Patient Communications: 
**The Future of Care is Here!**

While VUMC’s switch to eStar should be largely unnoticeable to our patients, the EpicLeap team is working to ensure they are adequately informed of the transition and the changes it will bring. The goal of the patient communications campaign, titled, “The Future of Care is Here,” is to help patients understand that we are undergoing a software change that will allow us to better care for them.

The campaign also gives colleagues a chance to highlight how eStar will help to enhance the patient care experience at Vanderbilt. This campaign will give patients a better understanding of why some staff members will be wearing brightly colored vests (used to identify At-the-Elbow support staff) and why employees may be interacting with their computers a little more than usual.

Clear, high-level messaging will appear on posters in common areas such as waiting rooms, elevators and hallways surrounding Go Live. Additionally, this messaging will appear on workstation screensavers, as well as tent cards near check-in areas and in cafeterias. A short recorded message will be played when patients are placed on hold when speaking on the phone, and a landing page on the VUMC website will be available as a source of more information that is relevant to patients. This landing page, which will launch the week of October 23, outlines some of the benefits patients will notice following Go Live and explains that they should not experience much of an impact from this transition.

In addition, My Health at Vanderbilt (MHaV) users will be proactively communicated to during the month of October to let them know of the enhanced user experience they will see as of Nov. 2, as well as briefing them on some actions they will need to take, including updating their password (see pg. 4).

Patients and families will be directed to either visit the landing page or speak with a staff member if they have any questions or concerns. In cases where concerns cannot be resolved through either of these resources, patients and families can be referred to Patient Relations for further assistance.

**Need some talking points for communicating with patients at Go Live?** Make sure you review the **communications script** and **eStar training video** located under “Tools & Resources > Communicating with Patients” on the EpicLeap website!
Beginning on November 2, an EpicLeap Command Center will be established at VUMC to guide the institution through the Go Live effort. This Command Center will be separated into two locations—one of which will house the operational support team and one that will house the technical support team. Both Command Center sites will be staffed for 24 hour support, seven days per week for at least the first three weeks of November.

The Command Center’s technical team, which is also referred to as the Technical Command Center, will work to troubleshoot and resolve any technical issues that arise within eStar by working through tickets that are placed through Pegasus or a call to the Help Desk. The operational team, also known as the Operational Command Center or EpiCenter, will work to prioritize the most pressing issues that are in need of a resolution and communicate any updates to the broad VUMC community.

A daily summary will be sent each afternoon to all VUMC employees with a list of the most pressing issues being addressed, an overview of the progress made in the past 24 hours, and any additional Go Live updates of importance. Users will also receive Tip Sheets to help them understand how to perform specific workflows in the eStar applications they use.

When employees experience an issue with eStar during Go Live that needs to be resolved, they can report the occurrence to a Super User or other At-the-Elbow support member, who will all be wearing gold vests to help employees easily identify them. If these support roles are unable to resolve the issue themselves, they will pass the information on to their Zone Leader, who can also be easily identified by a red vest. Zone Leaders will be the first level of escalation for technical issues within eStar.

At-the-Elbow support staff will help determine the urgency of the issue and generate a Pegasus ticket accordingly. Pegasus tickets will be prioritized by the urgency level that has been assigned to them.

At Go Live, it is normal for there to be thousands of issues reported in the first few days, many of which will likely be related to system access or printing. The Command Center will be staffed to help remedy all issues as quickly as possible.

Issues will be reported to the Command Center in a variety of ways:

- **Leadership Rounding**—Senior leaders will round in patient care areas to understand how things are going “on the ground” and to become aware of any patient satisfaction issues and safety concerns related to eStar
- **Reports Monitoring**—Members will monitor Key Performance Indicators (KPIs) such as Revenue Tracker reports and Patient Safety and Quality reports to determine how impactful certain issues may be
- **Huddles**—Group meetings will happen daily at various levels (sites, PCC/service lines, entities) to report to the Command Center on main concerns
- **Pegasus tickets**—Members will have visibility into what kinds of Pegasus tickets are being placed and how often
- **Zone Leaders**—These roles will help escalate issues to the Command Center and ensure technical and operational issues are tracked and communicated

Based on the information obtained through these channels, operational and technical leaders will generate a list of the top 11 issues daily, which will be reported out to the entire entity through the daily summary. Pegasus tickets will be prioritized and assigned to the appropriate groups to resolve issues as quickly as possible.

