

## CUSTOMER PROFILE

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Customer Name

**Cleveland Clinic Foundation**

Division

**Information Technology  
& Clinical Systems**

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## ABOUT CLEVELAND CLINIC

Cleveland Clinic is a nonprofit, multi-specialty academic medical center that integrates clinical and hospital care with research and education with over 33,000 employees. The Cleveland Clinic has more than 1,400 beds on its main campus and 4,400 beds system wide, and also completes more than 5.5 million patient visits, 160,000 admissions and over 200,000 surgical procedures each year. It provides these services with the expertise of more than 3,220 physicians and scientists and more than 1,800 residents and fellows in training. The Clinic's education department has more than 70 accredited residency training programs system wide. Cleveland Clinic is one of the largest and most respected hospitals in the United States and is consistently nationally ranked as a Top 4 hospital by U.S. News & World Report.

## ALEGO CONTACT

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# Engineering Effective Implementation Plans: Best practices approaches

## An Alego Health white paper featuring Cleveland Clinic Health System

Cleveland Clinic's system-wide roll out of its electronic health record was a major undertaking, certainly, and while the health system is considered an early adopter of EHR technology, since 2006 the solution had been used primarily for the exchange and review of clinical and radiological images and related files. However, in 2011, Cleveland Clinic took aggressive action to position its health system as a leader of interoperability with the goal of connecting each of its hospitals and being able to freely exchange information among its care centers. While it wrestled with adding complete EHR functionality across its hospitals, health IT leaders there began to implement a computerized physician data entry (CPOE) program to encourage data entry and more robust use of the EHR by caregivers. Ultimately, this move became a more daunting IT challenge for Cleveland Clinic than first expected.

## Engineering Effective Implementation Plans: Best practices approaches

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Looking back, associate chief medical information officer, Dr. Robert White, now says that recent re-engineering of the hospital's electronic health record and implementing CPOE proved a tremendous effort, requiring an overwhelming amount of support, oversight and guidance. Additionally, lack of user proficiency with the EHR and a desire by leadership to bring the system to full capacity across the health system's 28 institutes, 44-building main campus, 10 Ohio-based hospitals, a Florida-based hospital and a health center, 16 Ohio-based family health centers, specialty centers across the US and world-wide under an aggressive timeline, meant a great deal of potential pain, especially for end users. Buy in from providers using and interacting with the solutions became the highest priority, Dr. White says, but lack of caregiver passion for the Cleveland Clinic's IT revolution exacerbated challenges he and his team faced. In fact, staff indifference toward the new IT initiatives initially threatened to compromise the success of the Clinic's implementation program. Provider reaction to the announcement of new technologies was not well received.

For the most part, providers sought limited disruption of clinical routines, preferring instead to provide care rather than learning new systems, protocols and how to enter data into the technology. The beefing up of its solution set led Cleveland Clinic to re-engage one of its long-term support partners, Alego Health, a provider of health IT services and solutions. Cleveland Clinic chose to utilize Alego Health's implementation support, task management solutions, training development and delivery solutions, and staff augmentation services from the list of available services that it provides to healthcare organizations of all sizes.

Cleveland Clinic and Alego Health quickly set about to develop strategies to ensure a successful implementation of the technologies while meeting the health system's expectations, engaging caregivers and, ultimately, creating a more connected, data-driven health system. Dr. White and Jonathan Levoy, vice president of business development and technology at Alego Health, quickly identified several approaches to manage the aggressive roll out, which spanned 14 months and 10 hospitals; some facilities faced multiple solution implementations simultaneously, including a few hospitals that had yet to move from paper to an electronic health record.

### The best implementations:

The very best implementations are those that feel as if no project is currently underway, Dr. White says. Successful projects are built on trust -- in the partner managing the process and in the plan for the process. Comfort also comes when using a vendor more than once, Dr. White adds, which might be a best practice in and of its own. "A trusted partner can come in, they know you, we know them, and we're able to develop a collaborative relationship," he says. "We know they're able to make the right turns quickly and meet our goals. Repetition means they're providing a good product. Our vendor, Alego Health, set the bar for us."

No matter the process, though, or the depth of the partner relationship, health systems small and large, at various levels of complexity, should establish a clear plan -- borrowing, establishing or copying others' best practices -- when undertaking a system implementation or integration. However, even with a plan in place, evolution of the plan should continue. "Even now, we continue to realize some gaps and we understand that our plans must change," Dr. White says. Because the organization is able to see these gaps, they are able to address them accordingly, even if their current plan needs re-working to achieve best results.

