

Operational EHR Success

Operational Engagement and Ownership in an EHR Implementation

DIVURGENT

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Introduction

An EHR implementation is often the largest and most transformative project undertaken by a healthcare organization. The implementation program is a conglomerate of projects involving technology infrastructure, software applications (EHR and many 3rd party applications), and people. The vendors have great recommendations, success examples, and methodologies surrounding the technology and application configuration, workflow, testing and training. However, the vendor recommendations on the people side of the project can be less robust. While there may be some specific engagement activities around design, validation, and testing; there is little attention paid to change management and culture. People not only make up the bulk of the capital and operational expense of the project but are also the wildcard for success. The people side of the program includes operational engagement, organizational and individual change management, communication, and culture shaping. This white paper describes some of the key factors needed on the people side of the program to ensure success.

Success Factors Related to Operations

Operations Owned/IT Driven

It is often the wish of the organization to have operations “own” the EHR program. This is the right mental frame of mind for the organization as the operational side of the house (both clinical and business) will be the ones using the system and incorporating it as a tool into their daily work processes. However, that does not mean that the implementation team needs to be built outside of IT. Typically, the IT department has the experience and skills to run a project and the software/hardware work will fall upon their shoulders. Decisions regarding configuration and workflows should be made through the expertise of the operational stakeholders involved in the project. Similarly, the steering committee and advisory councils should be led and comprised primarily of operational experts.

Support from the Top Down

From the CEO down through all layers of leadership, there needs to be a clear message to the importance and priority for the organization to be successful in this transformation. This is one of those hard-line messages where you are either on the bus or it is your time to hop off and choose a new employer, especially for organizations that have struggled with success in the past through subculture upwellings or individual leaders who have successfully stopped a project through stonewalling. Failure is not an option and every leader must be on board. Below are a couple examples of support and engagement from the top:

- The CEO of a 2-hospital health system had mandatory stand up meetings with all the organizational leadership down to the front-line managers where he used the clear message regarding the strategic direction and plan. He used the message that you are either “on the bus” or you should begin looking for a new job.
- The CEO of a 30+ hospital system set up and led weekly meetings every Monday to work through roadblocks with 3rd party contracting during their implementation. This CEO would pick up the phone and speak with his peers at the 3rd party companies to escalate and gain the traction needed to keep the project on track.

Build and Use a Set of Guiding Principles

Having a common set of principles to refer to and ground all those involved in the project is critical to keeping the program on budget and within the scope defined. We recommend sharing these guiding principles in every governance meeting for several sessions until they become ingrained into all participants minds. Having

guiding principles can de-escalate controversy on additions to scope, use of niche solutions that duplicate what the larger EHR can also do, and improve decision making. Typical guiding principles include statements around:

- A focus on the patient
- Use of the model or foundational system from the vendor to limit custom work
- Use of the integrated EHR if the functionality is available and it meets most (not necessarily all) of the needs
- Standardizing workflows and content across the enterprise
- Building for a future of growth and innovation
- Operational ownership and responsibility
- Fiscal and project responsibility to Budget/Scope/Timeline

Choosing the Right Operational Leadership

Sometimes when the project asks departments for time or resources, the first place to look is the people who are underperforming, on a medical restriction, or who only work part-time because it is the path of least resistance and preserves operational productivity. We expressly recommend against this approach. The operational subject matter experts (SMEs) that will be involved in the project will be helping shape and design the future-state workflows within the department. For this reason, the natural leaders and people viewed as mentors within a department need to be chosen to participate in the program. Additionally, people able to think more broadly than his/her single role in the organization are critical. When implementing an integrated EHR, upstream and downstream work need to be considered when making all decisions. By choosing the strategic mentors as SMEs, you will have the broad view needed and expertise to design a system that will work for both the departments and the enterprise. While it can be hard to give up the time for these leaders, it is time well invested into your future.

Communication

EHR program communication has several facets: internal project communication, organizational communication, external partner/affiliate communication, and patient/public communication. Program success depends on all these communication pathways to be robust and open. Often, internal marketing and communications departments have an oversight role but do not have the bandwidth to manage the internal project and organizational communication for a large transformation project such as an EHR implementation. A communications consultant is generally employed to bridge the gap while keeping in close contact with the internal marketing department and ensure adherence to brand guidelines.

