

CPOE Lessons Learned at University Health Care

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There are no silver bullets...

- Constantly reinforce why the project is important...from the top on down
- Let the medical staff lead
- Get the infrastructure right...
- Commit to ITIL discipline
- Have an adequate number of order sets ready to go
- Make it clear that CPOE is not 'optional'
- Commit to providing multiple training options

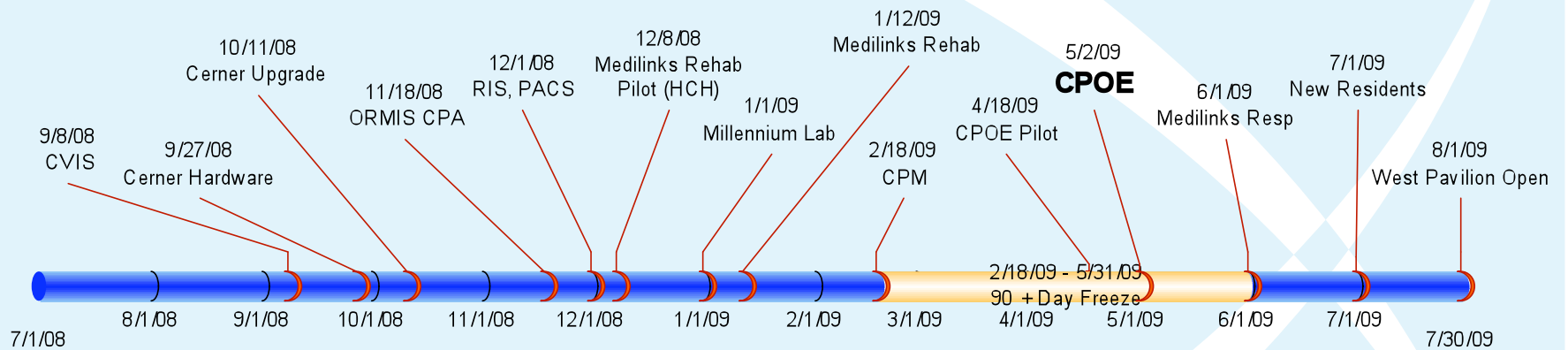
The Unexpected will Happen!

- Data Center power shut down
- Conficker virus
- Swine Flu

Despite all the distractions, 'stay focused'

University Health Care ITS Projects FY-09 Leading to CPOE Conversion (Draft)

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Total Additional Cost of CPOE Project Extension Approximately \$2.5 million

Projects Dates TBD
 CVIS Phase 2A (TBD)
 Teams Replacement (Before CPOE)
 NCC Move #2
 IMCU back to ICU April – May

What would we do again...

- Commit to the “Freeze”
- Conduct a series of ‘readiness’ meetings
- Complete process walk throughs...all major processes, all shifts, all days
- Rely on public relations staff to promote high visibility of project
- Commit to achieving value from the investment