

The Doctors Are In: EPISODE 1: Cornwall's go-live experience part 1[*Transcript*]

Introduction: You're listening to the CST Audio Network, the voice of clinical transformation.

Hello, the doctors are in. In this edition, Dr. Eric Grafstein, one of the CST project's Chief Medical Information Officers talks with Dr. Geoff Heseltine, CMIO at Cornwall Community Hospital in Ontario. Cornwall went live with its Cerner clinical information system just before the end of 2016. In part one of a candid conversation between the two physicians, Eric and Geoff discuss the realities of training on a new system and how things changed once Cornwall flipped the switch and went live.

Dr. Eric Grafstein: It's good to have another perspective on what's going on with implementation of Cerner across Canada. Cornwall Community Hospital's gone live and it's a real opportunity for all of us to understand the good, the bad and the ugly.

Welcome again, Geoff, and maybe you can tell our vast listening audience a little bit about Cornwall and the Cornwall Community Hospital.

Dr. Geoff Heseltine: Be happy to. Cornwall's a small community of about 60,000 people. Our occupancy rate is regularly over 120 per cent. Very busy emergency department, approximately 60,000 emergency visits a year. We do about 9,000 surgeries. There's just over 1,000 employees and about 80 staff physicians.

Dr. Eric Grafstein: Were you on paper?

Dr. Geoff Heseltine: Yeah, most of it was on paper.

Dr. Eric Grafstein: Talk about your training package and how that worked out.

Dr. Geoff Heseltine: I think that that was one of the prime frustrations for physicians. Physicians like to feel confident in their interactions. They're the voice of authority and wisdom and many of us were frustrated because we were using a system that was, to a great extent, not intuitive. I think any electronic health record is, and not just specifically Cerner. We created obviously training aids and scenarios and we decided rather than have a physician give up a full day of-- for training, of work for training. We ran sessions at the end of the day; over three to five or four to six timeframe, two hours at a time, sometimes slipping into the evening. We decided to do it in short two-hour periods, because quite honestly, physicians lost interest early on in the process.

Dr. Eric Grafstein: I can relate. Did everyone train? Did you require everyone to train?

Dr. Geoff Heseltine: Yes, it was mandatory. Yeah, we made everybody come in and we charted who had come and who had spent how many hours. And we chased those people that we felt hadn't had sufficient training and required more. From just watching people and how they worked and how they could move around the system, we knew who needed support and who didn't need support.

Dr. Eric Grafstein: You probably can't know for sure but was there a correlation between the amount of time that physicians spent training and how well they were able to catch on with the system?

Dr. Geoff Heseltine: I think there was a great variance. It's like the natural athlete. Some people pick up a golf club and they hit it 300 yards. Others can't hit it 50. And it doesn't have to do explicitly with age either, or exclusively with age. Some of the older physicians were very adept on the computer and some of the younger ones struggled, where you might have thought it was the other way around.

Dr. Eric Grafstein: Go-live is a pretty exciting time, maybe you can talk about what that was like at go-live.

Dr. Geoff Heseltine: It was certainly a very exciting time. It was one that would-- not a lot of sleep, to be perfectly honest for any of the support for the system. We went live-- switched over about six o'clock, six to seven o'clock the morning of go-live. Most of the IT service was in through the night turning on servers and making sure everything functioned. And as of seven o'clock in the morning everybody went-- all patients were electronic. During the night we had a team that was in inputting orders that were existing, the active orders on patients. And actually that went on for a day or two prior to launch, putting the active orders into the system so that as of seven o'clock that morning you could open a chart if it was an inpatient and see all the active orders on that patient.

We had almost one-on-one support for physicians, at-the-elbow support. That was made up of a team from Cerner. They parachuted into Cornwall with about 70 staff or so. And for the first 10 days we had 24-hour day, around-the-clock support for docs. For the first three weeks there was around-the-clock support in the auditorium for anything that was needed. And for the first three months there was, in a de-escalating way, there was physician support available with a simple phone call. We're three and a half months into this now and you can still - by dialing a number - if you're having trouble with the system or you need to report something, there's a phone number that you can call and you can talk to somebody about what's going on and the troubles that you're having.

Outro: In our next podcast episode you will hear part two of the conversation, where Geoff tells Eric what it was like to walk through the so-called valley of despair, and to come out the otherside.

Thanks for listen to the Doctors Are In on the CST Audio Network. I'm Ron Shewchuk, Communications Director for the Clinical & System Transformation project. We look forward to

your next appointment. In the meantime let us know what you think of our podcast. What do you like? How can we improve? Send us an email to info@cstproject.ca .