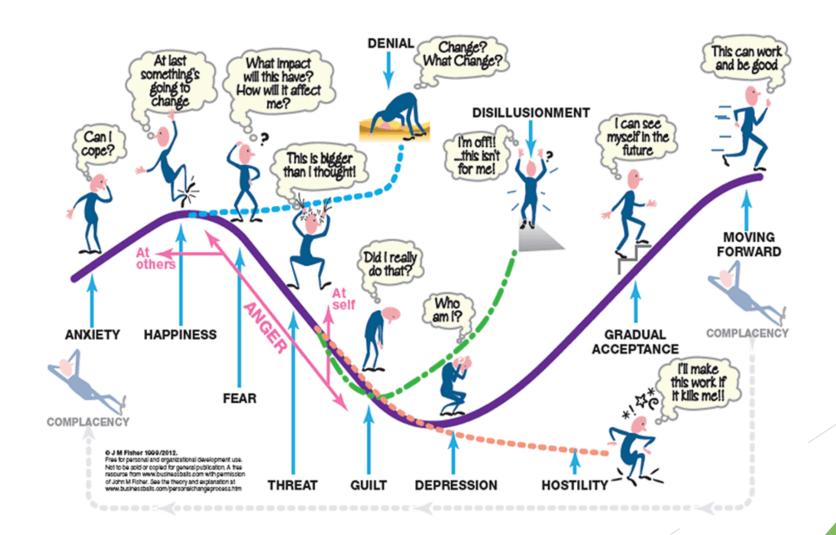




Stages of Transition





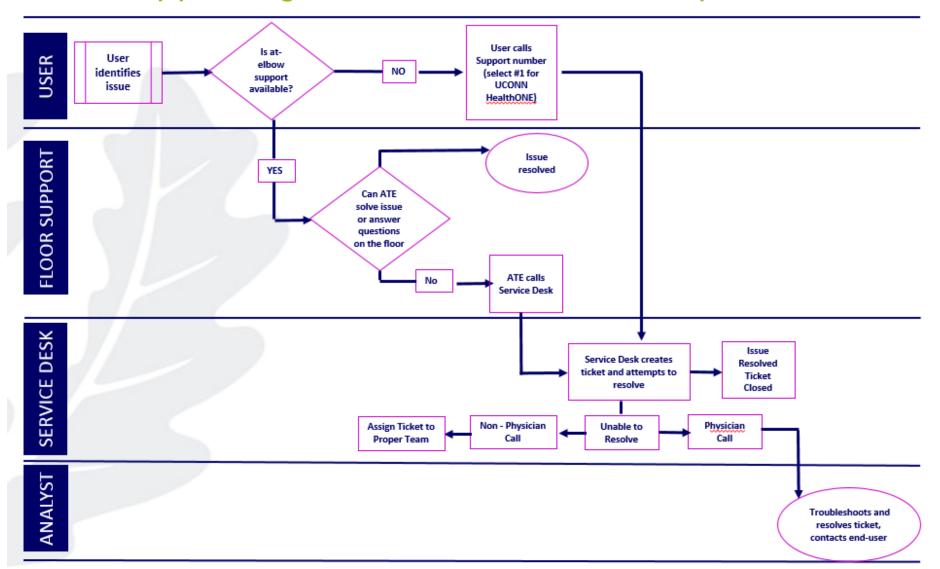
At the Elbow Support (ATE)

What is At the Elbow Support (ATE) and what can they help with?

- First line of support
- There to assist users with HealthONE functionality and issue reporting
- ▶ ATE Support is delineated by area and HealthONE application
- We will have support for each HealthONE application/area going live, including Orders (CPOE), ClinDoc (Nursing), ASAP (ED), OpTime (OR), Radiant (Radiology), Willow (Pharmacy), Cadence (scheduling), Rev Cycle
- Generally scheduled for 2 shifts, 6AM 6PM and 6PM 6AM
- Will follow practice/unit hours for those areas that aren't staffed 24 hours (OR, Outpatient, Radiology)
- Will be responsible for first level triage of issues onsite by phone



Issue Supporting & Resolution (User Perspective)





Tier 1- Call Center Desktop or Non-urgent NextGen **Passwords** Service Desk NG analyst Voicemail Desk

Before you call the Service Desk...

Service Desk will be collecting the following information each call:

- Caller's Name and Number
- Fnd User's Name and Number
- End User's Department/Clinic
- Problem, question or reason for call
- The machine name/workstation ID
- If problem is "system wide" (affecting multiple users), single individual or workstation.
- The "physical location" of the machine/room number/floor (in the hospital) and/or building (any extra tips to assist the Tech in locating the machine).



