

The Doctors Are In: EPISODE 5: Dr. Eric Grafstein talks about going live at Lions Gate and Squamish hospitals **[Transcript]**

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

Ron Shewchuk, CST Communications Director: Eric Grafstein, you are one of the warhorses of the CST project. You've been around since nearly the beginning. You're the Chief Medical Information Officer for Vancouver Coastal Health and Providence Health Care. You've seen this project go from its beginnings to now, as we get ready for the first system activation at Lions Gate Hospital and Squamish General Hospital. We have a lot of people who are excited and a lot of people who are worried about the impact of this change on them. Let's talk about that.

Dr. Eric Grafstein: We want our physicians to be successful. So in the areas that cannot control volume, we have up-staffed. We have added extra clinical resources. So those areas include the ICU, internal medicine, the hospitalist program at Lions Gate, the Emergency Departments at Lions Gate and Squamish.

RS: So they're going to get extra resources during this activation period.

Dr. EG: That's right.

RS: What about during that period where we have control, what are we doing to ease the workload on physicians?

Dr. EG: The things you can control and reduce, you reduce. Things like very busy

clinics, O.R. slates, you try and reduce that volume.

RS: So you just schedule less elective surgery, you're just trying to schedule to account for the fact that things will be a little bit slower.

Dr. EG: It'll be slower and less efficient. I'm happy to say that the amount of up staffing is larger than any other organization in Canada has ever employed for their go-lives. We take the concerns of the physicians seriously and the patients and this is one of the ways that we can help remediate this loss of productivity.

RS: What can you say to physicians who are going to be having to go through that?

Dr. EG: It takes about seven or eight shifts before people start to feel comfortable and maybe longer to really get slick at it. But it takes some period of time. The adoption coaches are there. They can show them the tips, the tricks, the things that help make things easiest.

RS: What are you doing for physicians who might need extra help, like they feel as if they're completely not computer-friendly. They're really daunted by this from the very beginning. Do they get extra support?

Dr. EG: Yeah, they do. In our at-the-elbow support model, we are actually having more physicians than numbers would suggest we need. And we're going to be able to deploy people who need extra help, give them one-to-one attention and so that they can feel comfortable. A really important message is: it does get better. Almost uniformly everybody returns at least to baseline by five months, six months. We have scheduled four weeks of go-live support, with the understanding that people aren't just leaving and going away. That we're going to be taking the pulse. We're going to ask them what they need and provide the support that they think they need.

RS: How many people are going to be helping?

Dr. EG: 20 to 25 physicians from across Canada and the United States who are coming in to support us for the first week or two. 35 or 40 Cerner adoption coaches who are very familiar with and know how Cerner works inside and out and can provide the how do you do this kind of function. So we have a large cohort of those people, and in general we're looking at something like a one-to-two to one-to-three ratio of physicians to these Cerner adoption coaches. We have canvassed the country and we have found a number of other physician experts who have gone live recently with Cerner. They include people from Nanaimo and people from Cornwall, Ontario.

RS: So these are practicing physicians.

Dr. EG: These are practicing physicians who have the newest builds in Canada. In addition, we have some physicians coming from L.A. County. That's one of the most recent implementations of Cerner in the United States. They have multiple sites that they went live with, and they had a pretty successful implementation. So we have seven or eight of those physicians coming to help as well during the very busy first couple of weeks.

RS: So what you have is these people-- they're going to be gathered around the working physicians at Lions Gate and Squamish as they go live. And they'll be there to help, and I guess the idea is to avoid people being just completely overwhelmed or burned out in those first short days or the first week or two, right?

Dr. EG: That's exactly right.

RS: So you've got a mix of sort of the Cerner experts at the system, who know that through and through and can help solve problems. And then you've also got people who know the Canadian, the way that medicine is practiced in Canada and the kind of work flows that we have here.

Dr. EG: I wish I had said that. You said it pretty well.

RS: Can you tell the pink lady story?

Dr. EG: One thing that happened recently, we were doing a demo for the emergency group at Lions Gate. And one physician, you know, he just had one question, he wanted to know, "How do you order a pink lady?" And that is something that was very easy to show him and demonstrate. It was, like, one, two, three clicks and we were done. And he said, "Oh, that's it. That's all I needed to see. I'm happy now."

RS: Eric, what else gives you some confidence that this is going to go well?

Dr. EG: One of the things that I feel very proud about is the participation of physicians at Lions Gate. We've had some very strong physician champions who've taken a lot of their own time to work on the design, work the build and help with the validation. And Lions Gate's not the only site that has had strong participation. There's has been a few physicians in particular at Squamish that have stepped right up and really had strong participation. We have had immeasurable contribution from physicians around the region. And we found lots that needed changing and every time we find something that needs changing my heart sings a little because that means that is one thing that we won't need to be changed after go-live.

RS: Eric, thank you. It is certainly is a comfort to me to hear you say these things and I hope it is to our audience.

Dr. EG: Thank you. It was my pleasure Ron.

Outro: Thanks for listening to the CST Audio Network. I am Ron Shewchuk, Communications Director on the Clinical & Systems Transformation Project. We look forward to your next appointment. In the meantime let us know what you think of our podcast. What you like and how we can improve. Send us an email to

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