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Supporting Evidenced Based Practices

EHR Integration of Clinical Pathways: A Dual-Hospital Perspective

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Financial Disclosure



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By the end of this session, participants will be able to:

1. Describe how structured change management strategies, including the ADKAR model, can be applied to support clinical teams in adopting workflow changes.
2. Explain the role of leadership collaboration, super-user recruitment, and communication planning in preparing frontline staff for successful implementation.
3. Evaluate early adoption outcomes by interpreting user engagement data following pathway implementation.





What Changes

- Transition stagnant PDFs to dynamic, actionable workflows
- Integrated orders, labs, criteria, and supporting evidence
- Streamline documentation and data capture



Why it Matters

- Reduces provider frustration and EHR toggling
- Improves data collection for quality monitoring
- Accelerates subject matter expert review for continuous pathway optimization





Integrating pathways into the EHR can improve patient care, enhance clinical quality, and streamline provider workflows.

When thoughtfully implemented, it supports safer, more efficient, and more coordinated care delivery.

Common Barriers to Integration:

- Technical: System compatibility, data interoperability
- Workflow: Disruption to routines, alert fatigue
- Cultural: Clinician resistance, lack of buy-in
- Financial: Implementation costs, ROI concerns





Pathway Development

Clinical Pathways Established in 2016

- Multidisciplinary Pathway Development Teams (PDTs) lead pathway development by reviewing evidence, defining metrics, and designing algorithms
- PDTs partner with IT to build standardized order sets
- Order sets improve consistency and efficiency in initial care delivery



Barriers Identified

Barriers to Using Non-EHR Integrated Clinical Pathways

- Order sets offer limited support for stepwise, sequential care
- Hard to track pathway adherence versus individual order placement
- Requires toggling between the EHR and static PDF pathways



EHR-integration

Integration Process Description

- Selected third party vendor
- Partnered with Pathway Steering Committee, Executive leadership, and IT to determine build requirements
- Developed integrated algorithm with clinical champions, third party vendor, and IT
- IT worked to integrate into EHR and order link in algorithm





ADKAR Methodology

Awareness

- Executive Leadership
- Pathway Steering Committee
- In meeting announcements (provider, nursing, residents, RTs, etc.)
- Email announcement from leader and executive leadership

Desire

- Recruited super-users for clinical champions, residents, nurses, and respiratory therapy
- Super-user training in test environment
- Super-user testing of workflow in test environment

Knowledge

- Tip sheets developed
- Training video developed and shared with organization
- In-person demonstrations
- Integrated into Epic training for new providers, nurses, and residents

Ability

- Piloted 4 pathways (Asthma, Constipation, Appendicitis, Febrile Infant) in the Emergency Department
- Monitor feedback closely
- Monitor opens of AgileMD pathways

Reinforce

- Perform daily rounds for first 2 weeks after go live
- Identify early adopters
- Perform demonstrations
- Monitor feedback with quick follow-up with submitter





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- ✓ Collaborated with Clinical Champions to develop algorithms
- ✓ Recruit super-users

- ✓ In-person meeting announcements and demonstrations
- ✓ Sent email announcements

- ✓ Daily in-person rounds in ED
- ✓ Requested feedback
- ✓ Monitored feedback in tool

Jan-Feb 2023

Feb-April 2023

April-May 2023

May-June 2023

June 27, 2023

June-July 2023

- ✓ Determined IT for integration requirements
- ✓ Collaborated with vendor and IT on timeline

- ✓ Collaborate with IT to order link build
- ✓ Develop communication and training plan

- ✓ Go live in ED with 4 Pathways
 - ✓ Asthma
 - ✓ Appendicitis
 - ✓ Constipation
 - ✓ Febrile Infant



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Lessons Learned

- Engage more multi-disciplinary teams in development, specifically nursing
- Engage physician and nursing leadership early
- Integrate into their workflow