Collaboration and sharing of project documents or tools are also critical to success. Use of a broad platform such as Microsoft 365 with Teams is recommended for its capabilities in Video meetings, instant messaging, and file sharing.

Change Management

Change is hard. But, with the pace of change in today's healthcare system, one's value to the organization is in his/her ability to move through change successfully rather than becoming an expert in one single skill. Using a formal change management methodology such as the Prosci ADKAR system can help support awareness and adoption of change. Change will happen regardless of a formal process, but having a process to survey readiness, educate your staff, and prepare them will accelerate the pace of change acceptance and improve the success of your implementation.

Operational Readiness

Your EHR vendor will have readiness activities that involve participation such as system demos, shadow charting, security login labs, training, and personalization. It is critical to support these activities for your end users. Additionally, operational readiness will include directors and managers to become familiar with:

- How charges are triggered in their areas
- Policies and procedures that change with the new EHR

- Major changes to workflows affecting patient safety, throughput, compliance, or charge capture.
 - Take time in department meetings to showcase and reinforce these coming changes.
- Committing resource needs to the project such as SMEs, Super Users, or cutover resources
- Validation of security role-assignments to all direct report staff
- Mandatory attendance of all staff to their role-based training
- Knowledge of new downtime processes and materials
- Supporting the trained workflows in one's areas and being mindful to stop workarounds during the activation

Operational Engagement at Launch

The number one factor for success at go-live will be the operational engagement and support from operational leadership. The system may have the best technology, the best design, exceptional testing, and role-based training and still fail if operations do not support using the solution. Operational leadership should be shoulder to shoulder with the program leadership in the command center, ready to pull together an approach for adoption issues or to support the departments struggling with the new workflows. Leadership visibility through rounding is also critical. Seeing leadership support the new EHR and take an interest in the go-live activity can cement the new cultural norms for use of the EHR.

Conclusion

Overall, the most volatile and malleable part of an EHR implementation is the people-side of the program: operational engagement, change management, and culture shaping. Because of this, they are the largest factor in success. Culture is largely driven by how leadership acts in times of stress or change. By supporting the changes and program, leaders set the norms for their staff to also be supportive. Some organizations have the internal resources to manage these programs, but many have lean operational resources that can benefit from some project-limited duration external coordination and leadership. Divergent can help with:

- Program Management
- Change Management
- Operational Engagement Leadership
- Microsoft Teams Communication and Collaboration Solutions
- Provider Personalization and Efficiency
- Training and Activation Support
- Culture and Remote Workforces

About the Author

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In his role at Divurgent, Adam serves as a client executive, manager to consulting services, partners with sales in new pursuits, and assists in new service development.

As a highly experienced licensed pharmacist with over twenty-seven years of experience in electronic health record implementation, IT management, program and operational leadership, informatics, and healthcare operations, Adam brings a holistic view blending the needs of our clients, their affiliated providers, and the patients they serve. Specific experience includes enterprise, inpatient, and pharmacy systems implementation, project management, system design and development, operational change management, culture shaping, leadership advising and coaching, documentation development, end-user training, and application support. Adam has successfully led large IDN EHR implementations in both private and academic organizations. In addition to the not-for profit's industry, he is a trusted advisor in the international, for-profit, and government healthcare spaces. He excels at enhancing patient care through the incorporation of technology as a partner, setting and leading to expectations, and building a proactive learning culture.

Adam views clients as partners, where exceeding expectations and building long-term relationships are the norm. In addition to managing the technology in healthcare IT projects, Adam is passionate about the human capital aspects of projects. Paying attention to change management, operational readiness, communication, and culture shaping are all factors to improve success in delivery.

Adam earned his B.Sc. at Oregon State University in Pharmacy and practiced as a critical care pharmacist for 13 years. He also has a Masters in Healthcare Administration with a concentration in Informatics and is a Certified Professional in Healthcare Information Management Systems.