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EHR Optimisation: Key Things to Consider

Poor implementation is a major reason why physicians and other users dislike their EHRs. Often, doctors and other staff feel new EHRs were dumped on them and haven't been designed to make their work more efficient.

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However, before spending millions more to replace an EHR "unsuccessfully implemented", the idea of a successful implementation should be evaluated, according to D'Arcy Guerin Gue, Vice President of Industry Relations for Phoenix Health Systems, a division of Medsphere Systems.

Whether your implementation went smoothly or not, EHR design and customisation is a process that is never finished, said Ms. Gue. "The changing state of the art, medical practice guidelines, and federal and state regulations mean that EHRs and the workflow of users continue to change. Your organisation, regardless of how well or poorly your EHR was installed, will have to make sure the EHR is changing with it," she pointed out.

This is the reason why many hospitals are investing in EHR optimisation projects this year. Savvy CIOs know that their organisation's EHR will never be done, because hospitals will have to continue process-related modifications based on user needs as well as on changes in the healthcare world. For example, payment reform has made it necessary for EHRs to be able to handle exchange of data between provider organisations.

According to Ms. Gue, EHR optimisation needs to cover these key objectives:

- Achieving the basics: reliability, usability, security, privacy, training, and application support.
- Redesigning workflow to improve efficiencies, continuity of care and the patient experience; eliminating gaps in care; creating better outcomes, not just technology improvements.
- Involving physicians and nurses who understand that IT can help them transform care and want to make it happen; "buy-in" is not committed engagement.
- Ensuring interoperability – first, internally within and across your hospital's systems and then externally among other providers, HIEs, and other community-centred healthcare provider groups.
- Quality assurance: A major factor in optimisation must be development of operating and outcomes standards, plus monitoring, assessment and reporting.

Source: Health Data Management
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