Outcomes

Since 6/27/2023

- Opens: 38,020
- Encounters: 13,466
- Patients 10,667
- Clinical Users: 1,555





The Challenge

- Pathways were not seamlessly integrated into Epic with previous platform
- Limited visibility at the point of care
- Low and inconsistent practitioner use
- Guidance required extra steps outside workflow

Our Vision

- Pathways where practitioners practice and how they practice
- Visible in the moment decisions are made
- Complement Epic by turning information into actionable guidance
- Supporting safer, more standardized care

Managing Change with Intention





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FEB 2025

- Transition pathway to platform
- Baseline build (Vendor + IT)
- Project timeline & comms plan

JUNE 2025

- 1st Rollout (IP)
 - Bronchiolitis, CAP, CA-UTI, DKA, Sepsis
- ED-focused education rollout

AUG 2025

- Development on Ambulatory Asthma pathways
- Monitoring pathway utilization
- Rounding for feedback

MAR-MAY 2025

- Clinical kick-off
- Pathway optimization (initial pathways)
- Super-user training + buy-in
- In-person rounding
- Section education sessions
- Training + comms rollout

JULY 2025

- 2nd Rollout (ED)
 - Acute Asthma, Bronchiolitis, CAP, CA-UTI, DKA, Sepsis

SEPT 2025 - PRESENT

- On-going rounding + feedback sessions with teams
- CUBS Usability group developed and implemented
- Structured order set retirement begins



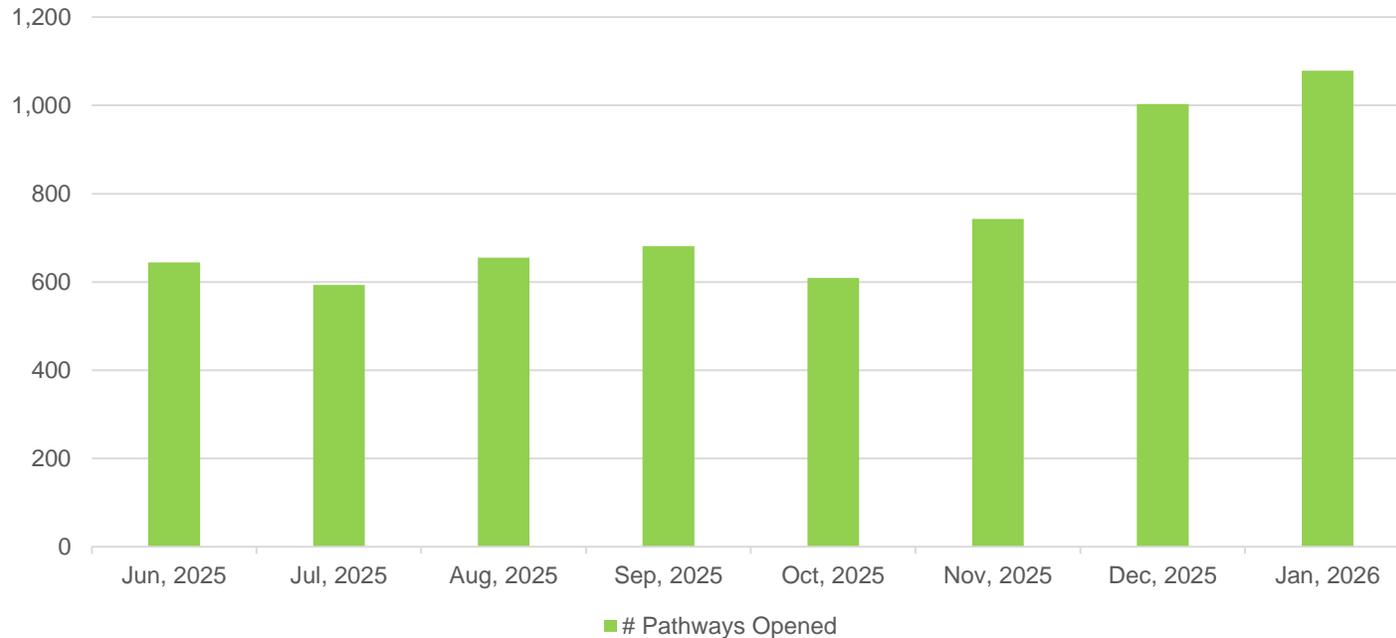
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Monthly Pathway Utilization: 27 Pathways
Epic Integration: 6/9/2025



