

Top 10 Factors for Successful EHR Implementation

By mmerrill, Created 11/23/2010

Right people, right processes, right change management and right technology – these are the "four buckets" that one expert says her list of top 10 internal factors for implementing an EHR fall into. Without all the components, she says, it is very difficult for organizations to succeed.

Karen Fuller is a principal with Falls Church, Va.-based CSC's Health Delivery Group and is a critical care nurse with more than 35 years of experience in healthcare and information technology. She shared with *Healthcare IT News* her top 10 list, which she says has been generated from her own experiences and those of her clients:

1. Right Leadership

- Top-level leadership unwaveringly committed to make this an organization priority.
- Clinical and operational executives accountable for success are visible and present to demonstrate solid commitment.

Fuller says when an organization is considering a technology change, it should take a top-down approach. It should, for example, start with the hospital's board, but should include all the members of an organization. "They have to understand that it is an organizational priority," she said, and that it is a "transition for the entire organization."

2. Shared Vision

- A shared vision is understood and embraced by the organization.
- Patient safety is at the forefront.
- Goals and benefits are clearly defined, meaningful and measurable.
- Organization knows what success looks like and how to achieve it.

Fuller recommends organizations hold their own "vision sessions" where key stakeholders come together to talk about how they envision the technology can improve patient safety and care.

3. Right Culture

- Organization prepares, supports and sustains people through effective change management for a culture of change.

"You have to provide the right resources in terms of equipment, technology, education and training. This is a huge undertaking," Fuller said, but "this journey of change prepares them for other changes in the future."

- Up-front planning identifies potential roadblocks, areas of resistance and facilitates embracing change.

"Resistance comes from degree of change this requires," she says. There is also resistance from clinicians who believe this technology is not here to stay, and there has to be a commitment to learning the new technology. "It takes time to learn to use them [the technologies] efficiently and receive the benefits," added Fuller.

4. Governance

- Efficient, clear decision-making structures are in place.

5. Physicians, nurses and key stakeholders are engaged early and accountable to lead the clinical transformation

- Clinicians lead, design and champion new workflow supported by enabled technology.
- Clinicians work in synch with IT department to translate technology requirements.

6. Resources

- Adequate finances, technical infrastructure, and resources are committed for the long haul – this is a journey not a destination.
- Clinicians supported with dedicated time to participate in planning, workflow redesign and ongoing education.

7. Clinical Content Standardization

- Orders management, clinical documentation and clinical decision support development standardized.
- Decisions based on best practices and evidence-based medicine.

"Standardization is a goal that most organizations are trying to achieve, but it is a tough one, particularly if you have many organizations," Fuller says. She recommends bringing together different constituencies, and looking at what they have for standards and then evaluating them against best practice and evidence-based medicine. A good starting point, she says, is using a third party vendor tool, which already has a lot of content.

8. Realistic Time Lines and Expectations

- Maintains momentum and enthusiasm.
- Prevents scope creep and manages expectations.
- Pace moves to foster success.

9. Effective Training and Communication Plan

- Targets right group, with right message, at the right time.
- Provides "just in time" mandatory role-based scenario training for provisioning.

"Just in time training or JIT is training close enough to go live that clinicians don't forget it," said Fuller. In other words, "use it so they don't lose it." She says this requires more than just training of functionality of the system, it needs to relate to the role that we [clinicians] have, in order to make it meaningful." The training for docs may be different than for nurses she said. "The content has to fit the type of role they perform in patient care," Fuller added.

- Follow-up incremental training provided after "go live" with good feedback mechanisms.

10. Right Vendor Partnership Relationship

- EHR meets Meaningful Use Certification, and functionality supports organization goals and clinician workflow.