

Epic Go-Live a Success

At midnight on Wednesday, March 1, 2023, WVU Medicine Princeton Community Hospital flipped the switch to usher in a new era in patient care. After nearly a year of preparation and hard work, the go-live event for **Epic Systems** had finally arrived.

Epic is the industry-leader in electronic medical records (EMR). Along with an improved quality of patient care, the benefits of Epic include having one integrated medical record across all WVU Health System operations and the MyWVUChart patient portal, which allows patients to have in-depth, convenient access to their medical records.

Hospital associates from across the disciplines devoted countless hours to welcoming and implementing Epic. Hundreds of WVU Medicine

Epic Team members and consultants supported this huge undertaking as well by offering instruction prior to going live and by being stationed on-site for go-live day through March 14. Epic was launched at the PCH Princeton Campus, the PCH Bluefield Campus, The Behavioral Health Pavilion of the Virginias, and Mercer Medical Group clinics.

PCH President and CEO Karen Bowling considers the go-live a success and applauds the efforts of all involved. "We had an outstanding team here at PCH. Our team did a fantastic job."





“It’s being deemed a very successful go-live from the team’s perspective and my perspective,” she said.

She attributes the project’s success to preparation and training, and to the fact that PCH employees were “excited and enthused about learning the new system.” She gives “credit to leadership, managers, and credit to each and every employee.”

She says the Credentialed Trainers and Super Users at PCH did “an outstanding job. Our boots on the ground...was a key factor in our success.”

“It’s important to note that the Epic Team members from all across the hospital system are so complimentary of the staff here at PCH...how engaged we were, and that all staff were so eager to learn.”

Introducing Epic at PCH isn’t Bowling’s first experience with implementing the technology. The PCH launch is the fourth that she has been involved in having worked with the EMR at three other facilities that she has served. But she emphasizes, PCH outclasses these others.

“We were clearly a shining star in the process,” she says. “Our team was better prepared, excited, and enthused about learning the new system.”

Looking at how Epic improves patient care, Bowling says, “One of the biggest benefits to patients is using the MyWVUChart.”

With the online patient portal, patients can manage and schedule appointments, refill prescriptions, view test results, communicate with their care team, and pay their bills. “Once you have MyWVUChart, you can access your information, but you don’t have access without going through the portal,” Bowling emphasized. She encourages PCH patients and employees to download the MyWVUChart mobile app and start using the technology if they haven’t already done so.



Bowling explains why converting to Epic is a good move for PCH patients, the hospital’s care team members, and the community. “It’s good for the hospital from the health system’s perspective because there are so many advantages to Epic. It’s efficient for our own employees. There’s ease of access of information for patients.”

She points out that with Epic, communication is faster and response time quicker for care team members as they care for patients. “It’s all about how we make the patient the center of care. Communication helps and Epic helps with communication,” she says.



Epic lends itself to consultations, she explains, and telemedicine is very positive for this community. For instance, a patient’s primary care physician can follow in real time the care being provided to their patient at the hospital or with a specialist thanks to Epic being through the whole WVU Medicine system.

Nicole Golden, senior IT project manager for WVU Medicine, led the Epic implementation at PCH. Golden echoes President Bowling’s praise for the PCH go-live. Her review is impressive considering she and many of her team have been involved in numerous go-live events.

“It was overwhelmingly positive,” she says. “One of our most successful go-lives that we’ve had. To many it was a non-event and absolutely a success. That’s a direct result of the leadership of the team here at Princeton.”

CLINICAL APPLICATIONS

PCH Vice President of Patient Care Services and Chief Nursing Officer Tim Anderson also considers the go-live successful.

Anderson served as the lead for the clinical applications for nursing and he discusses how the medical staff utilizes Epic on a day-to-day basis in caring for patients.

“Everything that they do is documented,” he says. This ranges from the measurements they take, the treatments they administer, or the education they provide the patient. “All of our equipment for EKGs, telemetry, vital signs, Epic automatically sends to the chart.”

“Now with Epic, you are seeing every step of the patient’s journey,” he says. “It brings the whole picture of the patient to one chart.”

Anderson says that the ability to take photographs of a wound or a rash and “drop it directly into the chart” aids the staff in diagnosis and treatment.