Levoy agrees. Despite best practices and proven workflows, CIOs must not be lulled into a cookie cutter approach. "Every process must be initiated with the client and its goals in mind. Best practices are guidelines for success, but customization must be a part of every solution and a part of every project; a cookie cutter approach is a death sentence for projects of importance," Levoy says.

The renowned nonprofit health system, recognized world-wide, continues to identify ways in which to provide the best collaboration between caregivers and patients and to provide care centered on this cause. Those looking to Cleveland for inspiration can learn from the organization's success and can quickly determine that if such a complex health system can continue to innovate despite what seem overwhelming challenges, others too can do amazing things as long as they prepare, plan, engage and overcome, even if they do need a little outside support.

As such, even with best practices in place, Cleveland Clinic and Alego Health continue to examine and review their processes as they work on new projects. However, the practices outlined here have proven so effective that hospital providers are responding positively and even are becoming technology advocates of the solutions implemented by Cleveland Clinic. Additionally, the strategies also are now being effectively used by Alego Health at dozens of other health systems it services throughout the US.



From the client

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**Dr. Robert White**  
Associate Chief Medical  
Information Officer

# PROVEN BEST PRACTICES

*The following strategies, or best practices, helped Alego Health meet the unique challenges at each of Cleveland Clinic's hospitals, and to achieve their individual operational objectives.*

## EXAMINE PHYSICAL LAYOUT OF THE FACILITY:

Prior to the start of an implementation, examine the physical layout of the location being triaged. Building layout and its internal geography affect a project's success as the size of the facility, number of personnel needing support, their work locations and provider traffic patterns play a large part in the level of involvement needed to manage the implementation. "A physical walk through of a location allows vendor support teams the opportunity to set up a proper coverage plan for the implementation, flex resources up and down as needed and ensure coverage in the most trafficked areas," Levoy says. "Doing this alone can help determine the amount of support needed to monitor and cover specific locations over the course of the project's duration, as well as allows for the evaluation of important factors, such as if there are times when support services should be re-allocated to higher trafficked, higher volume areas to produce the best overall results."

## DEFINE TRAINING PLANS, SCHEDULE ACCORDINGLY AND IDENTITY PERSONNEL IMPACTED

It may go without saying, but identify internal departments impacted by an implementation is among the highest priority tasks pre-implementation. In addition to this, employees within those departments must be documented based on their role, title, department, specialty and the given the geography of their role and unit. Next, identify which employees will need training and support, and create a staffing schedule to accommodate this need and to determine the number and level of experience required to manage staff not only prior to implementation, but those needed during and after go live. Cleveland Clinic partnered with Alego Health to design and manage this process, as well as to provide staff augmentation services to fill critical training roles to fill gaps in coverage. For the majority of engagements that Alego Health is engaged in with Cleveland Clinic, a "training coordinator" is added to the project to take the list of identified Clinic end-users and work directly with them to walk them through training. This service includes direct contact to schedule training classes, follow up with the end-user after their training classes, pre go-live contact for questions or concerns, and post go-live follow up.

## TAKE A TIERED APPROACH TO STAFFING SUPPORT PERSONNEL

IT experts and the most experienced consultants and vendor partners are not always needed at all levels of every area of every project. For example, some projects may require the experience of certified IT professionals while other tasks can be handled by less experienced staff. Cleveland Clinic now uses a tiered staffing approach when working on a major project where vendor support staff is required. In so doing, the Clinic only uses the most experienced vendor staff where needed and tiers down levels of expertise from there to meet specific project goals. Where less experienced support staff will suffice, these personnel are used instead of higher paid, more experienced experts. "There are times when entry level and mid-level vendor support will suffice in place of an IT expert with 20 years of experience," Levoy says.

"This leads to more efficient project rollouts where the most appropriate support member responds to responsibilities requiring his or her level of experience." Doing so means resources are spread equally and equitably throughout an organization. "CIOs should consider filling specific resource needs and bring in a variety of skill levels, from the most experienced people all the way down," Levoy adds.

## SOURCE LOCAL TALENT WHEN POSSIBLE

Sourcing local talent when able can save health systems several hundreds of thousands of dollars depending on the size and scope of the project. Project budgets often are consumed largely by vendor support staff's wages and incidentals. Dr. White and Levoy agree that sourcing local talent when possible can create tremendous savings, more engaged support personnel, and add value to the community through the addition of workforce training and jobs. Of course, there are going to be roles that cannot be sourced locally. However, in most cases, working with a partner to find talent in a local market is worth considering and often leads to more resources being re-invested into the hospital.

