The CEO’s Role in Small and Rural Hospitals’ EMR Implementation

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In 2010, White River Health System (WRHS) received Hospitals and Health Networks “Most Wired–Small and Rural” designation—a much-needed recognition after several years of planning an electronic medical record (EMR) implementation. Implementing an EMR was a critical step that will assist us in better coordination of care and prepare us for other regulatory requirements of the Affordable Care Act (ACA). In addition, the designation encouraged our leadership team to continue the journey through which our facilities, including two hospitals and ten rural health clinics, will become paperless and able to realize the quality and operational benefits envisioned from the beginning of the implementation.

The feature articles resonated with my experience, and I benefited from a self-assessment of my performance during this important and expensive undertaking. M. Michelle Hood rightly emphasizes the key point that “the chief executive officer’s accountability must be clearly and visibly attached to these initiatives’ expected outcomes.”

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What might get delegated in a larger system often remains in the hands of the small or rural CEO, for lack of people to delegate to. As in large and urban hospitals, our CEOs must prioritize organizational, resourcing, and messaging issues surrounding EMR implementation and ensure that the process is consistent with mission and vision statements. The mission at WRHS focuses on safety, efficiency, and quality—three areas in which a properly integrated EMR will be beneficial to any facility. In addition, we have a responsibility to stay the course and require compliance from all clinicians and employees.

**Nuts-and-Bolts Decision-Making**
Choosing the right EMR is a strategic decision with significant, long-term ramifications for healthcare organizations. This decision is complex and requires extensive planning. The field is full of vendors attempting to differentiate their EMR products through a dizzying array of features and functions. Healthcare teams have to assess which features are important and predict which product will live up to expectations, deliver benefits, and aid in organizational success. Accordingly, small and rural healthcare CEOs must play a larger role than their urban counterparts would in the nuts-and-bolts decision making around EMR implementation. The following are some examples of how the CEO should be involved:

- CEOs must be engaged in the recruitment and hiring of a chief information officer (CIO) who has management talent and experience in assuming a project of complexity and significant expense. It is critical that the healthcare organization have confidence in the CIO’s ability to lead the system during what will surely be a turbulent and uncertain initiative. The CIO must possess proven communication skills and be attentive to the staff’s and physicians’ concerns.

- Software vendor selection requires input and agreement from all major stakeholders. Stakeholder buy-in is essential to clinical user acceptance, and the CEO must ensure stakeholder consensus on many complex issues, including long-term vendor stability, affordability, leading-edge versus bleeding-edge technology, and the choice between the quality inherent in best-in-class solutions and the efficiency of a one-vendor solution.

- A realistic implementation schedule must be prepared and monitored. Particularly in the early stages, too much enthusiasm can lead to going live before adequate training and planning are completed. Instead, go slowly, implement the system’s basic capabilities, and gain user confidence and support before proceeding to the next phase.

- A complete and accurate budget must be prepared and monitored. In addition to the obvious costs of acquiring the necessary software and hardware, consider the cost of legal reviews of contracts by attorneys who specialize in the information technology (IT) field; use of consultants who specialize in implementation; and employee training, travel costs, and increased staffing levels during implementation. Early in the process, a policy should be set about whether independent physicians...
will be compensated for time spent on site visits, system development, and training.

- Clinicians and employees must have access to computers and superusers. This cannot be stressed enough. Without readily available computers and knowledgeable resource personnel, clinicians and employees grow frustrated and resist change.

- The CEO must ensure that clinicians and employees receive training and retraining as necessary. In addition, with EMR implementation comes increased standardization of processes; forms will look different, and the appearance and location of documentation and test results will change. Clinicians and employees need a clear understanding of how practice and patient treatment will change.

- CEOs need to balance the use of external consultants who specialize in the EMR implementation process with the benefits from using the system's own employees. Current employees, including nursing staff and other providers, have a more complete understanding of a hospital's unique challenges and can better design an EMR operating system around existing processes that should be retained. In addition, employees will become owners of the EMR and remain at the site long after the implementation has been completed.

- Accurate, planned communication provides all involved with a roadmap of what to do, when to do it, and how it will be accomplished. During the EMR project, the flow of communication will need to span upward, downward, and horizontally. The communication strategy should be well-defined, and responsibility should be clearly assigned.

CEOs should provide monthly status reports to governance during EMR implementation and provide regular updates as needed.

**The Importance of Champions**

The vast majority of the workforce will be affected by the EMR decision, and involving them is imperative. Bringing physicians, nursing, and finance department end users into the process early leads to a better chance of implementation success. Not all physicians and employees will embrace the EMR that was selected for implementation, and resistance will occur. To combat this, identify and encourage those who strongly support the EMR decision—these are the organization's EMR champions. Champions are a critical part of the implementation process and should be encouraged in the following ways:

- Because they possess a full understanding of the facts that led to the selection, champions should be encouraged to discuss and defend the decision often and whenever necessary.

- They should receive complete training early in the implementation process and be known as the go-to experts. They should also provide direction for the remaining employees, maintain ongoing day-to-day support, and encourage buy-in from other users. Champions must be active throughout the entire process.

- They should do more than just promote change—they should also take on the role of cheerleader to encourage others to become champions themselves.

- Champions should identify and target naysayers. Oftentimes, naysayers who are won over will be the EMR’s...
best advocates. Conversely, it is wise to recognize that a naysayer who goes unwatched and ignored by management will most likely have a larger voice and wider influence among his peers than a champion will.

The CEO’s Assistance with Medical Staff
In many small and rural communities, there may be only one hospital providing acute care services. Often, physicians in these communities have medical staff privileges at only one facility rather than splitting their time and energies between competing organizations. Being the CEO of a sole community provider brings the responsibility to help physicians select office software that is compatible with the hospital and to help troubleshoot when physicians experience operational difficulties in their offices. As a valuable resource for physicians and their practices, the hospital can play a major role in a clinical integration strategy and ensure quality and cost-effective care for its community. Particularly with physicians who have been in practice for several years and have resisted EMR adoption in their offices, the hospital’s IT expertise, assistance with vendor selection, help with reimbursement incentives, and link to the hospital’s database are great opportunities for relationship building.

Given the ongoing shortage of physicians willing to practice in rural communities, the hospital’s IT assistance is an imperative strategic advantage for physician retention and recruitment.

Pros and Cons of Site Visits
Because our facilities were early adopters of our chosen EMR system, the software vendor has often requested that we allow our site to be visited by other potential clients. The decision to allow site visits is not a clear one, and the CEO should consider the following:

- Positives include employee recognition for its successes; the resultant pride from showcasing the EMR system; and the fact that software vendors become more attentive to the hospital’s problems and are more apt to make necessary changes and enhancements.
- Negatives include that time spent preparing for and conducting site visits can be a distraction from important tasks and can reduce focus on the implementation. Further, clinicians and employees experiencing difficulty with the EMR system may find the site visits frustrating and feel that legitimate concerns are being glossed over.

Conclusion
CEOs of small and rural hospitals and healthcare systems must be very active in EMR decision making and activities. Challenges will arise with an EMR implementation, and CEOs must ensure and take responsibility for effective communication and listening. CEOs must strive for clinician and staff engagement, and cooperative relationships will assist with the adoption of the EMR and the changes that will occur.