There are numerous barriers keeping rural and community hospitals from moving forward with selecting, implementing and using an electronic health record (EHR). This whitepaper identifies the most common ones and uses firsthand testimonials to provide advice and solutions for overcoming these barriers.
Introduction

Choosing an EHR system is a big decision, one often faced with scrutiny from your board, physicians, hospital staff and even your community. With that kind of pressure, it is easy to slow down the selection process and take your time. But sometimes that elapsed time allows you to focus more on the barriers to EHR implementation as opposed to keeping your eye on the bigger prize — positioning your hospital for long-term success and enhancing patient care across the United States.

The rush to implement an EHR happened after the Feb. 17, 2009, signing of the American Recovery and Reinvestment Act (ARRA). This $787 billion law included $19.2 billion to increase the use of EHRs by physicians and hospitals. This portion of the bill is called the Health Information Technology for Economic and Clinical Health (HITECH) Act. The federal government used this to highlight its strong belief in the benefits of using EHRs to improve patient care.

Since its signing, rural providers have faced many barriers to EHR implementation, which cause them to trail their urban counterparts in EHR adoption. On a national basis, only 19.4 percent of rural hospitals reported having a basic EHR, compared with 29.1 percent of urban hospitals.¹ That position not only hurts or potentially limits the care provided to citizens in rural areas but it also keeps rural providers from receiving federal funds available through the HITECH provisions. To date, only 2,400 eligible hospitals (rural and urban) have received incentive funding from Medicare and Medicaid EHR Incentive Programs.² Eastland Memorial Hospital, a rural provider in Eastland, Texas, is one of them. Eastland attested and received stimulus funding in October 2011. It is currently reviewing meaningful use benchmarks and plans to attest again in October 2012.

As more organizations adopt electronic health records, physicians, nurses and clinicians will have greater access to patient information, allowing faster and more accurate diagnoses. Complete patient data helps ensure the best possible care.³ Health care leaders need to take charge and implement a strategic approach that puts clinical and operational improvements first while also recognizing the importance of utilizing technology for future success. Implementing an EHR is about more than the technology and new gadgets often associated with the change.

What this means is the money is out there. The reasons to implement are out there. So now is the time to push aside the fears and overcome the obstacles keeping your organization from implementing an EHR. To help you do this, this paper outlines some of the most commonly sited barriers to implementation with firsthand testimonials from rural and critical access hospital CEOs who have been in your shoes and are now on the right track to long-term success.

Only 19.4 percent of rural hospitals reported having a basic EHR, compared with 29.1 percent of urban hospitals.¹

¹ Conn, 2012; ² Manos, 2012; ³ Blumenthal, 2010
Barrier 1

I don’t know how to get started.

A major challenge for hospitals, whether rural or not, is starting the EHR search process. It is like someone wanting to start working out. It is easy to put it off, saying you’ll start next week. Or you convince yourself that you need new running shoes. Without a definite start date to begin your search, delays are easy to accommodate.

**Recommendation one: Set a timetable.**

This should include when to:

- Begin the research process.
- Identify a list of vendors.
- Narrow down the vendors to no more than four options.
- Make your selection.
- Present your selection for board approval.
- Begin implementation.
- Begin your 90-day attestation.

Share this schedule with your board and your administrative team so everyone has a goal to work toward. This schedule should be referred to often to ensure you maintain the necessary pace to achieve your meaningful use attestation in a timely manner, thus positioning you to receive federal incentive funds.

**Recommendation two: Select the “right” steering committee.**

Inviting others into the search and selection process can help you more effectively determine your facility’s needs from those who truly understand your hospital’s workflows. The EHR process is a team effort, and that begins from day one. The steering committee should include a “sampling” of hospital employees from your various departments. It is essential that you have employee support from the very beginning.

“Everyone … will play some role in the success or failure of your EHR implementation. Some roles will be bigger than others, but they all need to be acknowledged and understood from the start.”

Instead of moving toward an EHR system alone, recruit your C-level executives and other leaders, such as department managers, to help the initiative gain momentum. Certainly, a nursing leader can serve as the clinical expert, a revenue management professional as the financial authority and an information technology director as the computer whiz.

