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10 Signs Your EMR Implementation Might Be in Trouble

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- Partner and Co-founder of Cumberland Consulting Group
- 20 years of HIT consulting experience
- Significant Project Management experience in large, complex project environments
- Experienced in custom systems design & development, clinical transformation, revenue cycle transformation, package selections, Strategic Information Systems Planning and large group facilitation.
- CPHIMS Certified

Cumberland Consulting Group Overview

→ Based in Franklin, TN., Cumberland is a national technology implementation and project management firm serving ambulatory, acute and post-acute providers.

→ Through the implementation of new technologies, we help our clients advance the quality of care they deliver and improve their business performance.

→ Cumberland provides the following services:
  - Information Systems Planning
  - Requirements Definition and System Selection
  - System Implementation
  - Technology Program Management
  - Project Management Services

Presentation Overview

- HITECH incentives = Rush to meet Meaningful Use

- Expensive, complex EMR software systems must be implemented and integrated with all processes and departments throughout the organization, not simply installed

- Based on our experience with broad range of complex implementation projects, we've identified common roadblocks / signs of EMR project distress

1. Is the Implementation a Top Organizational Priority or One of Many?

- Competing priorities
- Engaged executives
- Clinical system implementation dramatically changes the way healthcare organizations operate.
- Should be one of the top 2 or 3 priorities in the organization
- Not just an IT project

2. Is the Project Owned by Clinical & Operational Professionals or IT?

→ Implementation should be led by operational and clinical leadership in conjunction with IT, not managed by IT alone

→ Not simply technology projects; but clinical and operational transformation projects with major technological components

3. Is there a Clear Project Director in Charge of the Implementation?

- EHR implementation project should have a defined leader, empowered to make strategic decisions
- Should have defined beginning and a defined end
- Should be very clear who is in charge to guide the project along

4. Are the Top Executives in the Organization Heavily Involved?

➔ CEO, CMO and other clinical leadership should take active role in key design decisions and clinical standardization

➔ EHRs will be future technological foundation for all clinical and operational stakeholders in the health system

➔ Clinical quality transformation initiative that requires executive leadership to enforce quality improvement and standardization

5. Are the Clinicians Heavily Involved?

➔ Physicians and clinical leaders should be involved in front-end EHR workflow discussions, walkthroughs, testing, training and — most importantly — design of the EHR

➔ Include voluntary medical staff

6. Have the Following Documents Been Developed for the Project?

→ **Project Charter -** Broad, overarching document. Lays out exactly what organization is doing relative to the implementation, who is responsible for what tasks and the time constraints

→ **Project Plan -** More expansive explanation of how organization is going to carry out EHR implementation tasks

→ **Communications Plan –** Establishes course of action to best communicate with each team member

→ **Clinician Adoption/Change Management Plan -** Essential to explain clinical staff process of learning new information system and how EHRs will impact their day-to-day. CMO should play big role in informing development of this plan

6. Have the Following Documents Been Developed for the Project? (Cont'd)

→ **Project Governance Organization Chart –** Hospital CEO plays big role in executing this plan, articulating why the hospital is using EHR system and outlining the structure of the entire team who will be working on the project

→ **Project Team Organization Chart –** Similar to the communications plan. A flow chart showing who reports to whom is essential to EHR & any project.

7. Is There a Written Status Report Every Two Weeks?

→ Because of complexity, EMR projects need to be tightly coordinated and closely monitored throughout the implementation.

→ The best way to monitor a project is through effective status reporting.

→ Status reports every 2 weeks

→ Never cancel a status meeting.

8. Is There Measurable Progress Each Month?

➜ If meetings show shortcomings, inconsistent execution of activities, address those Project Management challenges head-on

➜ Example:
  ➜ 80% complete

9. Is There Regular Discussion About How and When to Implement Mandates and Changes to Medical Staff By-Laws?

➜ Must be ground rules regarding how to achieve advanced clinical functionality - how the clinical and medical staff will actually use the system

➜ Rules for physicians & other staff must be updated to reflect changes in patient information access, mandates for CPOE and physician documentation, etc.

➜ Examples:

  ➜ No access to system unless physician passes test following training

  ➜ Mandatory use

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10. Has the Organization Articulated the Three Main Reasons for the Implementation?

➔ Federal HITECH incentives are an impetus for hospitals to implement EHRs, but shouldn't be the main reason for implementation

➔ Core reasons should be clear and made known to all parties involved. Examples:

  ➔ Improved patient care through reduced medical errors
  ➔ Improved efficiencies throughout the organization
  ➔ Improved care quality through the use of the tools and information provided on interventions work best / evidenced-based medicine

Conclusion

→ If you answer "No" to more than 2 of these, the EMR implementation might be in trouble

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