While intense preparation has been taking place to make as little room as possible for unexpected issues, the EpicLeap Team is aware that with a change this large, some unexpected occurrences will happen. The structure of this Command Center, along with the constant on-site support that will be available through staffed internal Super Users and external contractors, has been carefully planned to make the triaging of any such issues as quick and seamless as possible.
The switch from StarPanel and other legacy systems to eStar will occur overnight on the morning of November 2, with the goal of having eStar ready and available for full-scale system-wide use beginning just in time for the morning shift change at 7 a.m. Cutover activities, or the specific technical and operational steps required to safely turn off legacy systems and turn on eStar for Go Live, will begin at 5 a.m. on the morning of Nov. 1.

Below is a tentative timeline and overview of the key activities that will take place as a part of cutover, during which eStar will be activated at VUMC. The timing of each event is subject to change as teams work to determine operational and system readiness. All updates will be broadly communicated.

**Wednesday, November 1**

5 a.m.—Bedded patient backdrop begins in the Operational Command Center (EpiCenter)

Approximately 340 VUMC staff and clinicians will manually enter relevant data into eStar for up to 1,400 patients who are already in the care of VUMC. The backload will include information on patient registration, height, weight, dosing weight, allergies and orders. As many as 18,000 medication orders are expected to be transferred during this time. Backload progress will be monitored throughout the day to ensure completion by midnight.

As part of the registration process, patients will receive a new eStar armband, which will have a star hole-punched into it.

7 p.m.—Decentralized backload and preparations for Go Live begin

An additional nursing staff member will be needed to support each unit. Between 7 p.m. and 5 a.m. the next morning, these staff members will prepare their unit for Go Live by backloading localized information into eStar (e.g. LDAs) and monitoring/validating the unit census.

10 p.m.—A pre-downtime census reconciliation between Medipac and eStar is performed

All admits, discharges and transfers will be centrally tracked by bed management, registration, and the transfer center. A paper-based board will be kept current in the EpiCenter to help with tracking.

**Thursday, November 2**

12 a.m.—Downtime begins; technical teams begin reconfiguring systems in preparation for Go Live

Operational areas will use downtime procedures and perform new documentation on downtime forms. All admissions during downtime will be processed through the Emergency Departments, as these areas will begin using eStar for registration and patient tracking at midnight. StarPanel will remain available in read-only mode during downtime.

4 a.m.—Final census reconciliation begins with a goal to be complete by 6 a.m.

5:30 a.m.—Registration ONLY for operative and procedural areas begins in eStar

The lab and blood bank systems are expected to be ready for use by 6 a.m.

5:45 a.m.—The EpiCenter will finalize Go Live timing based on system readiness

The Go Live announcement will be communicated only when leadership is confident that the system is safe for use in patient care.

6 a.m.—Support staff are deployed

Roughly 1,400 support staff will be present during the day shift to assist with the troubleshooting and triaging of any issues, with around 500 of these staff being deployed at 6 a.m. Usage of lab ready labels will also begin. Clinicians should plan for extra time to perform morning rounds.

7 a.m.—The EpiCenter will communicate that eStar is available for full-scale system-wide use

If Go Live is delayed due to system stability or patient safety, plans are in place to allow operations to continue. All updates will be broadly communicated.

For more information and the most up-to-date cutover plan, please refer to this chart on the EpicLeap website, found under “Tools & Resources > Go Live Resources > eStar Activation Overview.”
MY HEALTH AT VANDERBILT

Along with many of the other familiar systems at VUMC being enhanced by the institution’s switch to eStar, Vanderbilt’s patient portal, known as My Health at Vanderbilt (MHAV), will also be undergoing several changes. These changes will take place at Go Live on November 2 and will provide patients with additional functionality and an upgraded user experience, allowing them to become more involved in the care they receive.

With the launch of the upgraded version of MHAV, patients will be able to:

• Schedule, reschedule and cancel many clinic appointments online
• Add themselves to select clinic waiting lists
• Check in online and complete patient intake forms 72 hours in advance of their appointment (beginning in select clinics, with the goal to expand more broadly to other clinics)
• Submit updates to their medications, diagnoses, allergies and other general information (subject to review by a clinician before appearing in the system)

Additionally, prospective users of MHAV will be able to present proof of identity online through a third-party authentication system, allowing them to complete their registration without physically coming to VUMC. This feature will give patients immediate access to the health information within their account.

