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5 Strategies to Drive Successful Results in EHR Implementation

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Successful and necessary transformation of US healthcare – from its [unenviable “very-expensive, modest-quality” ranking](#) – will rely on effective implementations of [electronic health records \(EHR\)](#). Many expect the advent of EHR to be a game-changer for our health system, as they will enable better information access, tighter care coordination, and cross-institutional research that will improve patient outcomes and reduce costs. But most healthcare systems are still working to realize these benefits, even though many have had electronic records systems in place for years or decades.

Leaders looking to realize the benefits of EHR will confront many challenges, including the coordination of diverse members of interdisciplinary, multi-organizational systems, each with different information needs and behavioral patterns. Engaging these individuals in the design, implementation, and use of EHR systems will prove critical to achieving the envisioned outcomes.

Achieving EHR Results Relies on Social Engineering – and Information Technology

A successful EHR implementation is much more than [just another IT initiative](#). It’s an opportunity to more broadly reconsider how care is delivered, how collaboration happens, and the nature of documentation (for more on the complexity of modern hospital systems, see this [presentation from the 2012 AHIMA conference](#)). In our experience, the people side of implementation often gets short shrift from executive healthcare leaders, vendors, and staff alike as they focus on cost and technical issues. Here are five important strategies, based on our recent client experience, that enable successful EHR efforts. These break down into two categories: essential “blocking and tackling” of leadership and communication actions, and then infusing implementation efforts with a drive to realize rapid results.

1. **Create and maintain alignment – with leaders who visibly champion the EHR initiative.** The timeline to full realization of EHR benefits typically extends many years, so executives need to support the rationale and promise of EHR for their institutions – and agree on the priority of successful EHR implementation within the healthcare system’s many initiatives. Ongoing discussion and reinforcement of the priority will be necessary to maintain the needed attention. The [right type and frequency of leadership dialogue](#) will help executives to test their thinking, surface implicit assumptions, and move decisively to provide needed resources and confront the inevitable hurdles to progress.



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Following the old adage that “things that interest my boss fascinate me,” EHR needs to remain at the top of the priority list over the long term. One of the most effective alignment strategies that our clients used was to directly engage one of the most skeptical executives in initial implementation planning. By encouraging him to shape the plan, the implementation team better understood where else they might get pushback, and how they should adjust their approach accordingly.

2. **Build understanding of the case for EHR implementation as a strategic, patient-focused initiative, not just as a technical effort.** Institutions that have successfully implemented EHR have understood the greater vision of high quality care, healthier, happier patients, and cost-effective delivery and the implementation roadmap. Keeping these top of mind is key to maintaining momentum, enthusiasm, coordination, and effort as people grapple with the changes EHR implementation brings to their roles.

In recent Schaffer EHR work, while clients refined the “change story” used to bring various stakeholders on board with implementation plans, they also built excitement for the opportunities that the EHR would afford while acknowledging the significance of the challenges ahead. Attaining 100% buy-in for the proposed technology implementation approach may be impossible, but engaging the people who will be affected in conversations, and explaining the logic behind these (sometimes controversial) changes helps to broaden the base of support.

3. **Maximize engagement by investing in communication.** Role diversity, 24x7 shift patterns, time pressure, and work that must continually flex to emergencies all make hospitals challenging places in which to communicate. But the scale of an EHR implementation demands more than email blasts and training announcements. Effective communication efforts respond to individual stakeholder needs with customized messages, tactics, and timing. While this may seem like a lot to manage given everything else involved in an implementation initiative, communication is not the place to scrimp. In fact, this is the most important opportunity for leaders to address the implementation hopes and fears of different stakeholder groups and demonstrate follow-up on critical issues.

In our recent experience, leadership began the communication program with a combination of structured interviews and focus groups to learn about system preferences. These were balanced with informal discussions and observation to follow up on key points. This mix of scripted and improvised interaction rounded out the client organization’s understanding of the issues at hand, informed [user experience](#) recommendations, and guided future engagement efforts.

4. **Ensure results focused project management.** Successfully delivering a multi-year project demands considerable planning and governance to address technical and change readiness issues. Plans need to be more than lists of activities; they should



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include crystal clear accountabilities that are oriented around tangible results and goals. Priority goals and outcomes achieved can roll up into an implementation scorecard to keep work on track and signal that the organization is making real progress.

Our clients were initially overwhelmed with a wide variety of potential metrics to gauge implementation success. The challenge was to select the “critical few” to measure the impact of EHR. Some were straightforward: system utilization, coder productivity, provider satisfaction, etc. Others were more clinically compelling, but less closely correlated, such as patient satisfaction, number of [sentinel events](#), and average length of stay. Work is ongoing to establish the right balance.

5. **Bring the future into the present with [Rapid Results](#).** Waiting around until years after “go-live” to see EHR outcomes is demoralizing and unnecessary. In recent client experiences, we have helped clients organize cross-functional teams to achieve top hospital priorities via [rapid-cycle projects](#) that demand (and use) better EHR implementation, functions, and documentation.

Some examples of these include:

- Resolve 100% of EHR “helpdesk” issues in under an hour within 30 days of “go-live.”
- Decrease the number of follow up calls from coders to cardiologists by 25% within 100 days.
- Within two months, ensure that 100% of Primary Care Practitioners receive patients’ discharge planning notes within a week post discharge.

Sometimes our clients have expressed that adding these types of initiatives to project plans feels at first like additional and unnecessary work, particularly given the breadth of activity necessary to pull off the average go-live. But putting points up on the board early shows the power EHR brings to issues hospital team members care about. Furthermore, rapid results let leaders build a tremendous amount of good will and commitment to continue along the path toward full implementation, and realization of the promises that EHR implementations offer.

While incorporating every bit of feedback, and pleasing every colleague may not be possible, actively involving others – and challenging them to achieve results – will ensure that your EHR investment pays off with outcomes that really matter to your institution and its patients.

What is your experience with EHR implementation?