Identify who is responsible for what task. It commonly falls on the director of IT / chief information officer and administration to begin researching vendors, but this is a task that can be shared between people. Health care is a very relationship-driven industry, and your nurses will likely have implemented an EHR at another hospital or know someone who has. They can be a great source of information. Also, work with your state’s rural health association, such as the Texas Organization of Community and Rural Hospitals (TORCH), or regional extension center. Leaders at these organizations have interacted with vendors at conferences, events or by helping their members through the selection process. They can provide guidance regarding the companies they have worked with and may be able to list not-commonly-known vendors that may be a better fit for your organization.

Because of limited staff, rural hospital CEOs need to think more creatively when assembling leadership teams. Michael Curtis, former CEO of Throckmorton Community Hospital, a 13-bed facility in Texas, had to tap into the leadership skills of his “rank-and-file staff” to help move his hospital toward a successful stage one meaningful use attestation. One of Curtis’ challenges was one many rural and community
Overcoming the Top Five Barriers to EHR Implementation

Curtis chose staff familiar with not only leading and communicating effectively but also people with fast, real-world problem-solving skills. For this, Curtis tapped into the skills his two emergency medical technicians (EMTs).

“EMTs are good at working under pressure, and they are good at troubleshooting and learning as they go along,” Curtis said.

As Curtis pinpointed, choosing people who are natural leaders and who can communicate effectively is key. Oftentimes, your selection steering committee will become the champions of the EHR solution and will be responsible for leading the implementation process. You want to identify people who understand your hospital, look forward to embracing the new technology and who will lead the rest of your organization.

**Recommendation three: Determine your hospital's individual needs for an EHR.**

One of the steering committees' key roles is to identify what your organization needs from an EHR.

**Some key needs could include:**

- One platform solution, including clinical and financial systems.
- Ability to adapt the solution to your hospital (not a cookie-cutter system).
- Vendor with strong support team.
- Fast implementation schedule.
- Success achieving meaningful use attestation.
- Experience with rural and community hospitals.
- Web-native solutions versus Web-enabled.

For each hospital this list will be different. Once your list has been created, then weigh the criteria. This is an important step that will pay off in huge dividends at the end of the selection process. Weighting factors allow you to identify the level of importance of your criteria.

For example, you can weight on a scale of importance:

<table>
<thead>
<tr>
<th>Weight</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Very high importance</td>
</tr>
<tr>
<td>4</td>
<td>High importance</td>
</tr>
<tr>
<td>3</td>
<td>Medium importance</td>
</tr>
<tr>
<td>2</td>
<td>Low importance</td>
</tr>
<tr>
<td>1</td>
<td>Very low importance</td>
</tr>
<tr>
<td>0</td>
<td>Not important</td>
</tr>
</tbody>
</table>

Then evaluate how well that vendor meets each criterion. Use satisfaction levels when assigning these scores:

<table>
<thead>
<tr>
<th>Score</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Exceeds criteria</td>
</tr>
<tr>
<td>4</td>
<td>More than meets criteria</td>
</tr>
<tr>
<td>3</td>
<td>Meets criteria</td>
</tr>
<tr>
<td>2</td>
<td>Meets some criteria</td>
</tr>
<tr>
<td>1</td>
<td>Barely meets some criteria</td>
</tr>
<tr>
<td>0</td>
<td>Does not meet criteria</td>
</tr>
</tbody>
</table>
Then create a score sheet to allow your team to evaluate each of the vendors based on the criteria and the weight given.\(^5\)

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
<th>Score</th>
<th>Weight (Wt. x Score)</th>
<th>Score</th>
<th>Weight (Wt. x Score)</th>
<th>Score</th>
<th>Weight (Wt. x Score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Cost</td>
<td>5</td>
<td>3</td>
<td>15</td>
<td>5</td>
<td>25</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Adaptability</td>
<td>4</td>
<td>4</td>
<td>16</td>
<td>5</td>
<td>20</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Meaningful use track record</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>15</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>References</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>“Vibe” with vendor</td>
<td>4</td>
<td>2</td>
<td>8</td>
<td>4</td>
<td>16</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>18</td>
<td></td>
<td></td>
<td>42</td>
<td></td>
<td>82</td>
<td></td>
</tr>
<tr>
<td>Score</td>
<td></td>
<td></td>
<td></td>
<td>2.33</td>
<td></td>
<td>4.56</td>
<td></td>
</tr>
<tr>
<td>Weighted</td>
<td></td>
<td></td>
<td></td>
<td>11.65</td>
<td></td>
<td>22.8</td>
<td></td>
</tr>
</tbody>
</table>

