

Health Information Compliance Alert

STRATEGIES: Bridge the IT-Clinician Gap with 3 Field-Tested Tactics

Tip: Give clinicians a chance to express their needs and challenges.

You can spend stimulus cash on a shiny new information technology system but it'll be money down the drain if you don't bring your staff on board.

Glide over implementation speed bumps by engaging staff in the process and head off resistance to change.

Avoid this Across all sectors, 40 percent of IT projects fail or are abandoned, related **Linda Reed, RN, MBA**, VP/CIO of Atlantic Health in Morris Plains, N.J., at the April Healthcare Information and Management Systems Society (HIMSS) conference in Chicago. Often, failure stems from an inadequate project management process or improper alignment with the organization's culture.

Beat the statistics with these three strategies for bringing IT, vendors, and staff closer together.

1. Gauge Staff's Readiness

Assessing staff's readiness to transition to a new technology is really a "code word" for gauging resistance, said Reed.

Atlantic Health's consultants assessed both social and technical components of readiness for its computerized physician order entry (CPOE), said Reed, including:

- employees' awareness of the CPOE project,
- staff's perception of past implementation projects,
- " how much each group valued the initiative,
- any anger certain groups felt toward other hospital groups, and
- any physical impediments, such as inexperience with or inability to use computers.

Idea: Create a forum for clinicians to speak freely without having to debate issues with IT personnel or vendors. Atlantic Health created a "clinical excellence team," which helped inform its CPOE efforts, Reed tells **Eli**. During these meetings, clinicians discussed their perspectives on how the new system would impact clinical practice.

These forums, which a physician leader moderated, provided useful insight into how the technology would need to function in everyday use, Reed says.

2. Give Clinicians a Voice -- and a Choice

Oftentimes, upgrades that enhance care and cut costs breed new sets of problems, particularly at the outset.

Watch out: Introducing a new technology can create new work for some employees and redistribute work for others, complicate the workflow, slow clinician execution, and strain schedules and budgets.

What to do: Show employees that you understand their challenges and are willing to work with them to achieve common goals.

Example: When Atlantic Health worked on implementing barcode medication administration a few years ago, users

asked to push back the timeline when it was approaching the roll-out stage, says Reed. Instead of moving forward with the pre-determined plan, leaders were receptive to clinicians' challenges and asked the users to propose a new timeline. Ultimately, the project rolled out successfully on the clinicians' altered timeline, says Reed.

Another way Atlantic Health stays in touch with users is through "road map sessions." The meetings occur annually for the purpose of top leaders, IT personnel, and clinicians understanding each others' needs and goals.

Details: In these meetings, participants cover "what's working and what's not working," as well as each party's objectives for the next six months, Reed explains. The benefit: You understand what's coming down the pike from the clinicians' perspective, and clinicians have a better understanding of business needs. This helps to eliminate any planning snafus, such as planning an implementation in the midst of a training or audit.

3. Let Clinicians Drive Process Redesign

Don't let IT staff or vendors think that they have satisfied the requirement of soliciting clinicians' feedback once the project rolls out.

An implementation "is won or lost in how the process is redesigned," says **William Bria, MD**, chief medical information officer at Shriners Hospitals for Children in Tampa, Fla. and president of the Association of Medical Directors of Information Systems (AMDIS). Only about 10 percent of a project's success depends on the technology itself, continues Bria, while 90 percent depends on understanding how people are using the processes.

Seek a 360-degree view: Since it's unlikely that you will be able to apply the same processes, enhancements, or patches to different specialty areas, you must obtain an intimate knowledge of workflows from the clinical leads in each department or service area, Bria says. If you skip this step, you may end up with staff resistance or worse -- the technology creating unexpected or untoward effects, he warns.

Takeaway: To cultivate an organizational culture that is open to change, bring staff into the loop early, let them air their grievances, and feed their input into process redesigns.