Implementation Considerations: Change Management

• Vision must be strong, shared, and physician-led
  – Clear communication is critical (positives/negatives)
  – Communicate often, communicate everything

• Super-users very important

• Change is hard—handling change resistance

• Not all users are the same—tolerate/encourage differences

• Physicians have the greatest challenge
  – exam room flow/patient communication
  – EHR processes encroach on physician brainpower

• EHR software is not as user-friendly as we’d like
Implementation Considerations: Training/Workflow

• Workflow evaluation/change before go-live is key
  – EHR highlights efficiencies and inefficiencies
  – Work to the ceiling of license/work as a team

• \textit{Train, Train, Train}
  – Don’t skimp on training
  – Start early (weeks/months)
  – Multimodal learning--everyone learns differently (on-site, internet, video)
  – Mock system (hands-on)
  – Retrain often (lunchtime template/flow reviews)—ongoing years after

• Avoid customization – keep it simple
  – Adds expense (now and later—upgrade issues)
  – Not only do you not know the system, the vendor does not know the system either
  – Re-evaluate customization needs after using the EHR for at least 6 months
Implementation Considerations: Go-Live

• Big bang versus modular implementation--when to become fully paperless?

• Patient scheduling
  – Plan on a reduced patient schedule for at least a week

• Have a plan in place for loading patients into system
  – Pre-load active patients--demographics
  – Pre-load critical data (from patient summary sheets)

• Support during go-live key
  – Onsite support is critical
  – Prepare ahead for downtime

• Problem identification (late-day wrap-up)

• Keep patients at the center of care
  – “Pardon our dust” messaging
  – Bring patients into their record during the visit

• **Training never ends: Old habits die slowly--reversion to old habits is common--monitoring/reinforcing/retraining key**