EHR Success

= ADOPTION
Today’s webinar is sponsored by HealthPOINT, South Dakota’s Regional Extension Center. Feel free to learn more about HealthPOINT at our site which is www.healthpoint.dsu.edu.
Without any further delay, let’s get to today’s presenter who is Holly Arends. Thanks for coming today, Holly. (No problemo Jeffrey – you da man) Holly is HealthPOINT’s Clinical Manager and oversees our team of Clinical IT specialists. Holly’s diverse background more than qualifies her for today’s topic. Before coming to the SD Regional Extension Center she was the Director of Quality Management at the South Dakota Human Services Center, where she was responsible for health information system, developed and administered facility wide quality improvement program, and conducted workflow redesign projects. Throughout her career she has worked in various aspects of ambulatory private family practice – phlebotomist, office manager, medical records clerk, coder, and receptionist. She is certified as a Registered Health Information Technician by the American Health Information Management Association and has an Associate’s Degree in Applied Science, Health Informatics. Holly was also Director of Quality Management at the South Dakota Human Services Center where she was responsible for health information projects (adoption, implementation, etc.), developed and administered the quality improvement program for the facility, conducted workflow redesign projects, acted as quality advisor to all facility projects. Was also the facility Risk Manager, Privacy Officer, Supervised the Admissions Department, Patient Services, Medical Records Department, and Utilization Review. Holly also worked as a researcher for psychiatric clinical trials and was a professor in the HIT program at a community college.
Today’s topic mentions the many moving pieces within EHR.

This webinar is an overview about planning for EHR success and our future webinars will cover the pieces of this pie so that we can all digest it one slice at a time.
Usually we talk about implementation which is just a small part of what a successful EHR entails.

But as an example, let’s look at the common lawn and what you need to take care of it – a lawn mower.

Purchasing a mower is the start. But just purchasing it and knowing how to use it is a great way to demonstrate implementation. You mow the lawn when it grows and although you may be a straight line person you may switch it up and do diagonals the next time.

Not full adoption but implementation is accomplished.
But when you fully understand the capabilities of that lawnmower and put it to use – then you have adoption.

And so it is with an EHR, when you Meaningful Use and EHR you can achieve what this grounds crew did when they fully adopted their lawnmower into their grounds keeping.

A successful EHR project is about adoption and NOT just implementation.
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Over the course of recent history there have been numerous EHR implementations and multiple failures.

I know that the term failure has a negative connotation but when project expectations and goals are not met then the project is not successful. Let’s define failure = Webster defines it as a lack of success.

When you purchase such a large capital investment there should be an expectation for success for that investment. The biggest failure that has been seen with EHRs is that there is a lack of optimized use of the product. Not bad products. When products are not optimized most frequently the reason is bad planning. When you view the EHR project as the implementation alone then the expectations of quality care, streamlined workflows, etc may not be realized.

So let’s start talking about what makes for a successful EHR adoption. I will be discussing planning for, assessing for, and engaging users for adoption.
Alignment is one of those core factors of success.

Like these dominoes, if your organization and its resources are not properly aligned and of one purpose, some progress will be made but ultimately your efforts will fall short.

Organizational alignment is required to ensure that all stakeholders understand which direction the facility is moving. Key elements in alignment are: Mission/vision, Expectations, Communication, Input, and Champions.

When considering a project, the project must be able to fit within the facility mission/vision. Although some mission and vision statements are those long forgotten statements that hang on the wall in the lobby at some facilities, they must be regarded as the “rudder,” if you will, that steers the facility when decisions are being made.
What is your culture? Some companies, like SWA, are well known for their culture. They’re a team with a mission to improve air travel. There is strong employee involvement in the process. They succeed. Will yours?

When looking at a facility’s culture, some of the factors that are assessed are their ability to access stakeholder input, how they manage conflict, the facilities communication style, and how they conduct planning and project success rate history.

If a culture at a facility is of fear of losing their job if a different perspective is brought to the table in a professional manner, then the facility will run the risk of losing talented people or worse yet stifling a creative thinker.

Allowing people to work to the top of their ability and training is crucial. Allow people to offer ideas, not all of them needs to be acted upon but they must have input into the direction of the facility or there will be a leader without any followers.
We can force people to do things at some levels. But to avoid failure, you need to seek ways to get others to accept and engage with your EHR and its new processes.

Lack of user acceptance is one of the number one causes for failure in this arena. Unfortunately time has not been taken to understand each user and their abilities with technology.

An assessment of a user’s computer proficiency, their computer anxiety level, and development of personal goals for achieving top level efficiencies is required.

These goals can be included in their performance evaluations; this allows the user to track their progress in using the new EHR, and it builds the ownership of the project within the user.