When choosing the criteria and assigning weights, encourage your team to think about the hospital’s long-term future and the direction health care is moving. You are choosing an EHR that, hopefully, will be part of your organization for many years. This is an important factor when you choose the vendor. You need someone who understands rural and community hospitals and the issues facing organizations of your size. At Eastland, I convened managers from across the hospital and told them to search far and wide and not settle until they found a solution that would serve our hospital’s unique needs.

In fact, I stated we would only move forward once we had 100 percent consensus on system selection based on the agreed-upon requirements. That level of commitment pushed our team to not settle for anything but the best for our hospital.

\(^5\) Borysowich, 2006
Overcoming the Top Five Barriers to EHR Implementation

Barrier 2

My staff doesn’t want to do this.

Fear not, electronic medical record (EMR) deployments are not about technology. They are about equipping organizations to reach critical business objectives by providing people with technical capabilities that make new things possible and by engaging people in changing their behavior to effectively use the new capabilities to generate results.6 Overcoming fears of the new change is easier than it seems.

Recommendation one: Rely on your steering committee.

Encourage deep involvement by all members of your team in the selection process and direct them to communicate frequently and openly with their teams. Part of the criteria for your steering committee was their ability to lead people. These champions should help create a sense of purpose, positivity, responsibility and excitement by communicating the benefits of each individual’s contribution throughout the implementation process.

Recommendation two: Create and implement a robust internal communication plan.

It is our job as CEOs, the leaders of our organization, to prepare our teams for cultural changes. Implementing an EHR is a monumental task — one that will take effort from every single individual. Because of this, it is important to build an internal communication plan so that every employee, physician and board member is kept abreast of the changes every step of the way.

In a whitepaper titled “How Strategic Internal Communications Can Positively Affect Your Business,”7 written by Janet Chikocky and Melissa Bullard, APR, it said, “Effective communication begins with the acknowledgment of the important role internal communications plays as a vital method for advancing information sharing across all directions of an organization: upward, downward and horizontally. To empower the employees and ensure they carry a unified and coordinated message, an organization must employ what we call the multi-dimensional distribution of strategic messages. Simply put, internal communications must provide the critical data points your team needs, as well as address organizational concerns no matter when, where or how they surface.”

While the goals of the plan are common from hospital to hospital, its methods of communication can be unique to your organization. Some ideas include:

- Creating a committee whose job it is to inform staff members and prepare people for the HIT implementation. Much like a phone tree, this relies on peer-to-peer communication, which has its benefits (people trust and listen to their peers) and its pitfalls (it is easy for people to get left out).

- Building an employee newsletter solely for communicating information about the EHR. Plumas Hospital District in Quincy, Calif., tried this tactic. It held an organization-wide contest to name the newsletter (Eagle i was the winner), which helped garner widespread support for the initiative. The newsletter was distributed on a regular basis, ensuring all employees were kept abreast of implementation developments. Color codes were also used to emphasize different implementation stages (e.g., red indicated an issue that required people’s immediate attention).

- Using social media tools to communicate with employees. There are a number of platforms, like Ning and Yammer, that allow you to create a password-protected social networking site for

6 Garets, 2010; 7 Chikocky and Bullard, 2009
Overcoming the Top Five Barriers to EHR Implementation

your employees’ eyes only. This is a secure way to convey information to all employees and can spark engagement and conversations around the implementation process.

- **Relying on outside materials** provided by the Rural Assistance Center (RAC). The RAC created an HIT Toolkit to help rural health care providers implement new technology, including helpful discussion topics for ancillary departments. ⁸

- **Hosting town hall meetings** regularly with your staff to outline the implementation schedule, the roles individuals and departments will play in the transition and the benefits HIT will bring to your hospital.