Like President Bowling, Anderson has had experience with Epic and go-live events from working at other facilities. The implementation at PCH is his third.

“From my experience, this has been the team that has been the most receptive to change.” He also compliments the “excitement level” of PCH staff. “This team has really embraced it and adapted really well.”

With the initial training and the go-live behind them, Anderson says now PCH employees will be focusing on optimizing the technology.

COMMAND CENTER

For two weeks following the Epic go-live on March 1, at-the-elbow support and round-the-clock, on-site support was available for the system’s PCH users. An impressive Command Center, located on the 3rd floor of the Parkview Center, served as the hub for resolving issues and concerns that the new PCH users encountered.

The scene in Room 1 of the Command Center the morning of go-live conjured up images of NASA’s Mission Control Center.

Workstations – 25 or so of them – sat in rows across the room and lined the walls. Support staff wearing headsets concentrated on their computer monitors and laptops. Their conversations were a buzz of voices as they worked on the tickets assigned to them based on their specialty which included ASAP (emergency department), Beaker (labs and pathology), and Orders and Clin Doc (documents, correspondence, physician noting, etc.) A large monitor at the front of the room provided a running list of tickets and their status.

Next door in Room 2, the number of computer stations was reduced to a dozen or more, but the intensity of the effort remained. IT Supervisor Bill Manley, RN, part of the WVU Medicine Morgantown delegation, sat near the front of the room handling tickets for OPTime which includes Perioperative and EPIC Surgical Services. “We all maintain our section of Epic,” he explained. He added that the system is “huge, so integrated.”



Other stations in Room 2 were devoted to ADT, Cadence (scheduling), Willow (pharmacy), Cupid (heart) and other areas.

By Wednesday, March 8, the buzz of the tech team members addressing tickets had diminished considerably in the Command Center with fewer and fewer tickets that needed to be resolved. Golden said this was expected and support staff would be pulled away as the days went by.

A daily debrief session was held each day at 3 p.m. on the 4th floor of the Parkview Center to discuss the challenges and successes of the day. President Bowling expressed her optimism with the group of hospital officials, support staff, clinicians, and others gathered for the Thursday, March 2, session.

“I think everything is going to go well,” she said. She remarked that day two had been “a very, very positive day. I’m very excited about the opportunity for us, what the system can do for us. Thanks to all of you for your hard work,” she said acknowledging staff, leadership, and the remote team around the state.

Golden shared the President’s enthusiasm noting the “fantastic job by all.”

The opening remarks by leadership were followed by a round robin for the various Epic sections to report on tickets resolved and other accomplishments and issues they had encountered.

Positive comments included “getting confident, smooth sailing, and great job.” “It’s been a good day,” one team member reported.

SOUTHERN HOSPITALITY

From the friendly hospital employees to the lady driving their shuttle bus to the fellow diners in the restaurants they visited, the Epic team members from out-of-town were impressed with the hospitality that was shown them during their stay in the area.

The team included not only WVU Medicine associates from Morgantown, but consultants and others from across the country. For instance, at-the-elbow support at the clinic in Bluewell was offered by IT team members from Texas and Tennessee. Tim Anderson added California, Mississippi, and New York City to the list of states represented during the go-live. He said these out-of-staters were impressed with how the locals “smiled and made eye contact” and were “so nice and open to change,” what he calls “part of our Southern culture.”

Golden added her praise saying how “sweet and friendly” staff members and people in the community were to their visitors.

The population of Princeton temporarily increased during the first half of March thanks to the hundreds of Epic Team members and consultants here for the go-live event and follow-up support. The logistics of feeding, transporting, and housing this temporary influx of



people to the city and the hospital was delegated to a PCH planning team. Crystal Mabe, director of WVU PCH Executive Services and Foundation, explains that the team had planned for several months on logistics and arrangements such as “how much food we need, where we are putting them.”

It's interesting to note that more than 425 separate hotel room reservations were made for those staying in Princeton to support go-live. “We maxed out four of your hotels,” Golden said.

Shuttle service for the visiting staff was provided by the Princeton Health & Fitness Center and Bluefield Area Transit.

