

## SINI 2015 Nursing Informatics Podium Practice Award Winner

### eCorps: A Few Good Men And Women - An Alternative Approach To CPOE 'Go Live' Support

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**Problem Statement:** A large component of CMS's EHR Incentive Program is the adoption of Computerized Provider Order Entry (CPOE). The challenge for many community hospitals has been to supply providers with the appropriate level of informatics training and support during CPOE implementation. The support must be sufficient to increase routine CPOE use to meet the Incentive Program's thresholds while staying within a community hospital's budget. Introducing eCorps provided a cost effective, successful approach for the activation of CPOE and provider specific functionality during the first weeks of use (the 'Go Live' period) in a community hospital. **Methods:** The conventional approaches of hospital staff serving as 'super users' and the hiring of outside licensed clinician resources to support a CPOE Go Live were explored in terms of cost and resource availability. The eCorps approach used non-health care resources (including college students) with computer aptitude, communication skills, and patience. Supported by the principles of adult learning, the eCorps concept assumes providers know the medical treatment protocols for their specialties and require support to place orders utilizing an automated ordering tool. The formal eCorps training program stressed how to place orders—not what orders to place. Metrics for provider-specific implementations, with and without use of eCorps personnel, were tracked. **Results:** *Quantitative results:* A pilot Hospitalist group (N=9) initiating CPOE using the 'super user' approach achieved a CPOE orders rate of 37% of all orders placed during a 2 week period 14 months post-Go Live. A second CPOE activation, the first utilizing the eCorps approach, had a notable 833% increase in the number of CPOE providers (N=84) and achieved CPOE orders rate of 85% of all orders placed within 6 weeks. Hourly compensation rates for eCorps members were significantly less than those of both 'super users' and outside clinically trained personnel. The cost of covering direct patient care shifts when hospital personnel served as 'super users' was avoided. *Qualitative results:* After introduction of eCorps support, providers and nursing sought out eCorps participation for subsequent provider-specific activations. eCorps members were seen as a non-threatening, computer-knowledgeable support. After the Go Live period, three open hospital positions were filled by eCorps members, avoiding recruiter fees. There was a bonding of eCorps members to the hospital organization and to providers. **Significance:** A rapid adoption of provider-specific EHR functionality occurred with the use of the eCorps approach to Go Live support. CMS HITECH Stage 2 criteria were met within 6 weeks of implementation. Rates of 85-90% CPOE order have been sustained for more than a year. The financial costs for Go Live support remained well within budgetary projections. A cadre of community-based, computer-savvy support personnel was developed. In particular, the college student eCorps members experienced a practical and dynamic exposure to medicine, nursing, and clinical informatics while receiving pay. Many stated this increased their interest in health care and the many aspects of clinical informatics.