Command Clinical Champion Position Description – Post-Implementation

General

The Command Clinical Champion should be a physician with at least good, if not excellent, computer skills. In addition, the Command Clinical Champion needs to have good-to-excellent clinical skills. The third characteristic of the Command Clinical Champion is a desire to teach & the skill for it. The next characteristic is a "thick skin" and the ability to take criticism without internalizing it. The criticism will be of the system, not of the Champion and his/her efforts. Does the Clinical Champion have to possess all these skills to be successful? No, but they do help.

One item that is a must for the Clinical Champion to be most effective is adequate time… that is adequate time to do the job required. This includes preloading templates, talking with the individual department template managers, talking with Department Heads & coordinating with the Regional Champions and/or the BUMED Champion. I would recommend that the Command Clinical Champion be a 0.5 FTE for the period starting 2 weeks prior to implementation until 2 weeks after training is complete. After that period, the Command Clinical Champion still needs at least two half-days per week (probably more at a Medical Center) to troubleshoot & assist new users.

One of the biggest problems the Clinical Champion faces is template management. The AHLTA trainers teach providers and nurse wellness role holders to create their own templates. There are >700,000 templates on the CDR (Clinical Data Repository). Providers and nurse wellness folks do not need to make more. One possible way to stop this proliferation is to create a Command AHLTA template library. All templates have to be in the library or they will not be allowed. That could be a tough sell after the fact, but may be doable up front… especially if the trainers are informed of the requirement.

With the new consolidated template management tools in Build 841 and beyond, the Clinical Champion's task to manage templates and help others to find templates will be much easier.

Post-Implementation

At the two weeks post-implementation point, make sure to talk with Department Heads to identify problem areas and address them individually using yourself and any remaining trainers to make headway/rectify outstanding issues. If some providers are having great difficulty using the system, watch them do an encounter to see it you can identify problem areas to address.

For the next several months, you will need to be available for troubleshooting problems, helping enter trouble tickets & identifying system problems that need an SCR. This is also a time to be actively managing your Command template library to add new diagnoses, order sets, procedures. To the templates you hold. Also, it is time to keep searching for new templates you may want to add.

You will also want to be monitoring your Command statistics about AHLTA use and MedCin term usage. It is important to have the discussion about target goals for the Command prior to implementation, and it is vital to monitor how things are going after implementation to see if the Command is on target and to spot problem areas/departments early to provide assistance.

Another area of vital importance is updates. Either the BUMED or Regional Champions should be providing you with monthly updates as to the deployment schedule for updates and the features contained therein. This allows you to keep the Command informed and is a visible way to maintain your value. The goal is to ensure the Command continues to see the value added in having a Clinical Champion after implementation rather than protecting a non-value-added position to get some extra “admin” time.

Regularly liaison with the “advanced users” (formerly known as “superusers”) to keep them up to date on upgrades and new features. Using either formal or informal meetings to identify problem areas, identify best practices and share information throughout the Command regarding AHLTA. It is important to communicate commitment and support for AHLTA during these meetings and other interactions; however, be honest about the strengths and shortcomings of the program. Maintaining your integrity is very important.