Nutrition Services played a key role in the Epic go-live by keeping the teams fed. Meals included a “grab-and-go breakfast” and lunch in the Parkview Center Atrium. Mabe and other staff members volunteered to serve the IT crew their lunch. Pizza, snacks, bowls of candy, and special goodies for the “midnight crew” were also on the menu. Visiting team members enjoyed dinner on their own with some, according to Golden, traveling to Bluefield to check out a popular restaurant there.

ENTHUSIASM AND AWARENESS

PCH adopted the theme “We’re going on an Epic Adventure!” to build enthusiasm and awareness for the transition to Epic. Care team members bid bon voyage to the previous EMR system, Meditech Expanse, and hello to Epic with special activities, T-shirts, and banners at the various facilities. On go-live day employees throughout the hospital sported blue Epic T-shirts as they went about their jobs.

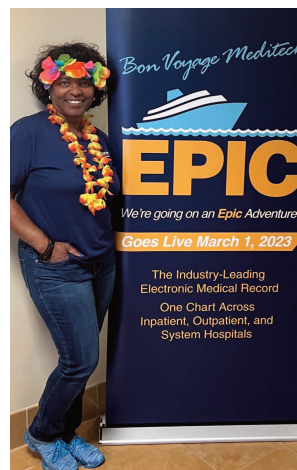
Care team members also enjoyed taking photos in front of theme-related backdrops. In a show of comradery, the Epic IT Team – composed of PCH and visiting staff – posed together in front of one of the backdrops in the Parkview Center as Golden snapped their photo.



Medical Staff Coordinator Cindy Weber shared her talents in a special way with the Epic support team. Weber is known across the PCH community for the delightful cookies she bakes and decorates through her business Cindy’s Cookie Creations. As a way to say thank you to team members who assisted in her area, she baked Epic-inspired cookies for them to enjoy while they were in Princeton for go-live.

“We have been working with an Epic team since June to coordinate Epic training for our physicians and mid-level providers,” Weber explains. “During our weekly meetings, the subject of my ‘side hustle’ came up from time to time, and I told them I would bring them some cookies when they were on-site. The Epic cruise ship was a fun cookie to decorate,” Weber said.

During their Healthcare HR Week observance, PCH Human Resources hosted Bon Voyage Meditech parties for employees. Food, games, and festive decorations were part of the fun.



Afzal Ahmed, MD, Retires After 41 Years of Dedicated Service

Dr. Afzal Ahmed has provided outstanding service in diagnostic radiology and nuclear medicine at Princeton Community Hospital and in private practice with Professional Imaging. After more than 40 years at the hospital, he retired on March 31, 2023. Dr. Ahmed recently sat for an interview to discuss his lengthy and distinguished career.

Where are you from originally?

Dr. A. Ahmed: Originally, I am from India, but I came to Princeton from New York City. I did my residency in New York, then stayed for five years in a teaching hospital to improve my radiology practice before coming here.

Why did you pursue a career in medicine and why did you choose radiology as a specialty?

AA: I thought it was the best field in which to serve humanity – people who are hurting and in pain. Unfortunately, or fortunately, I wanted to be an eye specialist, but there were no spots open for residency at the time, so I thought the next best specialty was radiology.

Where did you receive your medical training?

AA: I earned a bachelor of medicine, bachelor of surgery (MBBS) degree from Osmania University in Hyderabad, India. My internship was at Mount Vernon Hospital in New York and my residency was in the Bronx VA Medical Center. I stayed there for five years as an attending radiologist from 1977 to 1982.

What drew you to Princeton and this area?

AA: A friend of mine was practicing here and I was looking to move out of New York City because there was a great deal of mayhem at the time. Every evening there would be at least two murders reported on the local news. I had two kids, two and three years old. I thought it was not the best environment for them to grow up in, and I felt we should move to a more peaceful place. That's how I ended up here.

Were you also in private practice?

AA: From 1982 to 2019, we had our own practice called *Professional Imaging*. We had nine partners that provided service at Princeton Community Hospital and Bluefield Regional Medical Center.



Afzal Ahmed, MD

What has it meant to you to be able to provide care to patients in this area, and especially at Princeton Community Hospital?

AA: There was a lot of need for physicians to provide care for the many sick patients here. More so now than before since we have become more of a retirement community with older folks with multi-system diseases and a prevalence of cancer. It was beneficial for me to be here and to provide care.

