

Health Information Compliance Alert

EHR Q&A: 5 Essentials Pave The Way To Successful EHR Implementation

Eliminate 'guerilla' groups with good PR and lasso in CEO as chief spokesperson.

The American Recovery and Reinvestment Act's imperative that you change the way you do business is no easy feat -- luckily **Eli**'s health information industry experts can answer your most pressing electronic health record questions.

Question: I am a practice manager and the CEO has put me in charge of our EHR implementation. Where I can look for some tips on getting this right the first time?

Answer: The number one obstacle to EHR implementations is not achieving consistent staff buy-in, shared **Patricia Wise, RN, MS, MA, FHIMSS**, Colonel, USA Ret'd and VP of Healthcare Information Systems for the Healthcare Information and Management Systems Society (HIMSS), at the HIMSS annual conference in Chicago.

Use these strategies to bring staff on board and smooth the EHR transition, offers Wise:

#1: Don't compromise on CEO's presence: The CEO's visible participation and support is crucial to securing staff buy in. Unless the CEO draws a line in the sand and says 'you must use this system,' the organization will not get very far, Wise stated. You also need a steering committee that holds weekly meetings and the CEO must participate. Sometimes a CEO drifts away after the first few weeks -- and that's when you start to derail. Impress upon your CEO that her presence helps you move forward, Wise advised.

#2: Insist on standardized data entry: You must standardize how you are using your data fields. Structure them so they are useful to your practitioners and keep in mind what kind of outcome reports you will want to derive from the system. You must go through this process before implementation, not after the fact, said Wise. Leaving loopholes gives clinical staff an opportunity to find a workaround, which will stall your transition efforts.

#3: Provide frequent staff updates: Absence of information undeniably hurts your organization's ability to move forward and gives rise to "underground guerilla groups," Wise emphasized. To dispel potential mutiny, provide all staff members repeatedly with information regarding the selected system, the implementation calendar, anticipated challenges, and plans to surmount those challenges, Wise tells **Eli**. Address any issues openly and with candor. Solicit staff's input on ways to be successful. Visual reminders can also be effective: Use motivational posters (hand-made ones are fine), newsletters, intranet announcements and weekly meetings help spread the word and keep staff positive.

#4: Consider a test run: Before you go live, try a "dress rehearsal," as North Fulton Family Medicine in Cummings, Ga. did immediately prior to their implementation, Wise said. The physicians and the nurses switched roles; the doctors sat in the front office entering information and the nursing staff saw "patients" and entered their notes. In doing this, the practice helped each clinician understand the challenges that other clinicians faced. The dry run also helped to figure out methodologies for processes they hadn't thought of -- such as how to visually cue the doctor that the patient was ready for him in the absence of a paper chart in a holder, adds Wise. The North Fulton practice decided to implement a light system over the door.

#5: Remember the patients: Don't forget to keep patients informed as well. It's a good idea to contact the patients that you will see during a transition to explain what's going on. Doing so helps avert complaints or unhappiness with the system, Wise concluded.

