Lovell FHCC Successes and Lessons Learned

Executive Summary

The Federal Electronic Health Record Modernization (FEHRM) office maintains a Lessons Learned (LL) Repository and process to collect, share, analyze, and apply lessons learned related to the deployment and operation of the single, common federal electronic health record (EHR). As of June 14, 2024, the FEHRM Lessons Learned Repository holds 350 enterprise-wide lessons associated with the FEHRM Risk-Issue-Opportunity (RIO) Repository; FEHRM Joint Sharing Sites Integration (JSSI) Workstream; Enterprise Operations Center (EOC); and Department of Defense (DOD), Department of Veterans Affairs (VA), Department of Homeland Security's U.S. Coast Guard, and Department of Commerce's National Oceanic and Atmospheric Administration.

Figure 1 breaks down lessons learned from the federal EHR deployment at Captain James A. Lovell Federal Health Care Center (Lovell FHCC) by category. Table 1 lists a summary of successes and lessons learned from the Lovell FHCC federal EHR deployment.

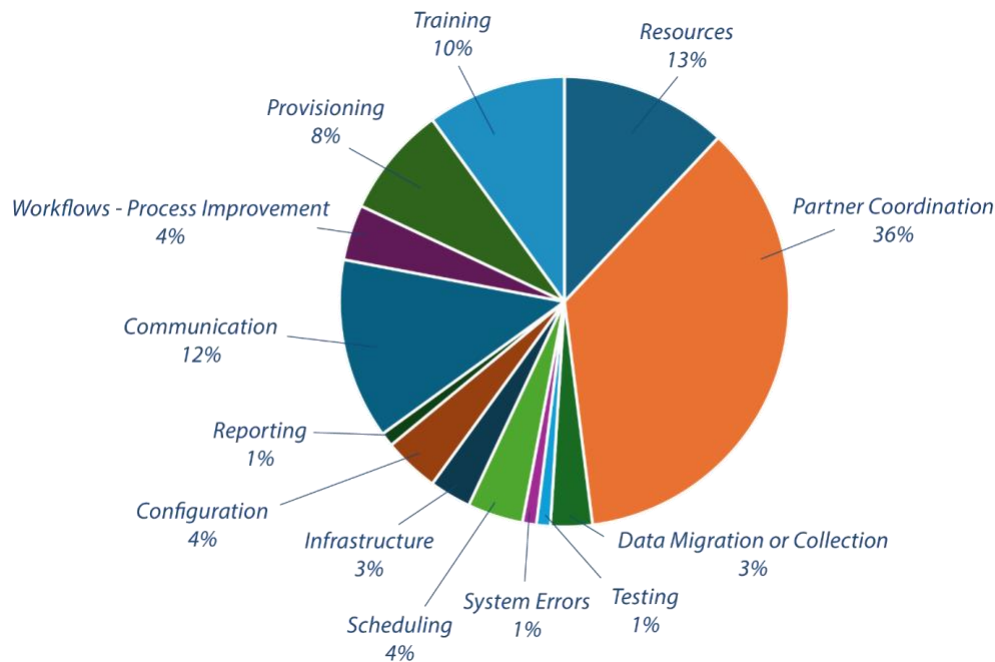*Figure 1 – Category Breakdown – Lovell FHCC Successes and Lessons Learned*

Pie chart categories:
- Training 10%
- Resources 13%
- Partner Coordination 36%
- Provisioning 8%
- Workflows - Process Improvement 4%
- Communication 12%
- Reporting 1%
- Configuration 4%
- Infrastructure 3%
- Scheduling 4%
- System Errors 1%
- Testing 1%
- Data Migration or Collection 3%

*Table 1 – Examples of Successes and Lessons Learned from Lovell FHCC
Federal EHR Deployment*

Top 5 Lovell FHCC LL Categories	Examples of Successes and Lessons Learned
#1 - Partner Coordination	• Success - Established collaboration strategy at onset with regular (weekly) cadence of status meetings; base agendas planned around key events. • Lesson Learned - Identify a lead to integrate post go-live/sustainment activities based on best practices of the go-live communications workgroup.
#2 - Resources	• Lesson Learned - Provide ample time to conduct pharmacy guide content reviews to prevent misses and errors; send guides to reviewers at least 6 weeks prior to go-live.
#3 - Communication	• Success - Integrated pre- and during go-live communications to end users to reduce duplication and confusion for site leadership and end users, leveraging a multi-agency go-live communications workgroup. • Lesson Learned - Implement a more efficient collaborative workspace via MS Teams, Connect.gov and/or SharePoint that enables multi-agency access and real-time collaboration.
#4 - Training and Peer Support	• Success - Utilized Pay-It-Forward/peer support methodology to identify and secure subject matter experts (SMEs) from facilities that were already using the federal EHR. • Lesson Learned – Create an information sharing community forum (in Confluence) where EHR users can share experiences, troubleshoot, and exchange tips; provide thorough training and ongoing support for users on the federal EHR, ensuring proficiency and minimal disruption to workflow.
#5 – User Role Provisioning	• Success - Established role-mapping processes and sessions to manage requirements, updates, and corrections. • Lesson Learned - Assess and confirm job functions earlier to prevent users from being provisioned the incorrect roles in the EHR.

Nearly 120 new lessons learned related to the federal EHR deployment at Lovell FHCC reflect mostly positive and productive feedback from a wide range of stakeholders. Overall, the multi-agency Lovell FHCC Federal EHR Implementation Team reported that earlier engagement and FEHRM involvement proved to be extremely valuable throughout pre- and post-deployment activities. Collaborative support teams and sub-workgroups created a range of joint processes, templates, and materials that met the unique needs of beneficiaries and end users at Lovell FHCC. Coordinated plans, processes, materials, and activities had a tremendously positive impact and outcome in reducing duplicative efforts and confusion for the site. Additionally, a critical overarching theme across all categories is the need for sites to reprioritize staff resources in all areas (e.g., clinical, communications, administrative, etc.) to support the extra expectations of go-live. This may also include

bringing in surge support from partnering organizations to ensure success and avoid overburdening existing staff.

Throughout Lovell FHCC Go-Live planning and execution, the structure of sub-workgroups produced a true multi-agency partnership between Lovell FHCC, VISN 12, FEHRM, DOD, VA, Leidos, and Oracle. As Lovell FHCC continues in the post-deployment phase, maintaining open communication channels to troubleshoot issues, share updates, and exchange tips across Departments will be critical. Implementation teams must develop a standardized Pay-It-Forward/peer support strategy to continue the complex level of integration present at joint sharing sites. It will be imperative to leverage feedback from successes and lessons learned for the nearly 170 remaining joint sharing sites and beyond. Further analysis of successes and lessons learned from the Lovell FHCC Go-Live will be documented in quarterly reports that are shared with pertinent stakeholders.