What are some of the rewards you have experienced being in medicine?

AA: In general, medicine has improved, especially the field of diagnostic radiology, as we can now diagnose conditions earlier and help the clinicians take better care of their patients.



Dr. Ahmed in 1983.

What makes Princeton and Princeton Community Hospital special?

AA: When we first came here, there was a lot of competition between the Princeton and Bluefield hospitals. Now this is the only hospital. It is essential that WVU Medicine PCH survive and improve in order to provide care for the patients in the area. There is no other hospital of this size within a 50-mile radius.

What are some of the most significant changes you have witnessed in radiology during your career?

AA: Radiology was mostly X-ray. That's what the departments were called, X-ray departments. Many different imaging modalities have come into radiology that aren't part of X-ray. Mr. Godfrey Hounsfield was awarded the Nobel Prize in 1979 for discovering the CT-Scan. Then we had the development of ultrasound, and then MRI, screening mammograms, and PET scans. One in seven to eight females have incidence of breast cancer, so it has significantly changed mammography.

Over the years, we have performed Xeromammography, then advanced to film/screen, then to digital. We now use state-of-the-art digital with Tomosynthesis, which has really improved imaging of the breast.

How have these advances improved medicine for patients?

AA: There's a definite improvement in mammography, in early detection, and in taking care of patients to prolong life. In some cases, treatment may lead to a total cure.



Dr. Ahmed with the Discovery CT scanner.

When I first started in 1982, we performed approximately 40,000 examinations annually. Now we're doing almost 120,000 exams each year. The technology has grown significantly so that I can provide a more precise diagnosis and help my clinician colleagues better manage patient care.

Initially, the majority of what we did were plain films. Then we started using CT, special procedures, MRIs, and more detailed sonograms. Many new things have come into radiology, but it all started with X-rays a long, long time ago.

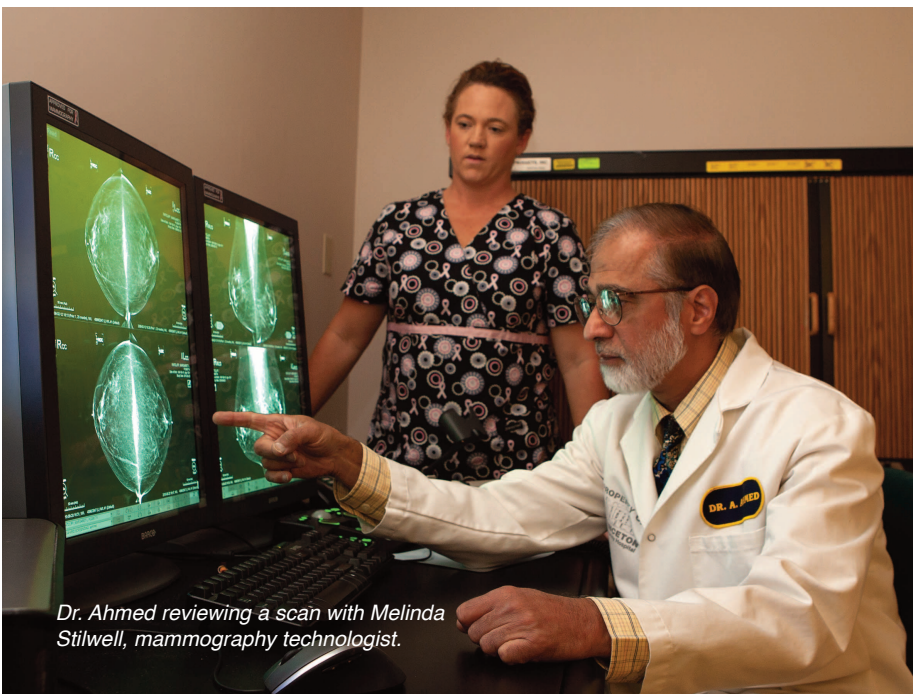
Are there any awards, honors, or leadership roles here at the hospital you would like to mention?

AA: I have been in the MEC (Medical Executive Committee) for the last 35 years, and the Department Chairman elected by my peers.