Development of an employee incentive program must be included in the planning as well. This project will be the biggest change and have the greatest impact on people so lack of planning to support them will result in failure.
EHR is a strong clinical tool, so it only makes sense that as you progress you get clinical input. EHR implementation and adoption is NOT an IT project. It’s an organizational project.

No organization can be successful with input from only one aspect. Those that are impacted by any project must be included in the planning.

The Project Team/Manager must identify the stakeholders in the project. Determine their level of impact, level of barrier to change, and then begin discussions to decrease those barriers and open up the lines of communication.

This will also build the ownership of the project. Clinicians are data and quality driven. They may not be included in the Quality planning process in the past but it is their main focus to provide quality care to their patients.

Begin by assessing the data that is collected at the Point Of Care. Ask the Who? What? Where? When? How? Who collects the information? What is collected? Where is it stored? When do they complete that documentation? And How will it look when it is electronic? When you bring the clinical staff to the table to discuss their documentation this is great place to start. It shows that you are beginning to understand their scope of work and that you are listening to their needs.
Planning is the key

The EHR project is about people, processes and technology. All important and all require attention.

Just like our cheesecake – The Project Plan breaks things down into bite-size pieces, assigns work, tracks the goals and objectives, moves the project along, holds it back when required and ultimately responsible for the project. This is no small task and takes a unique individual to accomplish such a feat.

An EHR project should not be heaped on top of an individual that is already wearing several hats. The planning for any EHR project must include identifying which projects will be less of a priority and how will you handle the backlash of downgrading projects due to the EHR project.

Good project managers can walk into any industry and if they know the mission/vision, goals and objectives of a project they can move forward and lead any project.
Our next sub-topic is assessment. Like this furry animal, it’s a smart tactic to always assess your surroundings. How can you know where to go next if you’re not fully aware of what capacities your organization has to move forward?

Assessment requires you to look at the current state of the facility. At HealthPOINT our assessments are based upon the OMOT structure. Organizational Alignment, Management Capacity, Operational Capacity, and Technical Capacity. Through a rating system it identifies areas that need to be addressed immediately and those that can be addressed further along in the project lifecycle.

Assessments should always feed into a roadmap and timeline that has measurable goals and objectives.

So let’s talk about the OMOT structure.
For a successful adoption, is your organization and leadership all on the same page? If one person within leadership has not bought in, the results can be drastic.

As discussed earlier, alignment is key to success.

Project EXPECTATIONS must be communicated from the leadership. It is essential that the leadership has a firm understanding of why the project is important. Able to give reasons why this project is needed. They must be able to outline goals and objectives that must be met so the project can be measured against those expectations. Examples of goals for an EHR adoption project would be – 1) Maintain or improve the Accounts Receivable time. 2) Maintain or improve the number of clean claims. 3) Maintain or decrease the number of denied claims. 4) Decrease the patient check in time. 5) Increase the compliance with the date/stamp requirement on all physician orders. 6) Decrease the number of patient encounters that occur without a patient chart due to lost charts.

COMMUNICATION and the messages that are given to all stakeholders is crucial to success. Leadership must take great time and effort to develop a Communication Plan. Communication Plans are strategic and are developed to ensure the message is uniform but tailored in their delivery to the audience to which it is being presented. This is one of the crucial steps in alignment and one that is not typically financially funded for the duration of the project and is the most critical in Stakeholder Management.
CHAMPIONS and their Input is critical to ensure that those who are impacted by the project are able to give input into the planning process but also be able to develop their ownership of the project. A Champion must be well respected by a cross section of the facility, able to be an opinion leader, accessible to the majority of the stakeholders, able to dedicate time to the project. Physician engagement will be discussed later.
Once leadership has decided on its course, are your managers ready? Do they have the skills needed to change processes? Are they allowed to resort priorities so that EHR comes first? Sometimes Michael from The Office lacks management capacity to complete tasks for success.

Management Capacity assesses the abilities of the managers in their current positions in terms of their knowledge of EHRs, ability to lead, and time to be able to dedicate to this project, and also the staffing needs for such a project.

Managers/Leaders must be able to persuade people in a direction, understand the vision of the project, and have time specifically allocated for the project.
Operational capacity – what current projects can be re-sorted or suspended? Do you have the financial resources?

We all have several projects going on in facilities. From Physical Plant projects to new x-ray equipment being installed so trying to prioritize the EHR project may be difficult.

One of the first steps in the project plan will be to identifying a list of current projects and realigning them in terms of their rank in relation to the EHR project. This will require you to identify the stakeholders in each of those project and you may need to meet with them when/if their project takes a backseat to the EHR project. Building in some expected delays in your project plan may be required.

Another crucial step is making a Stop Doing list. When you make your project plan identify those tasks that the facility wants to stop doing, such as, stop walking over to the clinic to look at the lab results that came in for the day, stop having to unlock medical records to get a chart after hours, stop filling out the cardex in three locations.