No matter which strategy you employ, it is important to remember that successful internal communication begins with listening. As Chihocky and Bullard point out, “The success of a communications program is not how well we craft or deliver messages but how well we listen.” As a CEO, it is important for you to survey your employees, find out what is important to them, listen to their concerns and begin a dialogue to address their issues. If one person is concerned about an issue, there are likely others worried as well, so use your internal communication plan to address these issues to the entire group. Throughout the implementation process fear can quickly build over unanswered questions. Be sure to stay ahead of your employees by confronting concerns before they take over your group.

**Recommendation three: Outline the purpose and benefits of meaningful use.**

The American Recovery of Reinvestment Act of 2009 specifies three main components of Meaningful Use: ⁹

- The use of a certified EHR in a meaningful manner, such as e-prescribing.

- The use of certified EHR technology to submit clinical quality and other measures.

In laymen’s terms, meaningful use is designed for hospitals to use EHR technology to impact the quality of care they provide to their communities. But to many clinicians and nurses, meaningful use is just a buzzword and a government mandate changing the way they work.

As your hospital’s leader, it is your responsibility to fully outline for your employees what meaningful use is, what its goals are, how it will impact your hospital and what role each employee will play in attesting for meaningful use. Help your nurses, physicians and clinicians see that the end goal is not receiving the incentive payment — although, from a rural hospital perspective, that helps offset the system’s initial cost. It is about making a long-lasting impact in your community and enhancing patient care. It is about improving communication between clinicians. It is about eliminating errors and removing redundancy. It is about improving the quality of care your patients receive.

“The success of a communications program is not how well we craft or deliver messages but how well we listen.”

⁸ Rural Assistance Center, U.S. Department of Health and Human Services, 2010

⁹ Centers for Medicare & Medicaid Services, 2012
Overcoming the Top Five Barriers to EHR Implementation

Barrier 3

I’m worried we won’t get enough training.

Training is a vital part of the implementation process to ensure your employees are comfortable with using the new EHR. A common fear CEOs have is that their training won’t be enough, leading to low user adoption and, in worst cases, complete abandonment of a multi-million dollar system. A successful training program involves multiple parties, from the CEOs providing direction to the vendor providing the right training program to the employees preparing for and accepting the training.

Recommendation one: Identify the level of computer proficiency amongst your team members.

Conduct staff surveys to understand each person’s level of computer literacy. Build a pre-training education program for those who need basic computer training, possibly including Microsoft Word, general typing skills, mouse training and other tasks. This ensures all team members are ready to “prepare the ground” while generating excitement and acceptance of the technology and the adoption process.  

But the issues of computer proficiency and general IT knowledge go beyond the ability to use a computer. Rural hospitals are often faced with IT workforce issues because of difficulties and financial restrictions of recruiting dedicated IT professionals to their communities. Having an IT team — or at least an IT individual — is important to your implementation’s success. Your vendor needs a go-to person who can answer questions about servers, disaster recovery plans, interfaces, etc.

The Health Resources and Services Administration (HRSA) suggests the following strategies for overcoming IT workforce issues in rural communities:

- Provide additional training in health IT. This can be provided by your EHR vendor or through tuition reimbursement to a local college or university.
- Develop relationships with local high schools, technical schools, community colleges and colleges who can provide technical assistance.
- Focus recruitment efforts on experienced health care IT workers, emphasizing the benefits of living in a small community.

For training to be a success, you need a baseline foundation of computer and IT knowledge.

Recommendation two: Outline a detailed training plan that focuses on your hospital’s unique needs.

Proper training results from a true partnership between you and your vendor. It is important to find a vendor who can create a customized training program built for your hospital and the individual needs of your end users. Identify a vendor that not only addresses the initial training programs but outlines an ongoing training plan for the future as new upgrades are released. This will help your staff become comfortable with using the new technology, leading to less headaches and improved patient care.

There are various approaches to training, from the train-the-trainer model to remote training to end-user training. Discuss all options with your EHR vendor and work with it to choose the right path for your hospital.

“It’s all to do with the training: you can do a lot if you’re properly trained.”

— Elizabeth II, Queen of Great Britain

Cite HR; U.S. Department of Health and Human Services, 2010; HRSA; Serv, August 2006
Your vendor should be your expert, helping you:

- Set up user groups and super users.
- Offer “just-in-time” training as well as online options and webinars.
- Schedule one-on-one training for those who really need it.
- Hold training seasons during times that won’t interfere with work.
- Communicate regularly via email, phone calls and onsite visits.

