

Outpatient Surgery

Magazine

July, 2011

6 Steps to EMR Success

Implementation advice from facilities that have gone live.

Article features AmkaiSolutions clients Barb Ramsey, administrator of the Rush Surgicenter in Chicago and Scott Luba, Director of Business Operations of the Outpatient Surgery Center of Hilton Head in South Carolina.

[David Bernard](#), Senior Associate Editor

1. Don't cut corners for cost

There's no way to implement EMRs on the cheap and get good results. As with most capital expenditures, you get what you pay for, so invest wisely in quality hardware.

"Obviously, one of our first considerations was the cost of this new technology," says Barb Ramsey, MSN, RN, CASC, administrator of the Rush Surgicenter in Chicago.

"We'd have to buy a server, new computers, new hardware. There was some concern that we'd be spending more than we'd eventually save."

A purchase based strictly on economy, however, could be a worse gamble. Saving money with components that are poorly designed, ill-suited to your needs or uncooperative on the job is no savings at all.

"Don't underestimate your expenses on hardware and IT support," says Steve Green, executive director of the Scripps Mercy Surgery Pavillion in San Diego. "Don't shortchange yourself. When you're budgeting the cost, pad the figure. Whatever you think you're going to spend on IT costs and hardware, add 20%."

2. Arm yourself with good advice

Likewise, going ahead without the advice and counsel of information technology professionals can cost you a bundle later. "You need solid IT support, not just a member of your staff who is "◆good with computers," says Mr. Green. "Otherwise, I think you're setting yourself up for a hard time." Contracting out for a wireless network design engineer was worth it, he says, in order to ensure that the tablet computers with which he was equipping his staff would always be able to connect to the server without suffering "dead spots" anywhere in the facility.

Mr. Green suggests consulting with other surgical facilities, including any hospitals or health systems you may be affiliated with, or members of your local business community for referrals to IT professionals. "This isn't something I'd just go to the yellow pages for," he says.

Also, don't neglect to look into how supportive the EMR software vendor will be, both during and after implementation. "You'll need to be able to work closely with the vendor," says Ms. Ramsey. "They should be able to offer help with technology selection and with how to chart, and should be capable of answering any questions you have. When you're in the middle of implementation, the last thing you want is poor customer service on top of computer difficulties."

How can you be sure the software developer you've chosen can be a partner as well as a vendor? Ask around, and visit facilities where their product is up and running. "First impressions are lasting ones," says Ms. Ramsey. "I get a multitude of calls now asking me who I use and how they work. A lot of people come out to visit our site and sit with my staff while they use it. If my staff doesn't like something, you can be sure they're going to tell you."

3. Build to meet your needs

To the extent that it's possible, make sure the hardware and software you install fit your workflow, not the other way around.

When the Outpatient Surgery Center of Hilton Head in South Carolina planned its transition from paper to computerized charting, "there were some concerns that nurses would spend all their time on the computer and not interact with the patient," says Scott Luba, the director of business operations.

So the center nixed the idea of computers on wheeled carts, which would stand between nurse and patient or require the nurse to turn her back. Mobile arm-mounted units in each bay were less obstructive, more aesthetic and more ergonomic options, and they could be moved aside when not in use, he says.

At the Rush Surgicenter, the appeal of working wirelessly with tablet computers was strong. "But we weren't expecting the difficulties we had with our hardware and software," says Ms. Ramsey. In particular, too many simultaneous wireless users tended to overload the system and slow down or trip up its workings. So anesthesia providers were equipped with tablets for the OR — and are the only personnel working wirelessly at all times — while everyone else uses small computers on portable carts that connect to wall ports.

Mr. Green says his eventual choice of software was due largely to the fact that it was compatible with, and interfaced seamlessly with, his facility's pre-existing practice

management software. "That was a key thing for us," he says.

If, however, you're upgrading your practice management, patient data, scheduling or billing systems in addition to implementing EMRs, make sure you determine how they work together in order to coordinate their installation. Mr. Luba says he learned that lesson the hard way. The EMR program his facility had installed ran from the schedule in a specific practice management program, which the facility had not yet fully implemented and which ran parallel to its existing software. "To have 2 practice management systems running means double the data entry and needless duplication of work for the back office," he says.

4. Get your staff involved

Maybe your nurses are tech savvy. Maybe they struggle with e-mail and spreadsheets. Whatever their skill level with computers, their input can help you develop your EMR system for optimal efficiency.

"The biggest challenge for us was buy-in from staff, the willingness of staff to learn this," says Ms. Ramsay. "So at every step in the selection and planning process, I had them look at what I was looking at and asked them to tell me their views. I said, "◆ You're there to take care of your patient. Anything I can do to make that easier, I'm going to go with."

Mr. Green recalls being impressed by how his EMR vendor recreated his center's charts on a computer screen. "They basically took our paper forms and converted them," he says. But he made sure to run the drafts by the OR and front office staffers who'd be using them every day.

Their suggestions sparked useful and ultimately time- and effort-saving revisions to the forms' design, including making text-entry blanks bigger or smaller, replacing them with drop-down menus for standardized information such as physicians' names, and creating a function that automatically fills in repeated information throughout a chart, as in a form letter.

5. Train, train, train

The administrators agree on the importance of scheduling training sessions for all of your employees, even part-time nurses and rotating anesthesia providers, in advance of the go-live date, perhaps more than once.

"The more training time you can talk your vendor into supplying, the better," says Mr. Luba. "You want your staff to have a lot of opportunities to practice with the system." He also acknowledges that these final preparations can be time-consuming. "I told my family, "◆ When the trainers are on site, don't expect to see me until late."

Even for staff members with solid computer experience, the introduction of EMRs can

present radical differences in hands-on details. "I don't think any of us had done a lot of work with writing on computer screens with electronic pens," says Mr. Green. Couple that with the fact that once their forms were formatted for the screen, they were slightly reduced from their traditional 8.5-inch by 11-inch size. "The check boxes were smaller. Hitting the exact target with a pen was a skill we had to learn to work the tablet computers."

Completing a training course wasn't the finish line for learning the new EMR system, says Ms. Ramsay, and it shouldn't be the end of technical support. "We definitely had ups and downs. [Our going live] was not perfect by any means," she says. The vendor's representative was on site for the first 2 weeks to troubleshoot, but after that the facility relied on the assistance of its IT gurus and 2 nurses who had excelled in training and were temporarily excused from patient care so they'd always be available to help a colleague in the OR or at a patient's bedside, she says.

6. Share your enthusiasm

Regardless of the size of your EMR project or the technical skill level of your staff, lead strongly, says Ms. Ramsey. "I like to think of myself as an assertive individual," she says. "My staff may see me more as aggressive. Either way, I tried to present a positive outlook: Let's get excited about this. You may not be tech savvy, but this is the way it's going to be, so follow my example. It ended up being an infectious thing. They got excited about EMRs because I was excited."

Force of personality may have paid off as much as training, she notes. "My staff did outstanding. They weren't all happy about it, but now if you ask them if they want to go back to paper charts, at least 99% of them will say no."