

Lean Healthcare: EHR Implementation



EHR implementation is about more than just getting the software up and running. Successful EHR projects simultaneously integrate a) the 'software with your work processes' and b) your 'work processes with your software' as a means to enhance both performance and processes:

- Care coordination
- Patient flow
- Co-pay collections
- Timely coding, accurate billing
- Referrals
- Labs, tests follow-ups, etc.
- Lower cost, higher (more consistent quality), better service, improved productivity

EHR/EMR Mobilization

Background: Organizations often view EHR and/or IT systems implementations as self-contained or isolated IT projects. In reality these systems interact with nearly every process inside your health system, hospital(s) or practice(s).

Traditional approaches to EHR installation focus on: the *software* and what the software can do, the transitioning of data, and the training of user groups on how to 'use' the software. This software centric approach is not intended to address the actual work *processes* within the organization or *variability* of processes across the many sites/ practices.

The phrase '*the software will help you standardize your processes*' is both appropriate and overused. We should standardize the tasks and processes that should be standardized; however, when changing a process, someone must do the actual work to *change the process*. Too often the gap associated with *process integration* results in system 'go lives' that can cripple a hospital/practice (patient flow, access, productivity, wait time, (ED) LWBS and stress) and directly

impact patient experience until the hospital/ practice *figures it out*.

Approach: At JKA, our model for EHR/EMR mobilization (within a hospital or physician practice), includes both successful IT implementation as well as IT integration by planning, redesigning and documenting practice/hospital processes simultaneous to planning the software training, integration and launch.

We consciously integrate 'software with processes' and 'processes with software.' This approach identifies process *and* software gaps, enabling teams to address the gaps *prior* to software go live. We then can identify the 'who, what and when' of the gap ~~and~~, build/adjust any needed processes and reduce the surprises at go live. In addition to training on the software and its capabilities, we engage users in the design and documentation of the new workflows, evaluating all core processes both inside and outside of patient care.

Working with your EMR integration team to ensure your system (EMR), processes and workflows are designed (from the outset) to form one improved and integrated process



Your EHR implementation is different. We will help you to identify the critical factors to enable your success and then work with your people to learn and do in the best way possible.

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Approach (continued):

We understand that no software has the perfect solution for every hospital/practice. Nor are the existing processes a perfect fit for any EHR/EMR. We also understand that there are a wide variety in personnel, job titles, roles and responsibilities, coordination that impact larger system installations. It is in acknowledging and addressing these process, software and personnel gaps that an organization can mitigate the *preventable* stresses associated with 'go live,' real patients, real care delivery, and real concerns.

The reality is that many of the frustrations and surprises associated with 'go live' are preventable. We should not expect software experts to become experts on the nuances (and workarounds) of our internal processes; similar to how software experts do not expect practitioners to immediately become software experts.

In our approach, we help ensure your system enables your processes and staff, instead of making your people work around the system. Some keys to success are in understanding the intersection of your people, (job role) task, system requirements, physical layout, etc. When designed well, an EHR system implementation can drive healthy standardization, improve provider and staff productivity, enable more informed clinical decisions, and improve overall process/system performance. EHR implementations specifically designed not only with system objective but also coordinating process and staff integration results in minimal disruption to staff and patients, minimal stress and accelerated speed to value of the software solution.

Case Study: EMR installation at an 8 site, 86 provider Medical Group, resulted in an 83% *same day* encounter close rate within one week of go live. All 8 practices were also able to return to pre-implementation schedule levels within three weeks of go live with the EMR.

Work Flow:

EMR Systems and software teams are not tasked to know your processes (practice, ED, inpatient, Coding, etc.) or who does what in your processes. EMR Systems are software. Software focuses on what needs to be entered and typically *who* will enter the information, not necessarily where the information will come from, how the individual will acquire the information, or the *processes* that need to be synchronized in order for the information (and patient) to *flow* smoothly within and across shifts, providers, units, or facilities (physician practice to hospital, lab to practice, specialist to hospitalist).

From tasks seemingly as clear as entering required fields, each entry must be synchronized with those who do the work. In a physician practice/ hospital, this simple entry represents *many* simple entries complex interchanges of a care team balancing multiple patients, multiple providers, all at different stages of individual visits.

We have learned that it is critical to map the *system flow* to the *work flow* in order to understand how best to configure the system and design the practice/unit processes. Most often there are both process and system customizations that when identified in the planning phase of the project, with minor tweaks can be made to flow very smoothly. The key is to take the time to understand before 'go-live' to anticipate as many of the needed workflow changes as possible. Work with your team(s) to help them understand: what is the same, what is different, the keys to success and where to go for help.

Standardization: Done well, systems and software can drive standardization of many tasks and entries. However, this only happens well when we understand how our workflow and systems need to intersect, train our staff on *both* the new processes and new systems and measure process performance in a timely way to ensure that we in fact are using the processes and systems correctly. Healthcare is an industry where many workflows are engaged on the same patient, at the same time by many different people. When the system is not designed to work within these workflows the system will, in fact, create less standardized, less efficient work flows that *work around* the system.

Summary:

EHR, EMR and IT advancements and investments are a powerful component of our business. However much of the frustrations, angst and lost productivity felt by staff, providers and patients alike do not have to be.

When traditional software implementation can be supported by a process that combines process integration, process analysis and system integration, the vast majority of surprises at 'go live' can be prevented *prior* to launch, thereby allowing our staff, providers and care teams to leverage the capabilities of the software to help maximize value to patients.