Financial capacity is also included in this section and most facilities have IT as a line item in their budgets but some do not. There must be a commitment from the Business Office to develop line items for communication plans, training plans, IT capital asset purchases, etc.
Adopting an EHR means that the tools you plan to use must work. Is your infrastructure prepared for these new processes. How’s your bandwidth? How proficient are your upcoming EHR users on the new software? Again, it’s not just about technology, but about your people and processes.

This is where we can be very concrete in your assessment.

You are looking at what are the capabilities of the current IT infrastructure. Things like computers, printers, physical layout, networking, servers, wireless strength, LAN, WAN, bandwidth, etc.

The ability to adopt an EHR will rely very heavily on its accessibility to the user. If the system is down most days from 3 PM – 4 PM due to change of shift and heavy user sign on then this system will not be adopted because the user cannot rely on it to be available when they need it.

Security and risk analysis is required and must be conducted on a routine basis. Action plans must be established and followed up on.

Planning must include the IT staff to help the rest of us understand the requirements of the software and hardware, what is the reality of your physical location, and how secure will your electronic data be.
Our next sub-topic is User Acceptance/Engagement.

I hear from most all facilities that I visit and conduct assessments – they have all different levels of user acceptance and use. Why is that? Why do some people accept the change and others have a more difficult time?

I have heard people anecdotally say it is an age factor, a professional level factor, or a gender factor. I don’t believe any of those things are the sole reason people don’t show user acceptance of new technology. We believe that the person was not engaged in a way that allowed them to build confidence with the change and then establish their ownership of the change. Engagement is the first step in the users adoption of the EHR so let’s talk about engagement.
When you begin to engage someone you must help them see the common purpose. We can all think of efforts that succeed because everyone understands the purpose behind it. Increased patient outcomes, safety and efficiency are just a few outcomes of a successful EHR adoption. Communicating this and having everyone stand behind your org’s common purpose ensures acceptance and engagement.

Let’s talk about physicians. A recurring theme is the user acceptance levels for physicians is very low.

To find the common purpose for this group you need to understand who they are. They are data collectors, they use that data to diagnose the problem, they utilize the information they have learned to treat the problem, and provide techniques to prevent the problem in the future. They are focused on patient outcomes. How did the medication work, side effects, no side effects, etc.

They also want to decrease wasted time. They want to be able to use their skills to treat as many patients as possible and do it well. They rely on information that is current and collaborative. They want to know their patients holistically. All of their purposes are in alignment with the project goals for an EHR. Capitalize on this fact. Show them how their purpose and focus is in alignment with the project.
goals.

Find the common purpose and you have accomplished the first step and they are on their way to adoption.
Next is values. We each have our own unique values. Find out what is of value to each team mate so you can best learn how to motivate them. Whether it’s bananas or recognition...

Next step is restructure their values or beliefs to include the EHR project. You must Find out what they value. Align it with the project and let them come to the realization that this is something that is within their value system. People come to a realization on their own, even if you have walked with them hand in hand, those that believe it was their own realization are more likely to make a commitment to change.
Once you have established the alignment with their purpose and the project’s purpose, and they have realized that the project is within their value system then you must set goals and objectives so they can then see success.

The goals should be based on the purpose and the values that they have identified.

Make it personal. Make it measurable and tie them to the common purpose of the project.
Within each of us lies the courage to overcome tough times. No doubt, adopting an EHR will be worthwhile but certainly challenging at times.

Provide support to those that are part of the engagement project. You must be able to provide incentives, they don’t have to be financial, but incentives are based upon the common purpose and their value systems.

If you have an employee that values the time he/she gets to spend at their daughter’s soccer games but those games are always played at 3 PM instead of after her work hours. Maybe as one of the incentives to her user adoption goals is that she gets to leave at 3 PM for three soccer games of her choice and not be deducted in pay. BE CREATIVE!
Your organizational style as you adopt an EHR will differ, but leadership and management must be prepared to engage the people, processes and technology and it’s OK to incorporate some fun where appropriate.

You can see from the slide pictures that President Obama understands this concept. Understanding who you are talking to, how they communicate and how to reach them is very important. You can see President Obama knows that a fist bump to a kid is an appropriate greeting and makes the kid feel at ease where a handshake with the child may have made the child feel awkward.

Having fun with your staff is important as well. In the top picture you see the president placing a foot on the scale of one of his aides, while at my house this would cause hysteria and crying, in this setting of friendly competition it is good humor that puts all at ease and lightens the mood.

Don’t be afraid to use your personal style creatively.
That ends our topic of Adoption. I hope you have gained insight into the techniques of planning for, assessing for, and engaging users for adoption.
Today’s Presenter

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And we have additional videos we’re starting to post on additional sites including a video podcast you can subscribe to on iTunes. All of these sites will be included in our show notes, so don’t worry if you missed anything here.

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Have a great day!