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Proper preparation yielded about 70 percent CPOE adoption on day one.

By Becky Quammen

Use it or lose it. The phrase is especially apropos for healthcare providers, as they now must "meaningfully" use electronic health records—or miss out on their share of the $27 million in incentive funds available from the federal government.

Many facilities, however, are struggling with user adoption. Consider the following: According to a study published in the August 2010 edition of Health Affairs, EHR adoption in the country’s hospitals increased from 8.7 percent in 2008 to just 11.9 percent in 2009.

Although the government’s EHR incentive funds are expected to help hospitals overcome financial barriers, providers will still have plenty of work to do after they purchase EHRs. According to data from the Second Quarter 2011 HIMSS Analytics EMR Adoption model—a scale that measures providers’ progress en route to EHR success—about three-quarters of the nation’s hospitals have not advanced past the fourth stage of the eight-stage model. As such, most organizations are still wrestling with clinical documentation and computerized provider order entry (CPOE), functions that require end users to truly understand exactly what they are doing.

That's where the roll-up-your-sleeves work comes in. With user adoption as the goal, end-user training has become a top priority on the electronic records journey—but a hurdle that leaders must truly work toward clearing. Unfortunately, almost 80 percent of hospital leaders are apprehensive about the prospect of training their clinicians and hospital staff to use new EHR technology, according to the Dell Executive and Patient Survey, a survey of 150 hospital executives conducted by Dell Inc., Round Rock, Texas.

To keep EHR implementations moving ahead, leaders need to go beyond simple classroom sessions and book learning. Instead, they should create innovative training programs that truly engage physicians, nurses and other clinical staff members. The following strategies could help get end users to move beyond the initial trepidation with EHRs and move toward comfort and competence with the technology:

Create virtual training environments. Forget about traditional ivory-tower classrooms and concentrate on making training a real meaningful experience. Instead of conducting instructor-led classes, training needs to be hands on and conducted in environments that allow for simulating the use of the technology in clinical care. It's best to set up "proctored labs," with exercises and scripted patient scenarios that closely mimic how clinicians will use technology as they deliver care.

Train physicians on their terms. Getting physicians to carve out time for training is next to impossible. The proctored lab concept works well with physicians when made available to meet physicians’ hours: before rounds, after rounds, during lunch—whenever they have a free moment.

In addition, shadowing physicians and integrating training into their established workflow is effective. Providing such "elbow-to-elbow" training makes it possible to meet each individual user’s preferences in a time-efficient manner.

Focus on cultural issues. Training should not only focus on the technical aspects of using an EHR but also on cultural issues. For example, focusing on interaction between nurses and physicians is critical to successful learning and adoption. If physicians are able to avoid direct use of the EHR by having nurses look up results and print reports for them, then the learning process is hindered. If clinicians realize that the end goal is to create an environment that results in improved care and that technology enables access to the information needed to accomplish this goal, then they will become motivated to learn the intricacies of the system.

Redefine positions. With a new system, operational staff members often fret that their jobs will become irrelevant. Instead of allowing for speculation, it’s best to redefine positions upfront. For example, during a recent implementation, we created an EHR/CPOE specialist position. These staff members, who formerly worked in medical records or as unit clerks, are charged with helping clinicians better utilize the records system and for managing the new electronic patient record.

Follow up periodically. Training is not a one-shot deal. A month after go-live and again six months later, make an effort to visit with each user, even if it’s for only a few minutes, to observe and identify shortcuts or tips you can offer on how they can use the EHR more effectively.

With this approach, hospitals are able to launch EHR systems with confidence—as clinicians and other staff members are much more likely to become comfortable using the technology and leveraging it to its full potential. The proof? Here at Quammen Healthcare Consultants, we have used these training methods to support several implementations—and have experienced remarkable results. For example, such training resulted in about 70 percent CPOE adoption on day one at a number of EHR implementation projects.

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