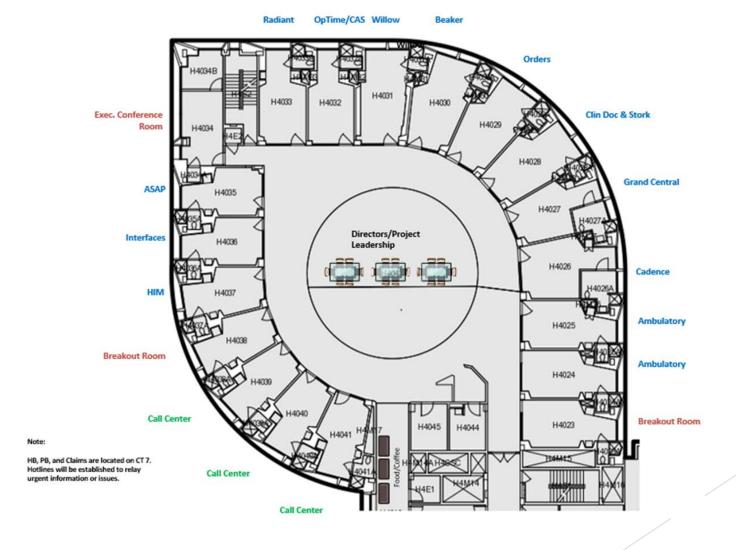
2 Main Goals of the Call Center

Customer Service

Issue Resolution



Command Center





Common Go-Live Issues

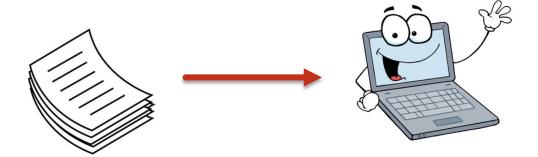
- Password Resets
- Security
- Printing
- Workflow changes

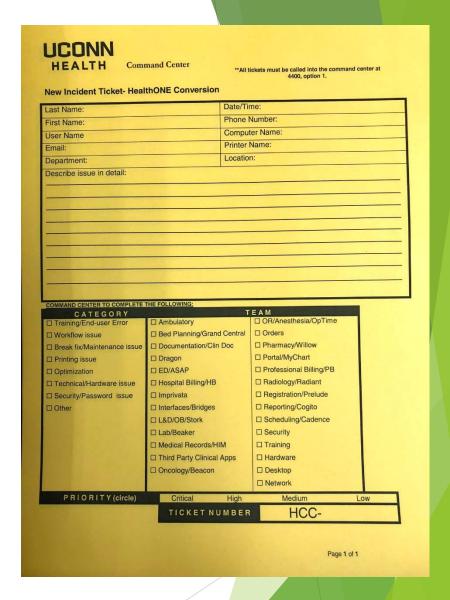




Paper tickets

- ► All paper tickets must be called into Command Center to be entered into HelpONE.
- Paper tickets are to help notate and track issues on the floor.







Priority

Priority 1 Critical

Follow Up: Within 30 min

Priority 2 High

Follow Up: Within 1 hour

Priority 3
Moderate
Follow Up: Within 2
Business Day

Priority 4 Low Follow Up: Within 5 Business Days

Patient safety issue or downtime

- Major business processes are blocked
- Application down; problem significantly affects many people
- Job processing changes needed by close of business that same day
- Problem results in a major financial or legal impact
- No manual workaround available
- Immediate patient safety issue

Can do business but it is difficult

- Difficult workaround is necessary
- Problem affects multiple business units
- Major business processes are affected
- Job processing changes needed for overnight batch

Can do business

- Alternate process may be used
- Problem affects one business unit
- Interferes with normal business processes
- Job processing changes needed within 2 business days
- Access Provisioning and account activation

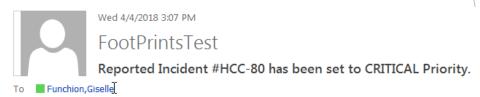
Customers or Business Partners are impacted minimally

- Job processing changes needed for a future time
- Request for Information or documentation on any service
- Work orders for moves/adds/changes
- If related to an incident, can do business and a scheduled resolution is acceptable



Notifications

- Each Command Center ticket will start with HCC-
- Each submitted ticket will send a receipt via email back to the user for reference.
- Command Center tickets do NOT allow for email communications.
- Any ticket with a Critical priority will send a high priority email message to the staff listed within the 'Critical Notification Team'.



My email only

1 This message was sent with High importance.

When replying, type your text above this line.

Incident Details:

Request #: HCC-80

Title: Bed Charges are not coming through

Description:

Status: Customer Requested

First Name: Giselle Last Name: Funchion Phone: (860) 679-1825

Department: Strategic Projects & Clinical Sys.

