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A Story of Success at Greenwich Hospital – a meeting with CMIO, Dr. Messenger

 Written by Alex on May 12, 2009 – 12:15 pm

CMIO Magazine: How has the CMIO role evolved for you?

Dr. Messenger: I was an internal medicine resident in 2004 at Greenwich Hospital working with our CPOE system (which had been in place since 1996) when a nearby Hospital closed resulting in an increase in patient volume in our ED. The wait time increased which negatively impacted patient experience and satisfaction with our hospital. I was in a meeting discussing the situation with leadership and came up with some novel ideas to reconfigure our CPOE system to make it more efficient. As part of the solution, we bundled the orders into condition specific order-sets allowing physicians to become more efficient with CPOE, and allowing them to enter orders without delay from anywhere within or outside of the hospital to facilitate patient throughput. The solutions had a significant impact on workflow and ultimately decreased patient wait time in our ED department. Additionally, I included JCAHO core safety measures in these sets to prompt physicians to remember them upon admission, and included prompts to get ancillary services involved early on to decrease length of stay. Administration took notice, asked me to get involved with more projects and in 2007 I was appointed the CMIO of Greenwich Hospital.

CMIO Magazine: How would you categorize your Roles and Responsibilities?

Dr. Messenger: My technical role involves building portions of our CPOE system; I also analyze downstream workflow processes and the impact our build has on them. I make sure to include all disciplines such as pharmacy and nursing when considering clinical systems design changes. I think transparency amongst all parties involved is key to a successful implementation. The political aspect of my job involves being available to our physicians without becoming an adversary. Building good relationships and trust amongst my peers has helped me and the organization with physician adoption of our IT solutions such as CPOE.

CMIO Magazine: To whom do you report?

Dr. Messenger: I report to our COO and CIO. Although there are days that I feel I report to everyone in the organization! It's a great feeling being able to interact with such a variety of different departments. It has given me a true feel for how each department in the hospital functions. This will no doubt be of invaluable assistance when approaching upgrades and other projects down the road.

CMIO Magazine: What would you describe key factors for success in your role?

Dr. Messenger: There are multiple factors to my success as an effective CMIO and it starts with the great leaders we have at Greenwich Hospital. Our COO gave me the opportunity to do an elective with him during my residency which provided me with

early exposure to hospital operations thus I gained understanding of IT issues and how to work closely with IT to solve these “process issues” with our clinical systems. Essentially, I ended up learning about administration thru the lens of our COO and CIO. Similarly, our CIO and his staff have been very supportive of the CMIO role and they value my contributions. We’re a very cohesive group and thus a strong team. We share the same values and work hard every day to achieve our team goals to the best of our abilities. Another factor of my success is my passion for patient satiety and quality measures. Additionally, our IT department plays a big role in these areas more so now than ever before, especially with Joint Commission requirement.

CMIO Magazine: Your success with and personal contributions to implementing CPOE is one of a kind, can you tell us more?

Dr. Messenger: We set a goal that by July 2009 we have 75% of Physician orders completed electronically by rolling out our clinical system to our physicians and by encouraging them to use CPOE. It is now April and we have about 85% CPOE usage. We are ahead of schedule. Early on, I recognized the need to corral all disciplines involved with the CPOE implementation process. I started learning about nursing workflow processes and analyzed the challenges they face; I did the same with pharmacy. Essentially, I ended up advocating all disciplines involved which certainly helped me to be a more effective decision maker around designing our CPOE. We also began the first pilot with one of our most resistant departments; we wanted to illustrate the value of our clinical systems. We built very strong training and support models. The physician training was one on one/two at the most. We used super users during go-live and made sure that physicians had easy and quick access to support. We also used the residents as a source of support for our physicians. We encouraged the physicians to use CPOE by scoring them and sharing the results with the unit on a weekly basis. Our physicians are competitive by nature so they were motivated to keep their score high by using CPOE and avoiding paper processes. We publically rewarded physicians and made sure their efforts didn’t go unnoticed. We also embraced our clinical support teams, such as the nursing, for their tireless efforts and their involvement with encouraging physicians to use CPOE.

CMIO Magazine: from a CPOE perspective, do you see a value behind it?

Dr. Messenger: Patient safety is a number one priority for everyone that works at Greenwich and the fact that we have legible orders and a much more effective way to track orders and process them is a significant benefit to promoting patient safety. I personally use the CPOE system and I am amazed at how efficiently my orders get to nursing and pharmacy for processing. We had conducted some time studies prior to implementing CPOE and used the data against our time performance with CPOE; specifically, we measured the time it took for a physician handwritten order to be entered by pharmacy vs the time it took pharmacy to verify an electronically placed order. Pharmacy was able to verify a medication in approximately 1/6 of the time when a physician used CPOE. This represents a significant time savings. Accessibility to data and information tracking provides great tools for our auditing processes. It was more tedious using our paper process methods. Consequently, we are able to improve our quality control, meet the Joint Commission requirements and were able to pull one of the most successful and efficient CPOE implementations in a community hospital comprised of mainly private physicians.

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