Module 5 Assignment: Short Case 11: An Information Technology Implementation

Challenge

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Short Case 11: An Information Technology Implementation Challenge

1. What types of information should the summer resident collect to build the overall evidence case for an EMR system implementation? Where should she look to find this evidence?

   The information the summer resident should collect to build the overall evidence case for an EMR system implementation would include evidence based research on the benefits and risks of an EMR system. By researching the evidence available on the success of an EMR he can provide solid data that supports its implementation. This information can be found by conducting a literature search of scholarly articles in a database of journals such as EBSCO Megafile. Specific evidence on the benefits
of the use of EMR would need to be presented to support it’s use. For example Horning (2011) explains that “according to a review of 13 published articles on the topic, the use of CPOE has been shown to reduce prescribing errors by 29–96% in a variety of hospital settings” (p. 2288). Specifics such as this will provide the stakeholders the evidence they need to make informed decisions as well as understand the reasoning an EMR is important for their patients.

Other information that would be beneficial would be data from other organizations that have implemented an EMR in their facilities. Finding out what EMR’s are successful, what the process entails, and the risks and benefits of the change would be good supporting data to collect. Information would need to be gathered from information technology as well as leadership at these facilities. Also the perspective of physicians, medical records and other front line staff would be needed as well.

Lastly it may also be beneficial to gather data regarding the incentives of implementation of an EMR system. White and Griffith (2016) explain how in 2009 President Obama implemented the Health Information Technology for Economic and Clinical Health (HITECH). This organization promotes, supports and monitors health information technology to better healthcare for patients by offering organizations incentives for use of EMRs. By implementing an EMR the organization may not only improve the care for patients but receive incentives for doing so. This information could be found by accessing the HITECH website and researching out to a member of their team to understand more.

2. What would you suggest that Dr. Johnson say to physicians who are concerned that an EMR will limit their ability to practice patient-centered medicine and provide
individualized care to each individual patient? What evidence could you seek to support your argument?

It would be important for Dr Johnson to explain to the physicians the importance of protocols, guidelines, and evidence-based medicine on the outcomes of the patients they care for. Healthcare is a science, and these protocols and guidelines are based on the evidence that supports their use. Physicians of today do not practice based on hunches or because that is the way it was always done. Instead, protocols are used to assure the best evidence is used. However, just because one is following the protocols and guidelines, does not mean they do not receive the individualized and specific care they need. Certain exceptions can be made within an order set or protocol, but the overall purpose of the protocol is to provide the patient with the best medicine using evidence that supports that medicine. As White and Griffith (2016) explain “Protocols are not mechanistic. Caregivers are obligated to monitor the patients progress and to modify the protocol to fit the patients needs” (p. 163). To do this, continued monitoring, individualized and interdisciplinary plans of care, and case management support will all contribute to maintaining patient-centered and individual care (White & Griffith, 2016).

Evidence to support the use of the EMR and continued individualized care would be gained from the literature review completed by the summer resident on use of the EMR in practice. Also, other hospital physician experiences and Dr Johnson’s experience on incorporating individualized care with an EMR would be beneficial to support its use.

3. How would adoption of an EMR affect organizational control systems at Geneva? How would it affect individuals?
With paper charting it is difficult and more time consuming to gather data and measurements on quality and safety in the organization. Adoption of an EMR would affect organizational control systems by providing accessible data that could easily be retrieved from the EMR. In today's healthcare system we are always looking to measure outcomes and improve upon the care we provide. By having easier access to data through the EMR we have a better tool to look at the data and then improve upon the care we provide.

Individuals will also benefit from the implementation of the EMR. With the EMR safety and quality is improved as protocols can trigger automated alerts and decrease on the errors that can occur. The EMR can also improve communication among disciplines as well as among organizations. Patients treatments and notes can be easily accessed by multiple disciplines as well as across the organizations and systems to make the patients care more streamlined and less fragmented.

4. What could be learned from speaking with hospitals and health systems about their experiences with EMR implementation? With whom would you like to speak at these organizations?

As stated earlier, speaking with hospitals about their experiences with EMR implementation will not only show the risks and benefits of implementation but it will also give individuals a more specific understanding of what it really entails. Other organizations experiences can help to better understand what works and what does not before implementation for your own organization. It would also be beneficial for nurses, physicians, medical records and other departments to have conversations about individual experiences, concerns as well as see the EMR in practice.
The individuals I would want to speak with would include information technology, senior leadership, physicians, nurses, medical records and other support services. This is an endeavor that would affect all members of the organization so it would be important to understand each one's perspectives.

5. What would be critical success factors associated with implementation of an EMR at Geneva? What steps would you recommend to maximize the likelihood of success?

A main critical success factor would be getting the individuals resisting the change on board with the implementation. Buy in to the process is key in ensuring success with the implementation. By having the evidence that the summer resident helps collect as well as conversations with other hospitals they will hopefully have buy in from key stakeholders to move forward.

Once this is accomplished it is important to have a plan in place to implement the EMR. For change to be successful systematic processes need to be in place for success. White and Griffith (2016) explain how by following the four steps of identify, analyze, test and evaluate an organization can be successful in making change. These steps include finding improvable processes; uncover root causes or possible corrections; developing alternative solutions and selecting the best for implementation; and implementing the best solution, establishing new goals and monitoring progress. By utilizing plans such as these success in implementation is more likely. Through it all, it is also important to have continuous support and involvement of all stakeholders. They need to feel they are apart of the change and have ownership over its success. Only then will the EMR be successfully implemented.
References

