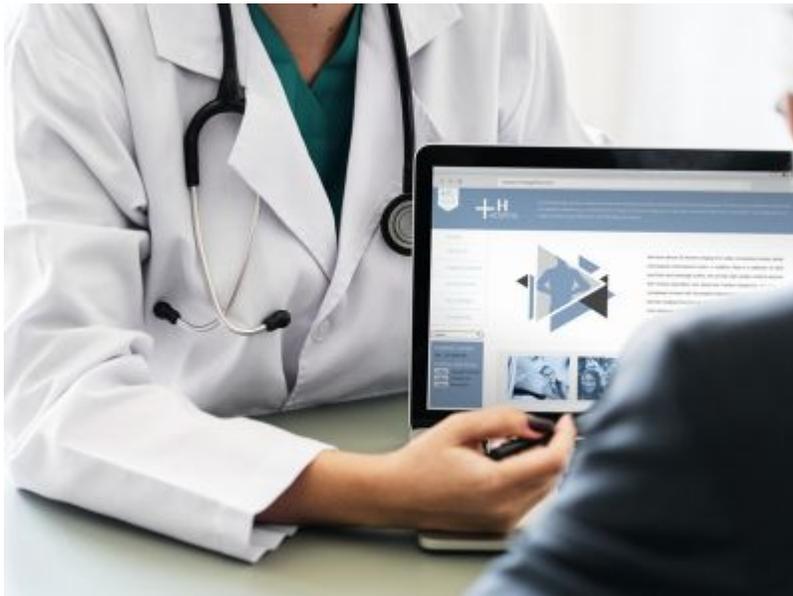


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# Scaling IT infrastructure during the coronavirus outbreak — key insights from Providence CIO B.J. Moore: Renton, Wash. -based Providence began treating patients with the coronavirus in January and quickly built an infrastructure around treating patients affected by the pandemic.

*Laura Dyrda*

4-5 minutes



Renton, Wash.-based Providence began treating patients with the coronavirus in January and quickly built an infrastructure around treating patients affected by the pandemic.

Now, two months into the spread across the U.S., many other hospitals must now engage in similar response efforts. B.J. Moore, executive vice president and CIO of Providence, led the system's efforts to build out the IT infrastructure to support an influx of telehealth visits, EHR tools and virtual team tools needed to communicate and treat patients during the pandemic.

Here, Mr. Moore outlines how the system was able to rapidly scale its IT infrastructure and the key lessons learned during the process.

**Question: How are you scaling your IT systems during the coronavirus outbreak?**

**BJ Moore:** We are starting to see the benefits of the progress we have made standardizing our systems and tools, moving to the cloud and simplifying the environment. Having most locations on the same instance of Epic, for example, has been critical in helping us drive rapid response to changing needs. Having Office 365 and Teams rolled out to the majority of our caregivers has also made a big difference in our ability to maintain productivity. This together with improvements in network capacity and VPN are allowing us to enable work from home for a broad range of non-clinical users.

**Q: What is the biggest challenge in IT as the health system seeks to pivot and expand capacity for patients with**

## **COVID-19?**

**BM:** Some of the biggest challenges have to do with coordination of the response across a large number of stakeholders and teams. Other challenges include striking a balance between directing all the necessary resources to the situation at hand while maintaining focus on critical longer term projects and operations as well as managing rapid change and the impact on people, driving fast delivery of new capabilities and capacity while avoiding caregiver burnout.

**Q: What technology or capabilities are you finding you need more of during the outbreak?**

**BM:** Reliable network infrastructure, collaboration tools that enable remote work, clinical application environments that allow us to support rapidly changing needs and new scenarios. As an example, we have been using iPads to allow isolated patients to maintain communication with their friends and families. This is a relatively simple solution with very significant impact in patient experience.

**Q: What lessons learned do you have for other leaders who are just beginning to respond to the coronavirus in their communities?**

**BM:** It is important to have strong leaders engaged across the board driving very intense coordination. In this kind of situation, it is very easy to have many well intentioned efforts at odds with each other which can result in waste of time and resources. It's important to have well-functioning command and control structures to manage the response. Also, having to enable

business processes and roles that are traditionally performed at the office setting versus home has provided valuable insights for our device strategies, for example using laptops instead of desktops, and other key capabilities going forward.

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