenced using clinical judgment. Interventions and expected patient outcomes will be captured and signed off every shift. There are 27 care plans in total; 24 are specific for nursing employees, with the remainder interdisciplinary	Implementation of paper care plans aligned to new EMR care plans to support transition.
Nurse Rounding	Nurse rounding has been implemented to varying degrees at JMPH in the past with mixed success and documentation variation. Nurse rounding has been built in the EMR to ensure a consistent approach across all inpatient wards.	Implementation of paper-based nurse rounding tool aligned to new EMR rounding tool to support transition.
Resus Workflows	During a MET call/Code Blue documentation will remain as current on paper. Employees will retrospectively enter some documentation completed on paper during the call, in particular medications administered during the MET call/Code Blue and last set of observations. The MET call/Code Blue documentation will be scanned into the SMR	ED employees will commence retrospective documentation of resus documentation from paper progress notes into Symphony.
Encounter Management	Encounter Management refers to how episodes of care will be created, updated, transferred and discharged in the EMR. WebPAS is the information system used to manage these transactions. Real-time and accurate data directly impacts how the encounter will be viewed and documented against in the EMR.	Create 24/7 coverage by rostering ward clerk employees to ensure real time registration is enabled. Familiarisation activities to highlight the future workflow.
Endorsing Diagnostic Results	The effectiveness of this EMR functionality is dependent upon uniform adoption and compliance of the results endorsement activity. This requires an organisational policy / guideline and a change in process that requires all investigation results to be checked and acknowledged.	Policy and Guideline to be created prior to Go-Live.
Electronic Orders	Requests for inpatient and Emergency Department (ED) imaging are currently made on paper forms that are often physically taken to Monash Imaging (MI)	Electronic order simulations are currently being trialed across the different MI sites, which involves request

	for processing. This manual process has several challenges, including forms getting lost, duplicate investigations being ordered and MI employees needing to query missing information from the ordering clinician. There is also currently limited visibility for inpatient and ED clinicians to track the status of a request.	forms being scanned into Carestream Vue RIS and then being accessed electronically. An electronic justification and approval workflow is currently being trialed at MI Dandenong to provide familiarisation prior to go live. This is planned to be trialed at other sites prior to their go live dates.
Medical Ward Rounding	Depending on the specialty, ward environment, there are going to be a number of scenarios where it's not practical to enter in real time due to space restrictions or a quick surgical ward round. The way units currently conduct ward round does not suit the workflow in the system and may not be able to conduct in this way with a system that requires formal log on. Ward round note type to be used.	Ward rounds to be simulated and timed prior to training and Go-Live to establish and mitigate any issues.