Since 6/9/2025

- **Opens: 6,058**
- **Encounters: 2,606**
- **Patients: 2,383**
- **Clinical Users: 864**

- Meaningful engagement from clinicians identifying optimization opportunities
 - Streamlining orders to reduce clicks
 - Integrate pathways into their workflow



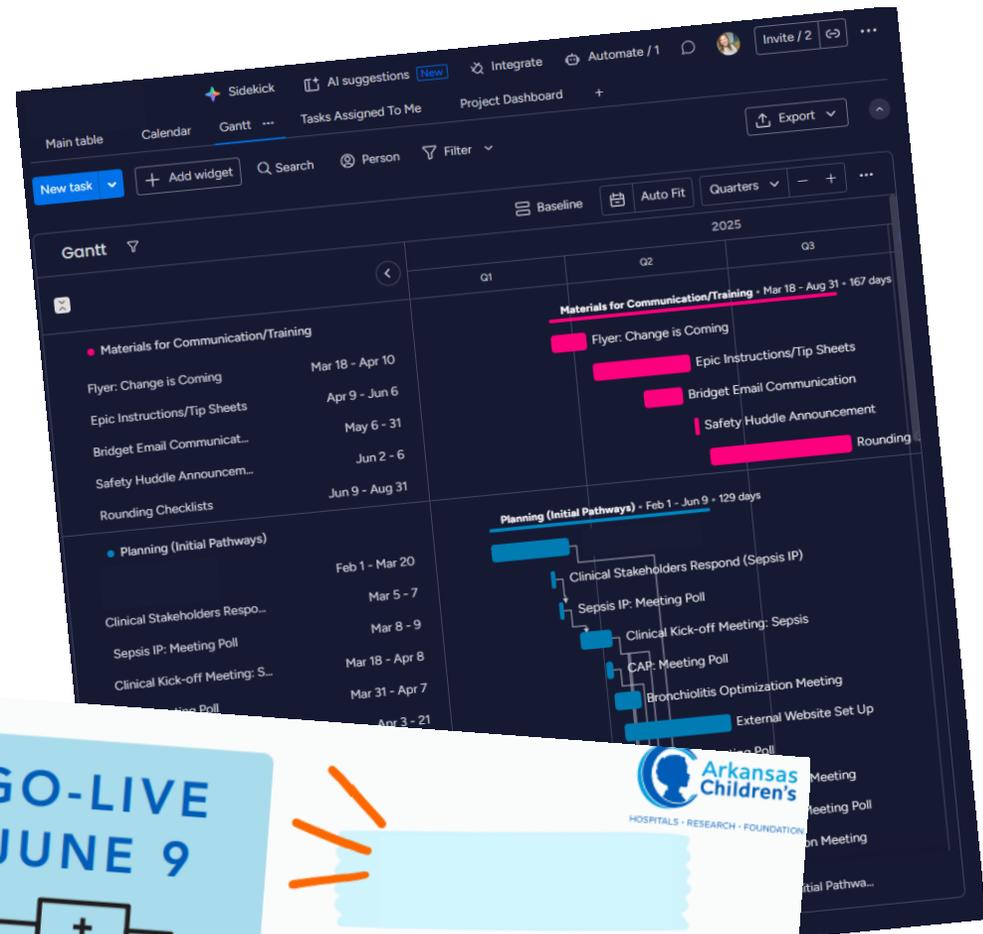
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- Importance of early super-user buy-in
- Need for targeted rounding + responsive updates
 - Using admission navigator for sign & held
 - Detailing orders for less clicks
- Communication cadence + reinforcement matters