While these changes to MHAV will provide patients with a better user experience in the long run, there will be a few short-lived hitches with the system around the Nov. 2 Go Live date. Limited messaging functionality will be available to both patients and providers during the week leading up to Go Live, and staff are being asked to limit their MHAV messaging only to the most pressing matters. Beginning Nov. 2, patients and staff won’t be able to interact with messages that were sent before Go Live. As a result, these messages should be resolved prior to Nov. 2.

All patients who have used MHAV in the past will also be asked to reset their password during their first login following Nov. 2. A small group of users will need to change their username to avoid duplicate usernames in the upgraded version of the platform.

Patients will be advised to print out their MHAV medication lists before Go Live, as medication lists will transfer automatically to eStar, but not to the new MHAV. Before a medication list can be posted to the new MHAV, it will be need to be verified at the patient’s next office visit.

MHAV, which was launched in 2004, is used by approximately one in four VUMC patients, with several clinics having a registration rate above 75 percent. Last year alone, there were more than 3.7 million logins recorded by roughly 167,000 unique users.

Troubleshooting support during Go Live

During the day shift on Nov. 2, roughly 1,400 support staff will be deployed across the enterprise to assist with the troubleshooting and triaging of any issues that arise with the new system. These support staff consist of both internal VUMC employees and external contractors. All ATE support staff will be wearing gold vests that say, “eStar Support” so that they may be quickly identified.

When a colleague experiences an issue with eStar, ATE support staff will assist to determine if the issue can be resolved in the moment, if further consultation from a Zone Leader is needed, or if the issue requires the placing of a Pegasus ticket or a call to the Help Desk. ATE support staff will assist in reporting the issue if a ticket needs to be placed. Zone Leaders will be wearing red vests and will help to escalate issues and ensure support is provided. Faculty and staff experiencing an issue with eStar should first work with a “gold vest” to report and troubleshoot the issue.
With any large-scale project comes the potential for running into unforeseen challenges that need to be proactively resolved. This is why the EpicLeap team determined early the need for a formalized group that would be in charge of seeking out these issues ahead of time and working quickly to troubleshoot them before they have a chance to interfere with key project deadlines.

The Operational Readiness Advisory Group (ORAG) came into existence specifically for this purpose. All together, ORAG team members meet once per week to discuss key risks to operational impacts and how to handle them accordingly. These impacts involve asking questions such as, “How do we train 17,000 staff and providers on eStar in ten weeks while also balancing ongoing patient care needs?” Other common topics for consideration include making sure colleagues feel sufficiently prepared to use eStar in real-life patient care settings on Nov. 2 and ensuring an adequate amount of support during Go Live and beyond.

To help with this group’s large undertaking, ORAG works in conjunction with:

- **Joint Operations Oversight Council (JOOC):** Works to create operational plans to implement future state workflows while also managing the accountability of entity leadership to communicate these changes effectively.
- **Nursing Go Live Readiness:** Handles communication, workforce engagement and change management for VUMC’s nurses.
- **Clinician Engagement Workgroup:** Creates and distributes communications concerning high-impact topics that are directly relevant to clinicians regarding VUMC’s transition to eStar.
- **Patient Communications Workgroup:** Identifies patient-visible impacts resulting from VUMC’s transition to eStar and develops the appropriate communication plans. This group also works to educate staff on how to discuss the transition with patients by providing possible scripts and scenarios. The group worked closely with VUMC’s patient and family advisory councils for feedback (see pg. 1).
- **Activation Team:** Plans and implements logistics surrounding the technical transition to eStar, such as setting up the Command Center, planning At-the-Elbow support for end users, developing strategies for cutover and manually entering data into the new system (see pg. 3).

In addition to their individual responsibilities, members of these workgroups also keep their eyes and ears open to the concerns of both patients and VUMC employees to ensure the needs of each group are being met. Staying ahead of frequently asked questions and general feelings regarding the transition to eStar allows ORAG to effectively lessen the risks these concerns could pose. It also helps to make sure that ORAG is communicating with each group in a way that is meaningful.

While ORAG is a temporary group set up for the purpose of making the transition to eStar as smooth and seamless as possible, its work will have long-term effects on the success of the entire EpicLeap project.