Furthermore, your training program should focus not only on the EHR system but how it fits within your hospital. No two hospitals are alike. And with that in mind, it is important to find an EHR that adapts to the workflows and best practices in place at your organization. During the training session, have your vendor demonstrate how to create templates, documentation, etc., so that the system works seamlessly with your team.

**Recommendation three: Choose super users who accept the technology, are leaders in your organization and will champion the EHR moving forward.**

A super user (critical need) is a designated person / user designed to be as a leader throughout the system’s usage, serving as a guide and a resource for other employees. Super users are the most dedicated and passionate individuals who are champions, encouraging others and motivating user adoption.

A research study on a clinical information system implemented in a rural hospital found that “more hours devoted to carrying out the super user role was associated with positive employees perceptions about the system.” The super users also “enhance[d] the perceptions among employees about the usefulness and ease of use” of the system.

Choosing the right super users is an integral step in your hospital’s ability to have a successful implementation and the ongoing success of your EHR. Their role encompasses numerous things, potentially including:

- Serving as a member of the EHR selection steering committee.
- Meeting with the vendor during kickoff and discovery phases to outline the hospital’s workflow.
- Completing in-depth training so that they fully understand all aspects of the product.
- Training fellow employees and new hires on the EHR system.
- Identifying product defects and communicating those to the vendor.
- Serving as the “go-to person” within the hospital for initial questions, often handling the majority of support-related questions that are elementary in nature.
- Troubleshooting basic software issues.

**No two hospitals are alike. And with that in mind, it is important to find an EHR that adapts to the workflows and best practices in place at your organization.**
There are numerous qualities you should look for when choosing your super users, including:

- **Experience with EHRs.** While this is not a must-have quality, it is extremely useful if you have this level of experience within your ranks. They can provide expert guidance during the selection and implementation process, helping you choose a vendor that best meets your hospital’s needs and alleviating fears of the implementation process.

- **High level of computer proficiency.** For many rural and community hospitals, the level of computer proficiency is a big barrier toward user adoption. You want your super users to be comfortable with navigating a computer, which allows their training to focus more on the EHR solution and less on basic typing skills.

- **Good and patient teachers.** One of the key roles super users play is trainer for fellow employees and new hires. It is important for your super users to be good teachers. This means they must be able to convey information in a positive way that leads to user adoption. Patience is also important, especially when you consider that some of your end users may have never used a computer.

- **Excited about the EHR.** Implementing an EHR is a big — make that monumental — change for your hospital. Since your super users will play such a key role in the success of that implementation, it is important that you find “cheerleaders” within your organization. This is not a time for “Debbie Downers.” You want super users who are excited about this change and who will rally others to get behind it.

- **Well respected in the organization.** You are looking for people others will follow.

- **Willing to help others.** Your super users will receive a ton of questions, some when they are not working and some while they are sleeping. It is important for your super users to be up to the task and willing to help others, understanding that the EHR is more than just a computer program.

Remember, your super users do not have to be department leaders or the longest-term employees at your hospital. People who do a great job providing patient care or who know the hospital’s routines really well may not be the best teachers or may not be excited about the EHR. Focus on finding champions. Champions are known for being successful.
Barrier 4

My physicians are being difficult.

No matter where your hospital is located, securing physician support and adoption of your EHR is key to its success. Ease of physician adoption is the most important criteria for community hospitals when selecting health IT systems, according to a report from KLAS Research.\(^\text{15}\)

But for rural hospitals this can be an even bigger uphill battle to climb. Rural physicians in general lag in their adoption and use of electronic health systems. According to a study\(^\text{16}\) by the Health and Human Services Office of the National Coordinator for Health Information Technology, 34.2 percent of physicians outside of metropolitan statistical areas have adopted a basic EHR in their practice. So if you have physicians hesitant to use an EHR in their own office, where they would personally receive meaningful use incentive funds, getting their buy-in to support the hospital’s move to electronic charting can be difficult.

**Recommendation one: Involve your physicians in the selection process.**

As mentioned earlier, your steering committee is a valuable tool for ongoing support of your EHR. This same strategy can work when dealing with your physicians. Invite them to be part of the selection committee, giving them a say in which vendor is chosen and ultimately a little skin in the game to make the EHR successful. You must have physician input and support.