Category: Break fix/maintenance issue

Team Assigned: Hospital Billing;

Staff Assigned: Priority: 1-Critical

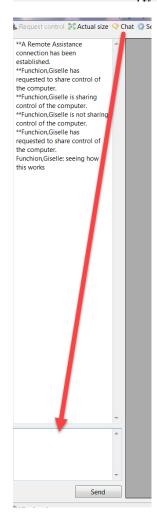
Click here to view Command Center in Browser

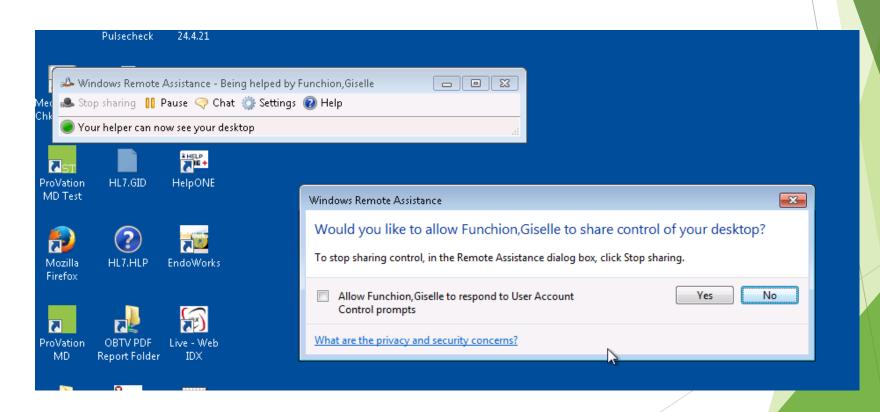




Remote Access







CAB, CAB & More CAB

► Where: Command Center CT4

▶ When: 3am, 9am, 4pm

Leads: Alka, Neelam



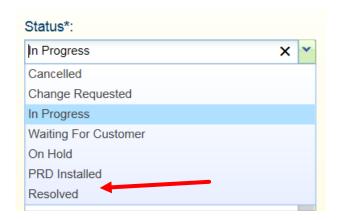


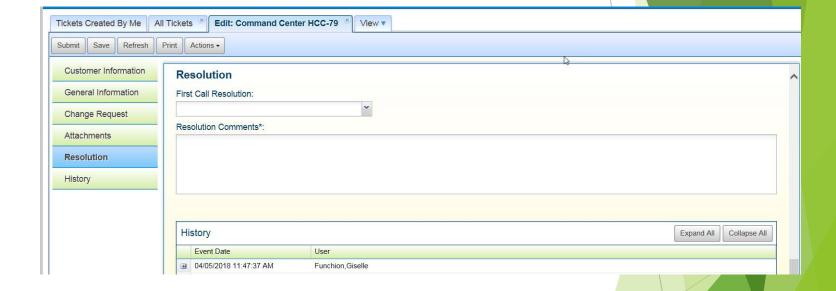
HealthONE Meeting Cycle

- Dedicated huddle for each application (Ambulatory, Radiology, Lab, etc...)
 - Lead application director and/or point of contact
 - Participants operational leads, application analysts, key stakeholders, Epic AC/AM
- Integrated Area Huddles (Patient Movement, Patient Safety. Etc...)
 - Lead application director and/or area point of contact
 - Participants operational stakeholders, application analysts, Epic AC/AM
- Rev Cycle huddles (Rev tracker call, workqueue huddles)
 - Lead application director and/or area point of contact
 - Participants Revenue area owner, operational stakeholders, application analysts, Epic AC/AM



Resolving







We are asking for 3 attempts to be made to reach the end-user, 2 by phone and 1 email. One attempt each day. If on the 4th day you have not heard from the user, the ticket can be Resolved.



Setting Expectations

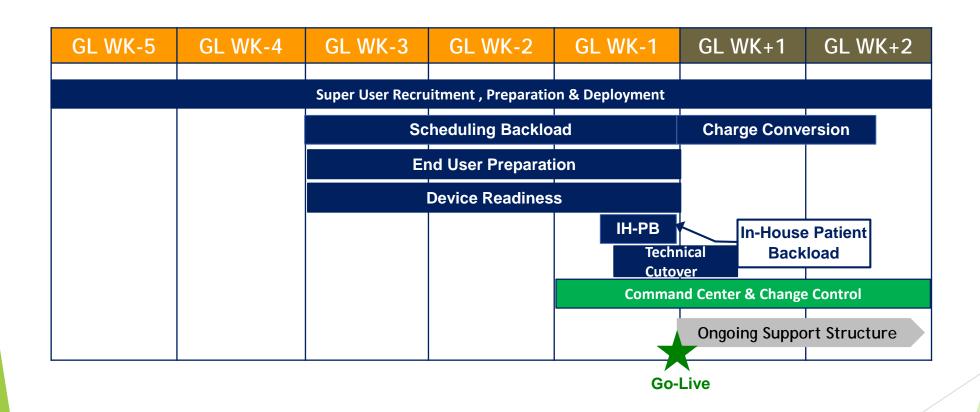
- The HealthONE team will be working hundreds of tickets each day.
- If you have an issue, first, look for an at the elbow support (ATEs in black vest)
- ► Every issue requires a ticket through x4400...
- ▶ Please note, the HealthONE team members will be working varied hours and days. The most efficient and effective way of getting your issue resolved is to call x4400.







