



EHR

IMPLEMENTATION GUIDE FOR SMALL PRACTICES

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1. Prologue

If you've recently chosen to implement an EMR for the first time, or replace your existing one, you're in good company. Between 2014 and 2015, the number of practices looking to upgrade their EMR technology jumped to 60%, a 59% increase over the previous year. Today's new [small practice EMRs](#) are feature-rich and powerful, offering productivity enhancements and custom workflows that represent significant upgrades over previous versions.

Many practice managers and physician leaders fall prey to the pitfalls and costly, time-consuming mistakes that often accompany EMR implementation. This guide offers practical tips and tools to help you avoid the most common snags and glitches in the implementation process and pave the way for a smooth and seamless transition.

2. Preparing for EMR Implementation

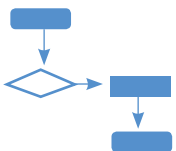
No matter which [EMR software solution](#) you've chosen, the preparation and planning stages are basically the same. Whether you are heading up the transition for a large multi-specialty group or implementing an [EMR for a small practice](#), these six steps will keep the process moving forward toward a successful outcome.



2.1 Designate a leader.

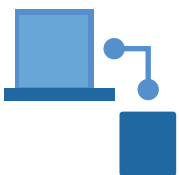
Your practice needs a single, accountable leader to manage all the moving parts in the EMR implementation process. Before you begin, choose a project manager/EMR champion to coordinate each phase of the software rollout; he or she should have thorough knowledge of front and back office workflow, as well as the technical expertise to understand and resolve infrastructure challenges.

The leader will meet with appropriate staff to discuss and manage expectations for [the EMR system](#), determine which templates and interfaces will be required, hold regular meetings with stakeholders to assess progress, and ensure regular communication throughout all members of the practice. The leader is also the point person for all training and implementation issues with the vendor.



2.2 Document existing workflow.

Your new EMR will likely have built-in workflows, but these are rarely an exact match for your unique practice processes. Carefully map your existing workflow and highlight the procedures you expect to change as a result of your new EMR system. This information will help your vendor identify areas for adjustment and better prepare your staff for upcoming changes.



2.3 Build and implement your IT infrastructure.

Insufficient infrastructure—inadequate bandwidth, outdated hardware, unwieldy devices—will sabotage your [EMR implementation](#) and lead to intense frustration for all users. Confirm that you have the right infrastructure in place to complete all tasks and accomplish your practice goals.





2.4 Set implementation milestones.

Begin by establishing a launch date and then work backward to prepare a roadmap for implementation milestones. These can include hard deadlines for setting up users, importing patient and clinical data, scanning and/or entering notes and documents, completing and uploading templates, and scheduling and [completing staff training sessions](#).



2.5 Communicate with your patients.

No matter how well you prepare for EMR implementation, there will be some disruption to your normal workflow and it's best to notify your patients of what to expect in advance. Send an email and be sure to let them know how the new system will benefit them, as well, explaining new features such as the patient portal and e-prescription, for example.



2.6 Schedule your training.

Your leader should work closely with the vendor to [schedule training sessions](#) at the optimal time for each user or class of users—training should occur early enough in the process that there is plenty of time to make last-minute adjustments, if needed, based on user feedback, yet close enough to the go-live date that context and processes aren't lost or forgotten.

Remember, implementing or replacing an EMR system is an ongoing process and long-term partnership over time with your vendor. You should be confident at every stage that your vendor will work with you to customize a solution that meets your practice goals and objectives.

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3. Identifying—and Avoiding—Common EMR Implementation Pitfalls

Major workflow disruptions are every practice manager's greatest nightmare and a poorly planned EMR implementation offers many opportunities to fail. Before you schedule your go-live date, familiarize yourself with the [common pitfalls of EMR implementation](#) and take steps to avoid them.




Most catastrophic implementation issues can be traced to one of four areas: Leadership, workflow, training, and infrastructure.

Most catastrophic implementation issues can be traced to one of four areas: Leadership, workflow, training, and infrastructure. What follows below is a closer look at each potential problem area with recommendations to identify and get in front of them before they occur, ensuring a smoother transition.

3.1 Leadership

These are tell-tale signs leadership issues may be negatively impacting your EMR implementation.



-  **Lack of enthusiastic buy-in from key staff and stakeholders**
Your leader must be able to communicate effectively and demonstrate the advantages of the EMR system to providers, key employees, and staff members. It's important that all stakeholders are committed to the project's success before you begin.
-  **Poor decision-making**
The leader should understand change management principles, have the technical knowledge to oversee the project, and be empowered for on-the-spot decision-making for most implementation issues.
-  **Inadequate communication**
Your EMR implementation leader should ensure a constant flow of communication between the vendor, clinicians, and front office staff so that all concerns are addressed and all milestones and objectives are clearly explained. Each member of the team should understand the process and his or her role and responsibilities during and after implementation.

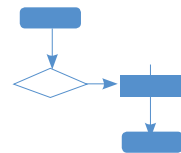
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3.2 Workflow

This is perhaps the single most important issue affecting productivity and the overall satisfaction and [success of your EMR implementation](#). Be sure each of the following areas are carefully considered and addressed prior to starting the process.



Inadequate workflow mapping

Your leader should seek adequate input from staff across the care delivery spectrum so that no role or process is overlooked in the workflow map. Account for variables such as who is responsible for gathering and entering various data, how it will be organized in the EMR, and who will need access to it throughout the clinical process. Limit data entry by providers to strictly those processes related to clinical decision-making (ordering tests, entering diagnoses, prescribing medications, etc.).