**MORE PROVEN BEST PRACTICES**  
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# PROVEN BEST PRACTICES (CON.)

## CROSS TRAIN SUPPORT SERVICES STAFF

Cleveland Clinic cross trained Alego Health's augmented staff so that each consultant, whom already possessed a clinical background, married these clinical skills and IT expertise with the hospital's required informatics protocols. The benefit of doing so is that support personnel, who already are caregivers and IT experts, can better understand a hospital's internal IT procedures and are able to relate to and communicate with the health system's physicians and nursing staff. Dr. White says individuals who possess these skill sets and combine them with a hospital's informatics procedures helps build cohesive, trust-based teams that foster productive relationships beneficial to a roll out.

## PERSONALIZE THE END USER (CAREGIVER) EXPERIENCE

Dr. White recommends that CIOs not overlook the importance of providing basic "customer support" to end users -- the providers -- and consider offering additional levels of attention as needed to ensure their long-term success and buy in. CIOs should consider personalizing each caregiver's experience with a new system as they begin to learn and use it, prior to go live, if possible. Personalizing the user experience helps providers gain confidence in their abilities to manipulate the technology, understand their capabilities within it and realize the importance of IT to care overall. CIOs and their teams should work with providers to educate them to a system's capabilities prior to their having to use the technology in their daily lives. Achieve this through classroom training, coaching and one-on-one, elbow-to-elbow tutelage.

## PROVIDE ELBOW-TO-ELBOW SUPPORT

Cleveland Clinic's partner, Alego Health, provided detailed training and tutelage to end users, after go live, helping caregivers meet their specific needs while they performed clinical rounds. Since each consultant on the project possessed a clinical background, they understood and were equipped with first-hand experience that allowed them the ability to help the Clinic's caregivers easily navigate the system and input data. Even though Cleveland Clinic's providers had previously received classroom and individualized training prior to go live, the elbow-to-elbow support provided by Alego Health meant they were able to address issues in real time before they could become cumbersome or an impediment to the caregiver's work. Alego Health tailored the personal assistance Cleveland Clinic caregivers received according to the needs of their title -- be it either a physician or a member of the nursing staff.

## SELF-MANAGED SUPPORT PERSONNEL

Alego Health provided Cleveland Clinic with self-managed support personnel who served as project managers leading the tasks, priorities and operations of the augmented staff. Alego Health's self-managed support personnel, a no-cost service the firm offers to all of its clients, managed each phase of their respective projects and the staff assigned to those projects. These managers led the consulting staff that worked in Cleveland Clinic during go-lives and technology upgrades. As Dr. White can attest, typically members of or teams of a hospital staff are expected to manage outside implementation teams and augmented consulting staff, which creates unneeded burdens on an organization, creating more work for hospital leaders and staff. The use of self-managed support personnel freed up health system resources that were able to focus on their primary job responsibilities without them getting mired in tedious implementation tasks and workflows.

## COMMUNICATE OFTEN, PROVIDE CLEAR DIRECTION AND SET EXACT EXPECTATIONS

Ongoing communication with all stakeholders is perhaps the single most important step of leading a successful implementation. Communication starts from day one and CIOs must provide clear direction and set exact and measurable expectations for their implementation partners. Communicate project goals, timelines, expected challenges and issues that are likely to arise along the way. Communication is not a one-way street, however. CIOs and IT leaders must seek information from their partners, request feedback and ask for guidance from consultants and partners providing support to the organization. "Strong communication creates strong partnerships, and allows teams to establish clear goals, meet objectives and build trusting relationships along the way," says Levoy. Dr. White agrees.

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By identifying project goals, needs and communicating often, all parties are able to come together for a common good and lead successful implementations. Cleveland Clinic communicates its needs and expectations very well and provides valuable project insight, follows established procedures and works well with partners, Levoy says. "Dr. White and his team are flexible, open minded, understanding of the complexities involved in bringing a project or task to fruition, and communicate their desires and needs often. Doing so creates trust among implementation teams for the long term," Levoy adds.



*Alego Health is one of the nation's premier Healthcare IT Services & Solutions organizations. We specialize in top-level healthcare IT consulting, implementation and support services, as well as staff augmentation and high-level healthcare executive recruiting. Our team is adept at working with healthcare organizations of all sizes— from independent physician's offices to large healthcare networks.*

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