Success of EHR System Hinges on Planning

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BOSTON — To successfully implement an electronic health record system, set clear and specific goals and involve your clinical and administrative staff in all of the planning, Jerome H. Carter, M.D., said at a congress sponsored by the American Medical Informatics Association.


As many as half of complex software implementations fail, Dr. Carter said, and usually for the same reasons: vague objectives, bad planning and estimation, poor project management, insufficient involvement by senior staff, and poor vendor performance.

"This is not the time to experiment with the latest gadgets," he said.

Implementation doesn’t start when the organization purchases the EHR products, but, rather, as soon as the group accepts the idea of moving from paper to an electronic system, Dr. Carter said.

The first step is to understand the current problems within the practice, to figure out how the practice should function, and to identify what keeps the practice and its current system from working in an ideal way.

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Once this backgrounding has been done, the executive management should also assess everyone’s job functions. Adding an EHR to a practice will change job functions, and it’s important to consider the types of input devices that will be used, such as tablets, desktop computers, or personal digital assistants (PDAs). Tablet computers are popular but people also tend to drop them and spill coffee on them, he said.

Don’t forget to factor in security issues, Dr. Carter advised. For example, practices should be sure that any system they buy is compatible with the Health Insurance Portability and Accountability Act of 1996.

When the time comes, there are many different ways to roll out a system, Dr. Carter said. For example, a practice can test all the features at once through a pilot at one site in the practice. Another option is to phase in implementation of the most important features first across the entire organization.

Or a practice could opt to try a ‘big bang’ rollout where all features are implemented across the organization at once. This approach is generally more successful in smaller practices with only two sites and fewer than 10 physicians, Dr. Carter said.

Regardless of the type of rollout, ongoing staff training is critical. It is not a one-time event. Staff will need training on the workflow change and planning aspects and the actual EHR system. Physicians will need additional training on physician-specific issues related to implementation, he said.

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Will your patient leave the pharmacy with something else?

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• Print the medication’s brand name and generic name on all prescriptions.
• Include dosage form, strength, and full instructions.
• Pronounce the name for the patient or caregiver, and have them say it back to you.
• Remind the patient to check for anything unusual (eg, capsules instead of the usual tablets) before they leave the pharmacy.

Please take special care when prescribing any medication.

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