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Poor delineation of responsibility

Workflow interruptions occur when staff members are unclear about their responsibilities in data gathering, input, and processing. Once you have arrived at optimal workflow procedures, be sure these are carefully communicated to each staff member to avoid confusion, duplication of effort, or missed steps.



Lack of provider participation

It is important to have a physician "champion" or other strong clinical leader to ensure all providers are on board with changes in workflow and their role in the EMR implementation. Providers should have input into workflow decision-making so that they aren't unwittingly engaging in counterproductive behaviors that sabotage your implementation efforts.



Failure to complete a walk-through prior to EMR implementation

A pre-implementation walk through is an important final step to identify gaps in data collection and entry, and bottlenecks in care delivery. It's also a good time to make sure peripherals and devices are optimally positioned to enhance practice workflow and eliminate duplication of effort.

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3.3 Training

Too often, practices neglect to devote adequate resources to the [training phase of EMR implementation](#), with the mistaken belief that staff members learn best with “on-the-spot” training. Pay attention to these common training shortfalls as you plan for your go-live date.



- ✗ Underestimating training time**
Each member of your team learns at his or her own pace and it's important to account for learning curves when scheduling your training sessions. Consider your vendor recommendations when scheduling the length and number of training sessions.
- ✗ Failure to designate “super-users”**
“Super-users” are employees who are cross-trained in all aspects of the EMR and can be relied on to coach other staff members who are struggling to understand their role or remember vital processes. Super-users are invaluable to ensuring a smooth transition, leaving trainers and vendor support personnel available to attend to critical implementation issues that arise during go-live.
- ✗ Scheduling training too early in the process**
Knowledge retention and work performance suffers the longer the gap between training and the go-live date. Work with your vendor to create a training schedule that minimizes the gap and allows for thorough preparation of all staff members.
- ✗ Lack of planning for adequate go-live support**
Every practice will encounter unexpected snags and glitches during the EMR implementation process, so it's critical to have live support available to address them without catastrophic workflow interruptions. Your vendor will make recommendations to ensure a more seamless transition.

Do not fall prey to the mistaken belief that staff members learn best with “on-the-spot” training. Devote adequate resources to the training phase of EMR implementation.





3.4 Infrastructure and Interfaces

Increased productivity is one of the key objectives in EMR implementation, so it's important to fully test all data and user interfaces, as well as critical infrastructure, prior to go-live. Failing to do so results in spontaneous workarounds that disrupt workflow, causing a noticeable drag on efficiency and adding unnecessary implementation costs. Be sure to watch for the following warning signs as you go through the process.



Scanning, entering or capturing too much data

Information scanned from paper charts is difficult to locate and is not available for processing in the EMR. Limit the amount of information you scan and develop a plan for retrieving important information, such as immunization or medication records. In many cases, entering the data into discrete, searchable fields within the EMR is a more efficient solution. Develop a data migration plan that supports clinical decision-making without overloading your system with extraneous information.



Failure to fully test data interfaces prior to go-live

Lab, radiology, and e-prescribe interfaces should be fully functioning and tested prior to live EMR implementation to prevent potentially catastrophic interruptions in patient care and workflow.

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Inadequate, incomplete or unwieldy charting tools and templates

Ensure that tools and templates are properly configured and tested prior to go-live. Prioritize templates for office visits and common procedures and pare down custom preferences to the 8 or 10 most common diagnoses, tests and medication orders to simplify clinician workflow. Carefully evaluate flow sheets to ensure streamlined entry and tracking of vital signs and common lab and test results, such as CBCs and EKGs, for example, that apply to your particular practice specialty.



Insufficient bandwidth, peripherals and/or devices to handle workflow

Your vendor and IT team should work together to ensure infrastructure is in place and adequate to the task of supporting clinical workflow and data processing. Verify that there are enough portable workstations, handheld devices, and printers available for staff and that they are appropriately placed to streamline front and back office processes. Have a documented backup plan in place prior to the go-live date.

Do remember that your EMR implementation affects not only staff and providers, it also affects patients and the way they perceive their office visits. Moving from paper charts to electronic charts introduces a new element into the clinical dynamics. Think about the type of device you will use, whether it's a portable workstation, laptop, or handheld device, and how you can proactively use the device to enhance the interaction and engage the patient, rather than having it become an obstacle to dialog and good face-to-face care.

Limit the amount of information you scan and develop a plan for retrieving important information, such as immunization or medication records.



4. Maximize your ROI

The old adage, "If you can't measure it, you can't manage it," definitely applies to your EMR implementation—practice metrics matter. Fortunately, today's EMRs have a full suite of tools to help you generate customized reports that help you measure your progress toward achieving organization goals and [maximizing your return on investment](#).

Keys to success post implementation include:

- 1 Having an in-depth understanding of your EMR system and its capabilities so that you can continually enhance and refine processes as your practice grows and evolves for maximum efficiency.
- 2 Ensuring ongoing evaluation of how your staff uses and interacts with the EMR so that each person is taking [full advantage of the system's functionality](#).
- 3 Selecting an ongoing vendor support plan that prioritizes critical fixes and customizations for optimizing your system as new processes and challenges emerge.

Ensuring ongoing evaluation of how your staff uses and interacts with the EMR so that each person is taking full advantage of the system's functionality

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5. Why Choose Prognosis EHR?

In today's highly regulated and competitive healthcare environment, small practices need a powerful, flexible, and easy-to-use EMR to streamline data collection and reporting, enhance patient care, and consolidate practice management functions to increase productivity. When you choose a [RevenueXL's Prognosis EMR](#) for your small practice, we partner with you to configure, and customize your system, and also collaborate with you to use an implementation process that minimizes disruptions and helps you achieve your practice goals.



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