In my final year of residency, there was a quiz session for all medical residents of New York City, part of New Jersey, and Connecticut. I won the award for best quiz. I still have the \$100 check that was given to me. My professor said, 'You're screwing up my books. Why don't you cash the check?' I said, 'No, I do not want to cash the check, I want to keep it.' I still have the check.

Do you live in Princeton?

AA: Yes, I live in Princeton within five minutes of the hospital. I always wanted to be close to the hospital because many years ago we had to



Dr. Ahmed reviewing a scan with Melinda Stilwell, mammography technologist.

take call for weeks together. At that time, we had no choice but to live close to the hospital, which always came in handy. I still live within five minutes from the hospital because I like it that way.

Do you have family you would like to mention?

AA: My wife Asma, three children, and four grandchildren. I have my home across the street from my son who has three kids. I have two boys and one girl, and they all graduated from Princeton High School and WVU.

One son is in Pain Management and one is a hospitalist. My daughter is a PA.

What are your plans for retirement?

AA: I worked continuously for 50 years. I'm certified to do some pneumoconiosis examinations which I'll do just

to keep myself busy for a little while. Then I will play with the grandchildren and help take care of them.

Retirement is a big change for anyone but for someone in medicine who is accustomed to the pace and demands of the profession, it will be a significant change.

AA: Since January of last year, I went part time just to get used to what it will be like. I'm somewhat mentally prepared to retire now. I know I'll slow down and have other interests.

We are thankful for Dr. Ahmed and his dedicated service to this hospital and the patients of the area. We appreciate his commitment to medicine and to the field of radiology. He is wished all the best in retirement.



Photos from Dr. Ahmed's retirement reception held March 28, 2023, in the Parkview Center atrium.



Marlene Martin, RN, BSN, Set to Retire in May

Marlene Martin, RN, BSN, is retiring in May after devoting her entire nursing career, nearly 46 years, in service to Princeton Community Hospital. She sat down recently to discuss her years at PCH.

Where did you grow up?

Marlene Martin: I grew up in Landgraft, West Virginia, in McDowell County, where I attended Northfork High School.



Marlene in 1977.

Where did you study nursing?

MM: I earned an associate degree in nursing at Bluefield State University and a BSN degree at West Virginia University.

When did you join PCH?

MM: I came to Princeton Community Hospital in 1977, first as staff nurse on 2-West, then later as a charge nurse on that floor, which was a post-op surgical unit at the time.

What departments have you worked in over the years?

MM: In 1983, I became head nurse on 4-West, then a 52-medical bed unit. That was my first management role. The 52-bed unit was too large, so it was divided into 4-South and 4-North with separate staff for each unit.

We also developed the first observation unit beds on this floor when the Diagnosis-Related Group (DRG) came for reimbursement. We had two wards, one dedicated to male observation beds and the other for female observation patients. Four-East was the psych unit at the time and required expansion. In June 1991, the units switched and the medical unit was then on 4-East. We still had the observation patients and utilized two rooms for males, and turned a ward into the female observation unit. We had a small satellite nurses station in the room with the female patients.

In the early 90s, the hospital had plans to develop a skilled nursing unit and I helped with the planning of that unit and the transition of the staff. Four-East became the Princeton Special Care Services (PSCS) unit with separate staff and administrator. Karen Stahlman, still a close friend of mine with whom I stay in touch, was the administrator.



Marlene Martin, RN, BSN

In July 1992, I moved to 2-West as the patient care coordinator. Restructuring of the units occurred in May 1997, and I was assigned nurse manager of 3-West orthopedics and 3-East pediatrics. I also assisted with the development of the central telemetry cockpit for the med-surg units in 2012.

In 2015, I was assigned the directorship of 3-West orthopedics and 3-South progressive care unit. The orthopedic program adopted a national best practice model developed by Stryker, and in September 2017, the 3-West and 3-South units were switched for the new program. The new Orthopedic Center needed private rooms and additional space for the group PT area.



1985: Marlene was arrested, handcuffed, and carted off to jail for a Mercer County American Cancer Society fundraiser.



National Pediatric Nurses Week • October 2013. From left, Marlene Martin, RN; Rachel Blankenship, Nursing Assistant/Unit Secretary; Amy Dunn, RN; Lindsey Howell, LPN; Missy Boggess, RN; and Amanda Minton, LPN.