Even if they are not part of the committee, host a roundtable discussion with your physicians to discuss the hospital’s goals behind HIT, how it will fit into their workflow and the timeline for implementation. When discussing workflow, be sure to capture the physicians’ main goals for the EHR, which will make it easier for them to incorporate the technology into their everyday rounds. The greatest financial and quality benefits are to be had when most physicians use EMR capabilities for most of their daily tasks.\(^\text{17}\)

You will often hear physicians site:

- **Ease of use** — look for a clean interface
- **Mobile access** — able to review patient information anywhere with Internet access
- **Single platform solution** — information easily flows between clinic and hospital
- **Fewest number of clicks** — allow physicians to quickly place orders
- **Ability to dictate** — maximize efficiency and incorporate information directly into patient’s record
- **Adaptable to me** — find a solution that will work with each physician’s individual preferences
- **Speed** — no doctor has ever said, “My EHR is just too fast”

**Recommendation two: Find an adaptable product that will configure to each physician.**

Every physician is different. Each has his / her own way of doing things, which has molded over time to their workflow. While some physicians complain that EHRs hinder their ability to provide patient care (making them stop to enter information or taking up too much of their day for data entry), the right EHR can actually enhance their current workflow.

The ability to enhance what the physician is doing comes from adaptability. Paper forms used in the hospital today can become part of the EHR through adaptable templates that can be configured to each physician’s workflow and the information he / she wants to capture.

\(^{15}\) KLAS research report, 2009; \(^{16}\) Decker, Sandra L., Jamoom, Eric W. and Sisk, Jane E.; \(^{17}\) Miller & Sim, 2004
Order sets can also allow quick ordering based on physician preference or medical scenario. These can tie seamlessly into the EHR, combining with computerized physician order entry (CPOE) and clinical workflow for real-time decision support.

During the implementation process, conduct training early on with the physicians to outline the adaptable functionality and allow them to begin crafting individual documentation, order sets, history and physicals, discharge summaries, etc. This allows the physicians to better understand the system and helps them see that the EHR will mold to them and not the other way around.

The ability to enhance what the physician is doing comes from adaptability.

Recommendation three: Put your foot down when it comes to naysayers.

A lesson learned, “When I started the EHR initiative, I had three physicians on staff — one who had been practicing here for 37 years, one who had been here for 35 years and one who had been here for only two years. Unfortunately, the two physicians who had been here for a long time did not want to have anything to do with the [EHR] initiative,” stated Ann Fagan-Cook, CEO of Parkview Hospital. “After presenting all of the benefits and asking for their cooperation, I finally had to take a stand. I told them, ‘We’re going to do this with or without you. If you want to practice here, this is how it’s going to be.’ So, they reluctantly acquiesced.”

For many CEOs, keeping your physicians happy is a day-to-day job. And no matter how configurable and easy to use your EHR is, some physicians may never want to support the effort. As Mrs. Cook witnessed at Parkview, sometimes you will be forced with the difficult decision of having to move on without a certain physician. While this is a decision no CEO wants to be faced with, it is a by-product of change. Ultimately making that decision sooner rather than later is the best recommendation to prevent naysayers from poisoning the views of other physicians and even the nurses.
I’ve heard implementation horror stories.

The implementation process starts with a strong partnership between you and your vendor. You must find a vendor with proven experience but also one who is dedicated to achieving your hospital’s goals. A customer-centric, consultative methodology will maximize your clinical, financial and operational objectives to help you achieve rapid return on investment — whether that means receiving government funds, stabilizing your financial solution or improving patient care. Once a strong, working partnership has been created with your vendor, you can begin working together to successfully plan and execute an implementation that minimizes impact to your organization.

On the hospital’s accounting side, after implementing the EHR, expect temporary financial disruptions such as reduced cash flow, increased account receivables and unbilled days, patient billing factors, etc. It is unrealistic to not expect some disruption, even though it is short lived. Plan for this scenario by increasing day’s cash on hand prior to implementation. You will want to implement methods to reconcile charges to ensure everything is captured for billing.

Recommendation one: Establish a detailed project plan.

