

HYLAND HEALTHCARE | ARTICLE

RESPONSE TO COVID-19 FUELS CREATIVITY AND INNOVATION FOR HEALTHCARE IT LEADERS

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During the first few days and weeks of response to the COVID-19 pandemic, healthcare leaders scrambled to prepare clinicians for a wave of new patients and worked tirelessly to enable as many employees as possible to work remote.

IT departments were fielding requests from stakeholders to develop creative ways to provide care without exposure and provide much needed data, whether that pertained to tracking patients, equipment or disposables, like personal protective equipment. In turn, technology providers were searching for ways to help, reaching out to customers to see what was needed.

That focus prompted innovation and, in many ways, acted as an evolutionary catalyst for some healthcare systems. Telehealth initiatives moved from long-term project road maps to immediate implementation and designing new ways for doctors to communicate became an absolute necessity.

“They say necessity is the mother of all invention – and these are necessary times,” says Sherri Mills, CNIO, LCMC Health, New Orleans. “We have implemented things within weeks we had talked about for months.”

To learn more about some of the tech challenges and solutions healthcare IT leaders and their technology partners have encountered, we spoke with Mills, Lisa Emery, Chief Information Officer and Chair London CIO Council, RM Digital Services, The Royal Marsden NHS Foundation Trust, and Colleen Sirhal, Chief Clinical Officer, Global Healthcare Consulting, Hyland Healthcare.

Hyland (H): Where have your teams placed the most energy and focus?

Sherri Mills (SM): Most of our energy was focused around EMR and technology support for expansion of screening areas, like tents outside of the emergency department, expansion of ICU and COVID units, expansion of lab testing and taking on additional reference labs, and reporting on all of the data and statistics for COVID-19.

We also spent a lot of effort standing up telehealth, both externally — this is something we only had up and running in a pocket of pediatric clinics — as well as internally, for suspected or confirmed COVID cases.

Finally, we ramped up our self-guided EMR training, delivering self-study, training videos and captivate demonstrations through our learning management system.

Lisa Emery (LE): We are focused on providing tools, like virtual desktop software and video conferencing solutions, that enable our staff to work remotely. We’re also employing technology that allows patients to attend appointments remotely or to virtually visit with relatives and friends while in the hospital.

Colleen Sirhal (CS): Speed is the name of the game for Hyland. We strive to serve customers with the urgency that this situation requires.

In meetings we have conducted with customers globally, the No. 1 request we hear is “Help us by being fast.”

While caregivers are treating patients, we have to make sure that technology systems scale and are more stable than ever. Moving to a stand-up site, in a park, may mean that our e-capture solution needs to meet the demands of triple the original end user estimates.

H: What technologies have healthcare providers discovered are unexpectedly vital?

LE: A big one for us was improved remote consultation and video conferencing tools. This has been particularly important for our multi-disciplinary clinical team meetings, which are now taking place across web platforms.

CS: We’re seeing these trends:

- Virtual conference sharing (e.g. Zoom, Microsoft teams, Lifesize, Bluejeans) is the No. 1 tool deployed by our customer base. Healthcare organizations are moving as many people remote as possible. Virtual collaboration is a pillar of their remote success. One of our payer customers, Noridian Healthcare Solutions, was able to move a workforce of more than 900 remote, increasing their work from home from 46 percent to 99 percent in a matter of days.
- Telehealth has grown alongside changes in HIPAA regulations and improvements to billing. Our healthcare sites are moving rapidly to telehealth visits. At Hyland, we want to enable backend support of these visits in our archives, better connecting a single patient record with the EMR.
- Clinical collaboration is increasing across regions. Tools like NilRead clinical viewer give doctors a collaborative advantage with diagnostic images such as chest X-rays and CT scans. NYU turned on the “collaboration” feature within NilRead and, to its surprise, saw several thousand cases reviewed without the need to train end-users.

H: What technologies do you think healthcare providers will focus on to ensure they’re ready for the next public health crisis?

SM: Expansion of video visits and use of patient portal for communication.



H: What tech challenges are healthcare systems facing during this crisis?

LE: The challenge for Digital Services has been to scale up effectively a year’s worth of transformation in a matter of weeks. This and being able to provision the amount of hardware needed to deliver the change.

SM: Resources. We were getting large orders of equipment, like iPads, which we had to image and deploy. We also had to support a large group of users who transitioned to work-from-home, with all of its inherent variables, while creating innovative ways to use resources we already had, like AvaSys, a remote patient monitoring solution, for new and different applications.

CS: Security should be top-of-mind for all healthcare professionals. Ensuring our customers have the technology available to combat cybercrime is extremely important. And then it comes down to people. Finding staff with skills, whether it’s doctors, nurses, respiratory therapists or system application managers, healthcare is taxed at every angle. This is a marathon, and we need to empower our customers with the technology tools to ensure they can go the distance.

H: How has your organization innovated to take on this crisis?

SM: We have seen a level of cooperation among our five facilities that we have not seen before. We have always had an “all-for-one, and one-for-all” mentality, but this is the first time we’ve exercised it on this scale. We have implemented a transfer center that was still in concept, a labor pool, and have shared equipment and resources like never before.

CS: At Hyland, we crafted a virtual service methodology in one week. This methodology allows customer projects/go-lives to move forward while limiting on-site efforts. Watching everyone across Hyland, regardless of industry focus, share their best ideas and then craft a kick-off-through-go-live approach has been inspiring.

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Sherril Mills
CNIO, LCMC Health
New Orleans

H: What innovations, from anywhere and anyone, have impressed you during this time?

SM: They say necessity is the mother of all invention — and these are necessary times. We have implemented things within weeks we had talked about for months. But whether it is clinical intuition, like adding extension tubing to an IV pump so clinicians can manage them from outside of the patient room, or using iPads to communicate with clinicians or families, they ALL impress me.

From redesigning the EMR to group medication administration so we can reduce PPE burn rates to streamlining documentation to include only the absolute necessary items. Or creating workflows for video visit waiting rooms and implementing a wide scale telehealth program in a matter of weeks. Even transitioning a full training department to all-virtual and self-study modules in under a month — it's all amazing.

They impress me because it's not only technology, it's people coming together for one common cause, forgetting any agenda, and getting things done. This is what has impressed me the most — and I am really thankful for that and hope we can continue to work like this.

LE: Innovation flourishes across the region and the country, and I am impressed with the way peer networks and teams have been so willing to share knowledge, ideas and ingenuity. We are coming out of the “rapid response at scale” phase and are now exploring the use of apps and tools that will better exploit the platforms we have put in place. This includes looking at equipment tracking apps, advanced technologies to support MDT meetings, and tools such as chatbots to support staff communications.

H: Final thoughts?

LE: The last eight weeks have been a whirlwind, but I'm very proud of what our teams have achieved to help keep our staff and patients safe and connected.

CS: Keeping people motivated and valued is important during this time. Our healthcare team has launched our own version of John Krasinski's Some Good News VLOG. We've started a weekly 'Good News' e-letter where we share customer successes, work-from-home successes, and good news from our own communities. This has been a way to connect people when we may feel so distanced. The stories I see are inspiring.

SM: We can all say this is something we never thought we would see in our lifetimes, and something we hope will never happen again. I can say that I have a lot of pride in LCMC and how we have come together to handle this crisis — and had the wherewithal to think outside of the mainstream to get things accomplished even in full crisis mode. I have the utmost respect for my clinical colleagues out there on the front lines, and I pledge, more than ever, to do whatever I can from a systems perspective to support and protect them as they care for our patients.

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