I worked closely with Dr. Philip Branson, Rose Morgan, the orthopedic staff, and Stryker to develop and implement the new program that achieved DNV-GL certification in 2018. Our hospital was the first in the state to receive this Center of Excellence certification for total joint replacement.

Until January 2022, when a dedicated 7:00 a.m. to 3:00 p.m. supervisor position was created, I rotated with other nurse managers to cover day shift.

What memorable events/ changes have you witnessed during your tenure?

MM: Well, in 1985, the 4-West staff had me arrested and jailed for a Mercer County American Cancer Society fundraiser! Princeton police officers placed me in handcuffs, escorted me out of the building, put me in the police car, and took me to 'jail' at Andy Clark Ford. Fortunately, the staff came up with the bail money, so I got out of jail free!



Nurse Executive Gala in Charleston, W.Va. From left, Janet Shrewsbury, Marlene Martin, Khristy Shrewsbury, Kim Poe, Sandy Counts, Tina Heard, Joetta Dotson, and Linda Spangler.

The blizzard of 1993, the flood of 1994, the cyberattack 2017, the COVID-19 pandemic of 2020-23, and the transition to WVU Medicine and Epic this year were all significant, life-changing events.

The worst event was the tragic death of my son Eric in a car accident in 2017. It was through the encouragement of colleagues and staff that I was able to return to work. I received so much support from my hospital family. That is what helped me endure this journey of grief. Staff will never know how much their love and support helped, and continues to help me, as there are no words to describe this loss.

Are there certain individuals that had a positive or significant impact during your career?

MM: I have worked with so many wonderful people during my 45½ years. Mildred Weston was my first head nurse. Norma Luciano was my first director of nursing and Margie Belcher was the assistant director. I worked closely with Dr. James Powers, Dr. Dad Duremdes, and Dr. Laeeq Ahmed, and, as a new nurse, I learned so much from them.

Dinah Magyar and Tina Heard were two other great colleagues and friends. The three of us became close friends as we were all young nurses and new managers. We experienced growing pains as we learned our new roles and became a team that supported one another. Dinah passed away in 2007, and she is still missed.

Joetta Dotson and Rose Morgan were great mentors. I have worked closely through the years with Kim Poe and Khristy Shrewsbury with all the changes and challenges. My staff have truly been the best, too! Kathy Dooley, Stephanie Atkins, Helena Griffith on 3-South, and Debbie Jennelle on 3-West have all been wonderful. There are so many great nurses that I cannot name them all, but Brenda Stubbs and Donna Bowling were also significant in my career here. Also, I will miss my close friends, Janet Shrewsbury and Sandy Counts, both retired now. We had many work-related lunches together as we supported each other in work and personal matters. CEOs Bill Sheppard and Wayne Griffith both had an impact on my career through the years.

What has been your favorite role at PCH?

MM: Working closely with patients and guiding staff to deliver outstanding care. 'Thank you's' from patients and families always bring a smile. Our staff truly care about the patients, the hospital, and our community.

What is your retirement date?

MM: May 5, 2023

What are your interests/hobbies outside of work?

MM: I love traveling, shopping, music and dancing, and attending WVU football games.

What are your plans for retirement?

MM: First, I plan to relax. My daughter Jessica and her husband Nik live in Santa Fe, New Mexico, so I plan to visit them. Other upcoming trips will include Niagara Falls, Martha's Vineyard, and return trips to Nashville and Key West (two of my favorite places to visit). Some days will simply be devoted to watching old movies on the Turner Classic channel in my pajamas!



2017: The grand opening of the Orthopedic Center. From left, Orthopedic Care Coordinator Helena Griffith; Karen Surface, LPN; Beth Rider, RN; Dr. Philip Branson; Kathy Dooley, RN; Nurse Manager Marlene Martin; and Monica Robb, CNA.



2015: Nurse managers dancing at a management staff meeting that was, in fact, a surprise retirement party for CEO Wayne Griffith.

The nurse managers broke all the rules on Mr. Griffith's last day. They wore jeans, dangly earrings, tattoos, body piercings, and the wrong color t-shirt.



From left, Janet Shrewsbury, Kim Poe, Khristy Shrewsbury, Wayne Griffith, Marlene Martin, Sandy Counts, and Lee Morelock.