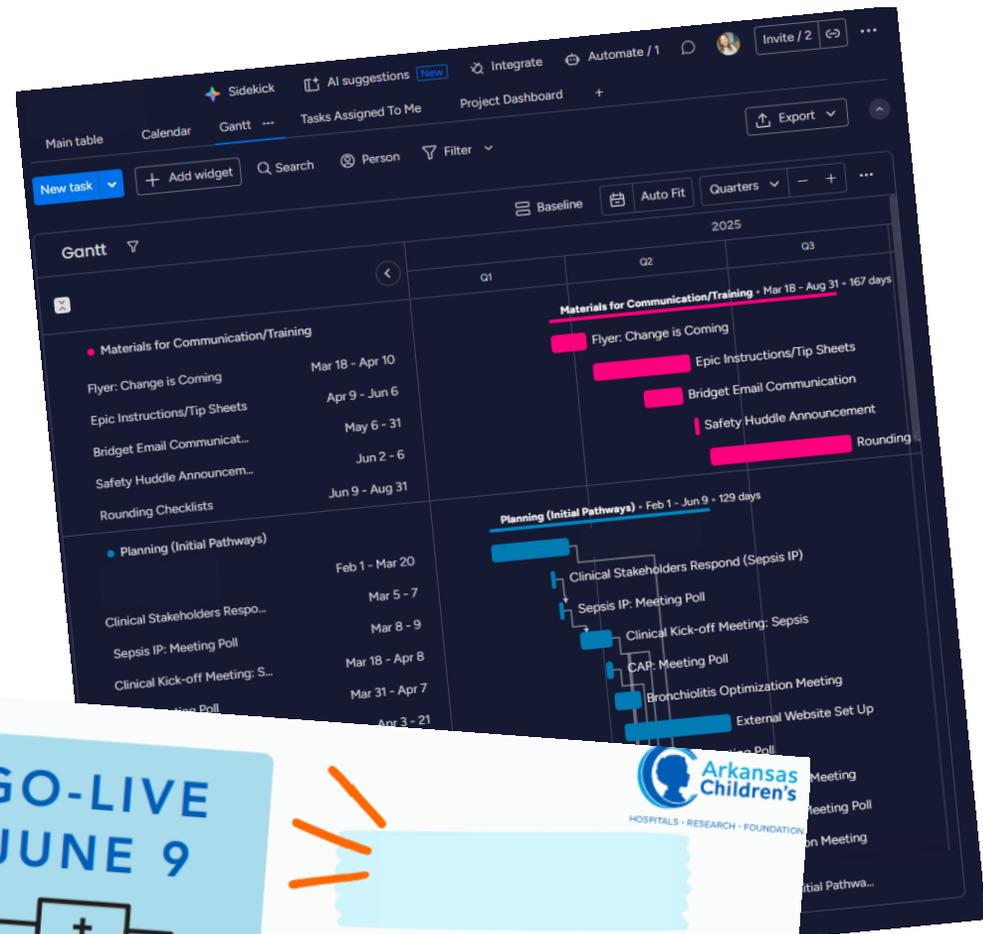
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JUNE 9

Enhancing
Pathways in
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Next Steps →

- Continuous optimization of all pathways
- Expanding to ambulatory pathways
- Strengthening pathway culture + usability

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Shared Themes

- Engagement of frontline teams early and often
- Rounding + feedback loops critical
- Continuous reinforcement needed

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- Multidisciplinary engagement expansion
- Leadership participation + frequent rounding

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- Workflow usability + Epic efficiency
- Targeted rounding + responsive updates





Key Take Aways: Pathways & EHR-Integration

- Change management
 - Structured rollout, training, and reinforcement are as critical as technical integration
- Champions Drive Adoption
 - Leaders and super-users translate pathways into real workflow
- Data Fuels Improvement
 - Early engagement metrics guide continuous optimization





Advancing pathway adoption + usability is a shared journey.

We welcome collaboration and shared learning!

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