

## The Doctors Are In: EPISODE 3: Cornwall's go-live experience part 3[Transcript]

*Introduction: You're listening to the CST Audio Network, the voice of clinical transformation.*

*Hello, the doctors are in. In this edition you will be hearing the conclusion of a conversation between Dr. Eric Grafstein, Chief Medical Information Officer for the CST project and Dr. Geoff Heseltine, CMIO for Cornwall Community Hospital in Ontario. With the CST project's first clinical information system implementation on the horizon, Eric asks Geoff how to get ready.*

**Dr. Eric Grafstein:** What would be some advice that you would give to the physicians that are going to flip the switch sometime in the next six or seven months?

**Dr. Geoff Heseltine:** I think the first thing is patience. It's not easy. Realize that it is going to affect your productivity at the beginning. If you are a physician that is used to doing six ORs in a day, maybe you need to decrease the number of ORs at the beginning. Maybe you schedule less patients for a clinic if you're in the ambulatory care environment. If you're in the emergency department, schedule more staff or make sure patients are aware of what's going. Realize that this is not an easy thing to do. It will take some time to get used to and keep your eye on the goal at the end of the day, which is to improve that flow of patient information which results in improved patient outcomes and improved patient safety.

The other thing I'd like to say about it, though, is that the more open you are to using it, the more flexibility you see in the system. You don't have to fill out every single blank space in that patient record. You don't have to fill out every problem that that patient has. But it's like the stethoscope was; maybe it's like the ultrasound, the bedside ultrasound machine was. It takes a while to get used to it and it takes a while to learn how to really work it into your day-to-day practice. But at the end of the day, those are extremely valuable tools, and I think the electronic health record will be as well.

**Dr. Eric Grafstein:** Geoff, I wonder if you can talk maybe from a personal perspective about

your experience with the electronic health record and how you think it's changed your practice.

**Dr. Geoff Heseltine:** I had an experience the last shift I was on. I had an ST elevation MI and a patient that had come in, she'd had chest pain for two days. She'd been a bit diaphoretic. And what we do here in Cornwall is we lyse our patients and we send them up to Ottawa for potential secondary PCI. Anyway, the feedback from the Ottawa physician, the nurse came back from transporting that patient up to Ottawa, and she sought me out and she said, you know, I just need to give you the feedback from the Ottawa physician because he said that this was probably the most complete information that he's ever gotten on a patient that had been transferred up. He said that from the note, physician note, to the record and all the blood work, and everything else, was all there in one package. And it was all clear and the rationale for treating and the rationale for our deciding to lyse and send that patient, was all there. So he didn't have to wonder or figure out why that patient had come through the door and why they'd been lysed, et cetera. It was all there in one spot and he felt very comfortable with the whole process.

**Dr. Eric Grafstein:** Geoff, implementing an electronic health record is a big step and I think it's widely understood that it causes a lot of disruption to practice, not just physicians, but nurses too, and anybody who works in a hospital. Maybe you can talk about what you feel are the biggest wins in terms of safety with the implementation of electronic health record.

**Dr. Geoff Heseltine:** I really think that there are two main things in terms of patient safety. The first bucket is information. And whether that's past medical history on the patient, a list of medications on that patient, access to lab results or access to imaging results. And if you have one system that gives you access to that, that's perfect. The second bucket is the checks and balances part. Something within the system that warns you this patient is allergic to drug "x." This patient shouldn't be prescribed drug "x" with drug "y." You just ordered a medication with a dose that is inappropriate for patient of this weight. So you have not only in a system the checks and balances of warnings - a smart system, if you will. But you also have access to the information that helps you make decisions.

**Dr. Eric Grafstein:** That's a very thoughtful answer. Alright, I think we've taken a bunch of your time. I really appreciate you making the time for us and, you know, you don't have another hospital to go live with. We have, like, another, like, 13 after this one.

**Dr. Geoff Heseltine:** Oh, man. It's exciting.

**Dr. Eric Grafstein:** I'll let you know. If I lose my mind; there may be a job for you on the West Coast.

**Dr. Geoff Heseltine:** Come out any time. That would be great.

*Thanks for listening to the Doctors Are In on the CST Audio Network. I'm Ron Shewchuk, Communications Director for the Clinical & System Transformation project. We look forward to your next appointment. In the meantime let us know what you think of our podcast. What do you like? How can we improve? Send us an email to [info@cstproject.ca](mailto:info@cstproject.ca) .*