

What you *NEED TO KNOW* to successfully implement an EHR...besides money



Quality, Access, Efficiency: EHR Implementation as an Improvement Project

Pre-Selection Questions

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| Leadership | <ul style="list-style-type: none"> • What is our vision for using the EHR? |
| Business Model | <ul style="list-style-type: none"> • How much does it cost?—the whole implementation, not just the hardware and software. • Productivity loss? • How will you finance it? • What are pros and cons of business model options – network, solo, hosted etc. |
| Vendor | <ul style="list-style-type: none"> • What are your criteria for an EHR product? • What are your criteria for the company? – it’s not a vendor, it’s a partnership |
| System Design | <ul style="list-style-type: none"> • What are your current workflows? • Where are opportunities to improve? • What are your visit types by site? |
| IT and Facility Infrastructure | <ul style="list-style-type: none"> • Can current staff and/or vendors handle the project? • What changes do you need to make in your current IT system and facility? • What support will you need? |
| Project Management | <ul style="list-style-type: none"> • Who is going to manage the implementation? |
| Project Timeline | <ul style="list-style-type: none"> • How to plan global timeline and phased implementation? |
| Clinician/Staff Engagement | <ul style="list-style-type: none"> • Who are the champions? What are their ideas? How will we involve them? |
| Data | <ul style="list-style-type: none"> • What data in your current system do you want to keep/ transition to the electronic chart? • How good is the data? • What data do you want out of your EHR? How easy is it to get it? |
| Training | <ul style="list-style-type: none"> • How are you engaging all staff in preparation for EHR? |
| Community Engagement | <ul style="list-style-type: none"> • How will the EHR change coordination of care – among providers and for patients? |
| Improving Quality, Access, Cost | <ul style="list-style-type: none"> • What do you want/need to know about? • What do you want to improve? |
| Reporting | <ul style="list-style-type: none"> • What financial and clinical reports do we need from ECW? |

Prepared by



1180 4th Street, Suite B ❖ Santa Rosa, Ca 95404
(707) 542-RCHC (7242) ❖ FAX (707) 542-4488



What you **NEED TO DO** to successfully implement an EHR

Quality, Access, Efficiency: EHR Implementation as an Improvement Project

Selection to Go-Live Tasks

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| Leadership | <ul style="list-style-type: none"> • Executive team led • Champions identified • Staff engaged, board informed, patients involved • Staff up for project with dedicated resources and expertise |
| Business Model | <ul style="list-style-type: none"> • Plan for disruption in service • Budget for indirect costs • Determine what costs are shared—vehicle for sharing them |
| Vendor | <ul style="list-style-type: none"> • Clarify expectations on product and service • Document custom requirements and project timeline/milestones • Make accountability explicit in the contract |
| System Design | <ul style="list-style-type: none"> • Use product functionalities to improve systems • Panel providers • Document |
| IT and Facility Infrastructure | <ul style="list-style-type: none"> • Interfaces • Ergonomics • Laptop/stationary • Room configuration |
| Project Management | <ul style="list-style-type: none"> • Identify project manager and project teams • List of project teams and major project tasks, and how inter-related • Plan on routine check-in meetings plus scheduled work-time |
| Project Timeline | <ul style="list-style-type: none"> • Sequence: scheduling/registration, then EMR, then billing • “Fixed” times: kick-off— use of production database; training, implementation • “Variable time line” system building, particularly for billing and EMR system building • Consider doing kick-off earlier relative to go-live to have better system build • Consider more intensive work on Template database, to reduce burden to future clinics |
| Clinician/Staff Engagement | <ul style="list-style-type: none"> • All staff engaged in “as-is” workflows • Chart abstraction • Key staff/champions involved in aligning product and site |
| Data | <ul style="list-style-type: none"> • Clean-up of existing data. • Allocate sufficient time for provider chart abstraction. |
| Training | <ul style="list-style-type: none"> • Staff trained in stages –first the champions, then system builders, then super-users • Train concretely – to how the staff will use it at this site. • Requires dedicated training space with equipment and learning-conducive atmosphere |
| Community Engagement | <ul style="list-style-type: none"> • Identify key data trading partners – labs, hospitals, specialists • Develop essential business and clinical agreements and IT interfaces |
| Improving Quality, Access, Cost | <ul style="list-style-type: none"> • Templates reflect standards of care and service • Standardized measures |
| Reporting | <ul style="list-style-type: none"> • Model for capacity—for reporting • Setting up EMR to structure data needed for report • Developing sample reports |