Major Activities





Pre Go-live Checklist

UCONN HEALTH

(Patient Identification)

HealthONE Clinical Staff Pre-Conversion Checklist

Friday, April 27, 2016	
BEFORE 1000 AM:	Initials
Assure that an accurate height and weight is documented on every patient	
☐ Clean up/discontinue appropriate orders:	
☐ Only 1 active diet order is present	
☐ If oxygen is in use, only 1 order is present	
☐ Code/No Code order is present	
☐ Discontinue completed nursing communication orders	
☐ ReNEW restraint orders	
☐ Review allergies for accuracy and completion	
☐ Review Home Medications for accuracy and completion	
☐ Review PCD Database for completion	
☐ Round with Care Coordination to identify possible discharges	
□ Downtime Box is present and stocked	
AFTER 1000 AM:	Initials
☐ Discharge all appropriate patients	
□ Downtime Box is present and stocked	
STARTING AT 1100PM:	Initials
Printed downtime MAR from Legacy by 11PM on 4/27 (Rx to print)	
☐ Order entry into Legacy to stop at 1145pm	
☐ Med orders written on paper after 1145pm- copied & faxed/tubed to Rx	
☐ Transcribe newly written med orders to paper MAR	
☐ Downtime begins at 12MN - please use legacy or Epic downtime forms during downtime to facilitate	
back entry of data into Epic once the system is available	

Initials:	Printed Name:	Signature:	Date/Time:
Initials:	Printed Name:	Signature:	Date/Time:



Post Go-Live Checklist

UCONN One Place. One Record. One Reson. You. ONE	Nursing Unit		Place Patient sticker here
	Room #		
	Attending MD/#_		
ATIENT "GO-LIVE"	UCONN CHECKLIST	DATE	

Instructions:

Night Shift RN Signature_
Day Shift RN Signature_

This form is completed by the nurse caring for the patient immediately after "Go-Live".

Go to Patient Header	Complete- Initial/Time
Verify Code Status	
Verify Isolation Status	
Go to the Admission Navigator	Complete- Initial/Time
Verify home meds in Prior to Admission Medications section	
Verify Height/Weight	
Verify Allergies	
Add Preferred Language	
Add Patient Belonging	
Acknowledge all orders entered during conversion in Epic	Complete- Initial/Time
Use the IP Order Task Report in Patient Summary to acknowledge all orders	
Update treatment team in Epic: Attending MD, Admitting MD, Consulting MD, RN	
Go to Doc Flowsheet activity	Complete- Initial/Time
Add lines, drains, airways and wounds.	
Add last set of vitals signs for Med/Surg (12 hours of vitals for ICU).	
vitals for fcoj.	
Complete initial shift assessment	
	Complete- Initial/Time
Complete initial shift assessment	Complete- Initial/Time
Complete initial shift assessment Go to MAR Activity Verify all medications and due times on the MAR are	Complete- Initial/Time
Complete initial shift assessment Go to MAR Activity Verify all medications and due times on the MAR are accurate Document any medications that were administered	Complete- Initial/Time Complete- Initial/Time
Complete initial shift assessment Go to MAR Activity Verify all medications and due times on the MAR are accurate Document any medications that were administered during downtime	
Complete initial shift assessment Go to MAR Activity Verify all medications and due times on the MAR are accurate Document any medications that were administered during downtime Go to Care Plan Activity	
Complete initial shift assessment Go to MAR Activity Verify all medications and due times on the MAR are accurate Document any medications that were administered during downtime Go to Care Plan Activity Apply appropriate Care Plan Templates	Complete- Initial/Time



Cutover Night

- ► 6AM- Start of backload of current in-house patients
- 9PM- Lab systems go down. All lab orders go on downtime slips.
- ▶ 12MN- LCR goes down. Pyxis on Critical Override. (Downtime)
 - ▶ Will receive banner communications on workstations
- ▶ 12MN- Begin arm-banding patients with new Epic wristband
- ► Approx. 3AM- HealthONE go-live instant
 - Will receive banner communications on workstations.

