

## Preparing for Successful Implementation

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### Select your physician champion!

The role of the physician champion is to help keep the office focused and positive, to be a proponent of the EHR, and to ultimately make sure that any problems with implementation get resolved. This person must be a leader that others are willing to follow. You want to create an environment that is receptive to change and where your leader has the support of others, especially senior management.

Dr. Nathan Beraha  
Primary Care, Lincoln, RI

*"To implement successfully, you need an in-house physician champion who will make sure the details are not lost and the staff gets the support they need."*

### Get buy-in from staff

Every person in your office will need to learn how to use the EHR so you need support and participation from all team members upfront. Conduct your communication in an inclusive and honest way, starting with the commitment of your management team. The best way to get the message across is to keep repeating it. Lunches, meetings, group emails and wall postings are great ways to get the message out and the discussion started.

Dr. Yul Ejnes  
Internist, Cranston, RI

*"Buy-in should start when you are researching EHRs. Drum up enthusiasm with your team and get everyone involved. It will be a much more positive experience."*

### Choose your equipment and room set-up

Determine which hardware to purchase based on your workflow. There are three common choices: laptops, tablet PCs, and desktops. Desktop PC's do not offer the flexibility and mobility, but have the advantage of faster wired network connections. Laptops and tablet PCs share the advantage of being mobile devices: you only need one for each active provider, they stay logged in as you move from room to room, and they can be taken home when necessary. Laptops have the added advantage of an integrated full keyboard and pointing device; tablets can be convertible (has a built in keyboard) or slate style (can be used with a digitizer pen, a USB mouse, or a standard keyboard). The battery life on most tablet PCs and laptops is 2-6 hours so you'll need to invest in multiple battery packs and keep a charged battery available for back-up.

After you have chosen your hardware, give thought to the equipment placement in your exam room. Make sure the use of technology does not interfere with patient-provider interaction and rapport. Some users find it helpful to have the monitor in a place where the patient can see it too, so when appropriate it can be an interactive tool between the provider and the patient.

Dr. Marcolino Ferretti  
Pediatrician, Barrington, RI

*"Think hard about where you want to document in the exam room. Is it the wall or at a desk? Where do the patients sit? Will your users type with a keyboard, or use a tablet PC with a menu driven program or both?"*

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## Document existing workflow and think through new workflow

New technology may support and enhance existing workflow, but you may need to adjust your day-to-day operations to optimize the efficiencies that EHR functionality provides.

Physicians spend considerable time documenting patient evaluation and management. Learn how to make and edit templates and pick documentation lists to create an intuitive system that flows with the physicians' style as much as possible. Along with physician documentation, you should thoroughly assess every aspect of your organization, including: (1) patient check-in, (2) taking/documenting vital signs, (3) flags for staff to give immunizations and perform ancillary office tests, (4) ordering labs and imaging tests, (5) setting up new prescriptions, (6) patient check-out, (7) billing, and more. Who will handle med refills? How will test results be handled amongst the clinical staff/team? Who will reconcile outstanding orders? The potential for improved efficiency is vast if you learn to use your EHR to the fullest.

Dr. David Gorelick  
Internist, Newport, RI

*"Once you purchase an EHR, start practicing—open every screen, simulate patient evaluations. Learn how to create templates for the most common visit types, how to edit pick lists and organize clinical documentation tools within the EHR to fit your needs. Learn everything you can to optimize your efficiency and bring the enjoyment back into your work."*

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## Transfer patient data

There is no single solution for what to do with historical patient data. In Rhode Island, we have seen several different methods. A historical data load can complicate EHR implementation and may only offer value for a relatively short time before all relevant data is electronic. If you do want to transfer data, you have to decide which information you want to include in your EHR. Some offices scan everything, others scan nothing, and many choose one year of data. You can scan all sections of the chart or just particular data types.

There are a few ways to enter historical data in the EHR. For about one year before implementation, you can flag documents using Post-It™ notes in your patients' files as you come across them. You and your staff can then scan this information into your EHR as document images before "go-live." You can also manually enter selected data, or you can work with your vendor to transfer data electronically.

Dr. Jerald Fingerut  
Medical Director  
Blackstone Valley Community Health  
Center, Central Falls and Pawtucket, RI

*"We chose to manually enter four categories of information before our first electronic visit. That included medication lists, chronic conditions, immunization history, and allergies."*

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## Train and train, and then train some more!

If there is one overriding message from Rhode Island's early EHR adopters, it is that you can never have enough training. Set criteria for your minimum training standards; we recommend a minimum of four three-hour sessions per provider. Outside of classroom training, utilize videos, e-learning modules, and CDs from your vendor. If you can, pay staff for training time outside the classroom for the modules and give short knowledge tests. Training should begin as soon as you make a purchase in order to take advantage of the time before your go-live date.

It is ideal to provide ongoing training for all staff, as well as more intense instruction for those who are less experienced or are having difficulties. We strongly encourage you to select and train staff members who can provide ongoing training to others. This will minimize the cost of purchasing training from the vendor.

Dr. Mark Jacobs  
Former President and CEO  
Coastal Medical, Providence, RI

*"We made it possible for all our providers to get 12 hours of training prior to implementation, utilizing time slots during as well as after normal working hours."*