The Doctors Are IN, Episode 7: Why we do it. **[Transcript]**

Introduction: *You're listening to the CST Audio Network, the voice of clinical transformation. The doctors are in. In the third and final instalment of this series, Dr. Theal talks about the thinking that went into North York's move to a new clinical information system and some of the benefits that came after the system was turned on.*

Dr. Jeremy Theal:

So what about North York? So what did we do? We wanted to leverage an advanced electronic medical record with CPOE, as well as electronic documentation. We wanted to build standardization of evidence-based care into that system, have safe prescribing and medication management and build in clinical decision support.

The goals of our project were really to improve patient outcomes -- and we want to make it easy to do the right thing. So if there's an accreditation standard saying that we need to do VTE prophylaxis or medication reconciliation, that's lovely but if the process that we build into the system takes an extra 10 minutes per patient, I don't care how much you browbeat physicians, they're probably not going to do it and it's just because they're simply too busy.

So you've got to make that process that you want everyone to follow, also the easiest and most-value added process, because then you don't need anybody telling you what to do; they're just going to follow that path.

The decision support needs to be provided at the time and location of the decision-making and it needs to be built into workflows so people don't have to stop what they're doing and look something up. We felt that order sets were a key catalyst to transform care, bring evidence to the bedside, standardize workflows, remove quality and safety gaps. We can have evidence that is rapidly updated. If it's crucial information like a black box warning, we've actually had situations where it's been out of our system within 24 hours. Try to do that on paper.

We also have in our system, the ability to get new updates. So when new evidence comes out, it bookmarks what we've published in our system and if there's something new compared to what's in our system, it tells us so that we can look at that and say: is this something that changes practice, and if so, we should probably get this into our order sets and have our clinicians look at it. When you talk about re-engineering your care processes, we could have just designed the system in a vacuum, and said, *la la la, not our problem,* put it into the order sets and then let somebody else deal with it. But if we do that, we're just setting people up for failure.

So what were the results of all the work that we did at North York? So, Toronto Star, you've probably heard of it, they said North York General was the top performer in the Greater Toronto Area, but also second best in Canada but we decided to fact check this. So what we did was set up a retrospective chart review of all of our patients who came into hospital with pneumonia and COPD. What we did was we looked at all the patients who were admitted before we turned on our system, and then all the patients after we turned on our system in a seasonalized fashion. The odds of dying in hospital, if you came into our hospital after our system was turned on, as opposed to before, it was 45 per cent lower. In health care, we're here to save lives.

So in summary, our clinical benefits: we did get 100 per cent clinician adoption without shooting anyone. Med Rec improved from 8 per cent to 90 per cent. Our medication turnaround time improved by 83 per cent for STAT orders, such as antibiotics. Just with pneumonia alone in five years, we've saved about 150 lives, so 31 per year. We also saw a culture change in our organization, that our physicians actually embraced the idea of standardized care, they embraced these order sets and they want to use them on a regular basis.

Thanks for listening to the CST Audio Network. We look forward to your next appointment. In the meantime, let us know what you think of this podcast: what you liked and how we can improve. Write us at info@CSTproject.ca.