As mentioned throughout this paper, knowing your schedule and communicating it to your team is important. Work with your vendor to create a detailed implementation schedule that clearly outlines key events, potentially including:

- Project kickoff
- Workflow discovery
- Data load
- Pilot demo
- User-acceptance testing
- Super-user training
- End-user training
- Go-live
- Meaningful use attestation

On that schedule, have the vendor highlight the items it needs your team to complete before progressing to the next stage. Many implementation processes are slowed down by the hospital’s inability to collect data or agree on requirements or functionality. Use the vendor’s implementation schedule to fill in due dates for your steering committee to ensure you don’t slow down the process.

With that, identify roles and responsibilities for your team and the vendor at every stage. Know exactly who is doing what and communicate those action items to your team. You can never overcommunicate in this stage. Guarantee that everyone knows their role and how it fits together with the implementation’s overall success.

Also verify that the implementation plan leaves ample time for sufficient training. You do not want training to be rushed, as proper training sets the stage for the long-term success of the EHR. Be sure to factor in computer proficiency training and follow-up training in case the initial effort is not successful.

And finally, understand how your implementation schedule impacts your attestation goal. Many hospitals cut right under the wire and want to implement by June 30 of any given year so that they can begin their 90-day attestation period on July 1 (to complete it by the fiscal end of Sept. 30). This
ultimately ties back to the very beginning stage of the selection process. You need to know when you need to be live and work backward from that, leaving yourself time for at least a 120-day implementation — typically the fastest implementation timeline for rural and community hospitals.

**Recommendation two: Walk your vendor through your workflow.**

Your EHR should be a valuable asset to your organization — one that molds to your hospital’s workflows and best practices. A key part of the implementation process is the discovery phase. Make sure your vendor fully understands how your hospital operates. This could include:

- What forms you use.
- Which department is responsible for different actions.
- How a patient is transferred between areas of the hospital.
- How most patients enter your hospital (e.g., through the ED).

A highly collaborative implementation model provides the optimal mix of structure and flexibility by encouraging an environment that spawns innovative ideas from your steering committee to your end users. Implementation should not be about automating existing processes. Instead it should automate the best processes for your organization. This comes from a vendor taking the time to meet with your team and fully understand its workflows and best practices so that it can adapt to you.

As part of this workflow evaluation, determine your interface needs. EHRs today are built on open technology platforms that allow information to be seamlessly shared between systems from a variety of vendors. During the initial stages of implementation, work with your vendor to identify the interface requirements, message types and the interfacing capabilities of your existing systems. Once this information is known, the vendor can begin negotiating the integration method governed by patient safety, meaningful use and the specific workflow requirements of your hospital.

As you work to identify the interface requirements, connect your other vendors with your EHR vendor as soon as possible. All of your vendors have a technological expertise that is likely too technical for you. By connecting your vendors together, you eliminate the middleman and help the process progress. However, it remains your responsibility to ensure all vendors perform their designated tasks, and you may need to step in if someone lags behind.

**Recommendation three: Be prepared for bumps along the way.**

Health information technology is an evolving industry and a relatively young one. No EHR on the market is 100 percent perfect and it never will be. This is simply the reality of this business and an important point to understand and embrace.

Your implementation will not be perfect. There will be bumps. Your nurses will panic. Your physicians will argue. You will have many calls with your vendor. But small bumps along the way are worth it. There is a light at the end of the tunnel — one that will shine brightly for your hospital for years to come. It is your job as the CEO to guide your employees, always reminding them of the benefits of the EHR and the long-lasting impact that they are making at your hospital.

Small bumps along the way are worth it. There is a light at the end of the tunnel — one that will shine brightly for your hospital for years to come.
Conclusion

The EHR selection and implementation process is a long one. For many hospitals, the search for an EHR takes more than six months. Add on at least another four months for implementation (and up to two years depending on your vendor) and you have a lengthy process that can quickly suck away your time.

Because choosing an EHR system is such a big decision, it is easy for the barriers to EHR implementation to quickly become mountains instead of molehills. Your job as a CEO is to guide your team over those barriers and keep it focused on the end goal — improved patient care, financial stability for your organization and the long-term health of your community.
Works Cited


KLAS research report. (2009). Disruption in Community HIS Purchases: It’s All About Physician Adoption. KLAS.


