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Featured White Paper

LESSONS LEARNED: AVOIDING SOME OF THE COMMON PITFALLS OF EHR ACTIVATION

By: Shane Danaher; Philip Felt, MBA, PMP; and
Mary Lawrence Sirois, MBA, PT

Healthcare organizations across the U.S. are moving towards the adoption and "meaningful use" of electronic health records (EHR) to improve care, reduce costs, and improve organizational efficiency. This is due in large part to the HITECH incentives; however, upcoming changes in the standards for electronic health care transactions, such as the ICD-10 coding requirements on all HIPAA transactions, are also increasingly proving significant drivers for adoption.

The implementation of these new technologies and workflows must occur on top of other organizational initiatives and costs can be enormous. Even after taking on the tremendous staff and financial commitments necessary to implement an EHR, the Department of Health and Human Services estimates a failure rate of 30 to 50 percent; some healthcare providers estimate it to be as high as 70 percent. In light of these statistics, many organizations find themselves asking themselves questions such as:

"What are some of the factors that have contributed to success at other organizations?"

"Are there lessons learned that might make it more likely that our organization will be one of the 50 to 70 percent who succeed?"

Ultimately, success depends on a variety of factors including people, process, and technology, as well as the unique character of the organization. However, for those organizations that have gone through the EHR activation process, there are common successes. This paper identifies some of the most essential lessons learned gleaned from recent activation experience in multiple EHR systems in health care systems both large and small. Many of the most critical successes occurred during the following five activation stages: pre-activation planning, activation support staff management, activation support training, activation management (AM), and metrics and reporting. These successes, while not a comprehensive list, represent some of the consistent factors that have proven repeatedly to be just as critical to activation success as the technology and functionality itself. Continue Reading

Other Most Recent DIVURGENT White Papers:

ICD-10 Planning: Developing a Roadmap for the Journey from ICD-9 to ICD-10

Evolution of Care: Accountable Care Organizations and Preparing for Implementation

Social Media in Healthcare: An Addicting Phenomenon

Project Spotlight

DIVURGENT has been engaged with an integrated delivery network in the northeast to project manage the interface development in the Emergency Department. In this project, the project team is responsible for managing the interoperability between the client's EHR vendor, Meditech, and PICIS using a third party vendor to implement four key interfaces. The priority of the interfaces and data elements required for this project will help support our client's requirements for ARRA and Meaningful Use. Using a phased approach, the following interfaces will be implemented:

- Admissions, Transfers, Discharges, Allergy and Home Meds into Meditech
- Pharmacy (Orders, Med Admin, Formulary, PICIS to Pyxis Connect)
- Bed Management
- Monitors (Vitals)

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Using DIVURGENT Project Management methodology, PMDIV, the client and project team have successfully completed the project initiation and planning (workflow and data requirements) phases. Currently the project is in the build and unit test phase and will be moving into integrated testing shortly. We wish our client and project team the best for a successful implementation.

Upcoming Events

North Atlantic Cerner User Group. Shane Danaher and Colin Konschak attending. May 11 - 13. Valley Forge, PA.

CHIME College Live Webinar. *Accountable Care Organizations: Overview and the Role of Information Technology.* Mary Sirois, David Shiple, and Colin Konschak presenting. June 8.

Quantros 2011 User Group Conference and Educational Summit. *Using Data to Transform Care, Build Competitive Advantage and Achieve Meaningful Use.* Colin Koncshak and Mary Sirois presenting. June 23 - 24. San Francisco, CA. http://bit.ly/iZ4WsE
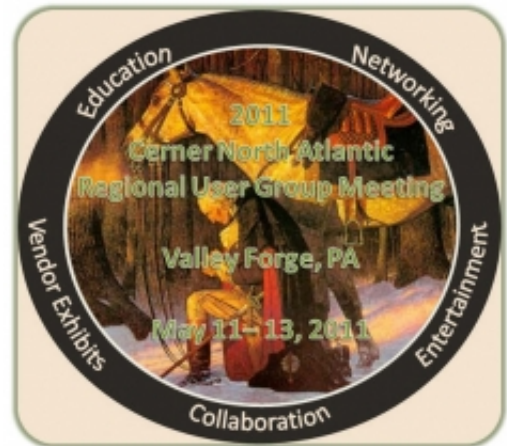
Here We Grow Again

Matt Curtin, Client Services Vice President at DIVURGENT, has over five years experience in healthcare-related services. Matt has both a health systems administration and business management degree from James Madison University. He is the current Sponsorship Chair on the Virginia HIMSS board, on which he has served since 2010. In his current role, Matt is responsible for supporting health systems' immediate needs in addition to crafting long-term, client-focused solutions.

Sarah Rourke has joined DIVURGENT as a recruiter. Sarah has a degree in Communications with a concentration in public relations and advertising. Before moving to Virginia, she worked in marketing for an IT software company in New York. Sarah will be responsible for staffing the Activation Management Team.

Christina Pena Jones, DHA, is a widely experienced nurse provider and educator. She has 25 years of progressive nursing leadership and management in various healthcare settings. Since 2005, Dr. Jones has delivered electronic medical records training at Sentara Healthcare for physicians, nurses, and allied health sciences, in both inpatient and emergency department applications. Dr. Jones is highly proficient in building computer-based-training modules using Adobe Captivate software.

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