



# Electronic Health Record Implementation: Lessons learned at Doctors Memorial Hospital

Presented by :  
Warren Bailey, PharmD  
Tamara Leavins, RN, ClinIT  
CAH Medication Safety Summit 2011  
Gainesville, FL



# Request to employees

- Things you learned
- What you would have done differently
- Advice you would give another facility if they were considering full hospital implementation of any EHR system

# Request to employees

- Things you learned
  - **I will not do this again.**
- What you would have done differently
  - **Applied for a different job.**
- Advice you would give another facility if they were considering full hospital implementation of any EHR system
  - **Run away.**

# Pre-existing hardware/software

- Patient registration/billing with limited interfaces (lab/radiology order entry only)
- AP
- GL
- Payroll
- Department specific programs
- Paper MARs/orders, Omnicell used for PRN meds and 1<sup>st</sup> doses

# New system

- Business Modules: 22
- Clinical Modules: 24
- “if they offered it, we bought it”



**Computer on Wheels with med drawers**



**\*\*note bar code scanner\*\***

# Implementation timeframe

- We chose to implement at Fiscal year end
- Vendor site evaluation 90 days prior to go live
- Medical records, lab workshops 60 days prior
- Clinical information/accounting deadline 45 days prior
- Offsite training 30 days prior
- Network prep deadline 14 days prior
- Onsite training 1 week prior
- October 1, 2010 -Go live was incremental
- Trainers on-site for 4 weeks, then follow-ups
- CPOE “go live”- February 1<sup>st</sup>, 2011

# Hardware issues/pre-install

- Data conversion/communication (check and re-check as the data gets communicated/transferred many times)
- This is your “one chance” to make things right re: workstations, servers, carts, scanners, printers, etc. - get what you need (“don’t make them work on junk”)

# Staff training

- Manage your staff such that the easier learners are mingled with those that struggle with change. Too many strugglers becoming frustrated at the same time can create a difficult environment to learn.

# Staff comments/recommendations

- Interface delays/poor operability can create “angst” towards the EMR implementation
  - Create incentives in the contract if possible
  - Bi-directional = double the expense!
- Don’t expect paper usage to disappear, it may actually increase
- Trainers have “tunnel vision” and don’t always take a “systems” approach – hospital managers must demand this of the trainer

# Staff comments/rec's cont'd:

- Keep a log of EMR issues to track progress of the EMR company in solving them
- Discuss the stages of implementation post 'go live' as expectations are guaranteed to be different amongst the stakeholders. Example: when will the paper chart disappear.

# Staff comments cont'd:

- “Make sure that your billers are well trained in 2ndary billing. Also, there will be a serious lag in your payments, as the billing usually doesn't go live until about a week or two after the other areas, and then it is plagued with set-up issues that slow the billing/payment process..... I mean almost makes it go in reverse.”

# Staff comments cont'd:

- Be stubborn and adamant. Being nice will only have the trainers pass you by. If you are stubborn and persistent, they will want you off their back and provide more information.
- Ask questions and take notes. Ask the same questions of another trainer, take more notes and make comparisons. Each trainer has a different approach and you can only learn the shortcuts by asking questions and comparing their answers.

# Staff comments cont'd:

- Leaders must be intimately involved (2 CEOs and 3 CFOs during our process!)
- Compare apples to apples – make the vendors answer questions in writing and let them know their competition is answering the same questions
- Include the doctors
- Plan, plan, plan...train, train, train...pray, pray, pray....then implement

# Site visit recommendations

- “Go to a hospital that has been using the system for more than 6 months and actually use the program for a couple of days. Especially ask night shift. It seems that they are the ones with no IT support.”
- “Allow the staff to use the system before committing to the system.”

# Visit recommendations cont'd

- Guided vs. non-guided
- Ask about updates (i.e. are they using the version you are buying; what happens when the system is upgraded, etc)
- Involve all departments, especially the end-users (don't forget contract employees) – more people will “own” the decision to implement

# Visit recommendations cont'd

- Match your facility to your destination as closely as possible (i.e. we should have visited someone who chose a new vendor vs. a facility that added components of their existing vendor)

# Questions?

[warren.bailey@doctorsmemorialhospital.com](mailto:warren.bailey@doctorsmemorialhospital.com)

