

EMR Implementation Guide



Tasks

- [Listen and communicate well, frequently](#)
- [Describe changes, next steps to staff](#)
- [Identify project manager](#)
- [Identify physician champion](#)
- [Establish EMR Team, involve key staff](#)
- Develop EMR goals, success measures
- Document pre-implementation measures
- [Promote candid dialogue with staff](#)
- Define scope of project, set budget
- Create shared project plan with vendor
- Identify tasks office needs to do
- Assign responsibilities to staff, physicians
- Track progress on all tasks, milestones
- Do risk assessments, mitigation plans
- Track issues, resolution plans
- Prioritize project time for staff, physicians
- Complete current workflow analysis, high-level future workflow descriptions
- EMR training-learn what your EMR can do
- Validate desired future workflow descriptions for all processes
- Develop detailed process maps for key future workflows
- Develop transition plans to new work flows
- Reassess workflow post-configuration
- Discuss “phasing-in” vs. “Big Bang”
- Find reliable local IT support
- Discuss, seek advice on IT infrastructure
- Discuss existing paper chart options -- scanning, manual entry of abstracted data
- Discuss existing data conversion needs
- Identify data reporting needs; specify data EMR must capture to meet needs
- Identify systems EMR should “connect” to
- Create plan for downtimes, disasters

1. Vendor training: how to set parameters, configure EMR	7. Monitor vendor progress on interfaces, conversions, migrations
2. Set up “test system”	8. Build order sets
3. Streamline work flow where possible	9. Integrated testing
4. Ensure templates capture specified data	10. Successful parallel testing before “go-live”
5. Streamline documentation	11. Aggressively manage issues, “bugs”
6. Refine drug formulary, order strings	12. Make go-live training, Superusers high priority

- Perform assessment of go-live
- Maintain regular contact with vendor and vendor user groups
- Prioritize outstanding issues
- Analyze EMR parameters, configurations
- Consider functionalities not implemented
- Re-assess, refine work flow bottlenecks, EMR templates, short cuts, pick lists
- Annually plan for EMR system upgrades
- Assign an “approver” for all EMR changes and maintain “change log”
- Revisit, test contingency plans
- CELEBRATE SUCCESS with your staff!

Objectives:

- Establish clear expectations
- Garner support from staff, other clinicians
- Create team environment
- Focus efforts on key office improvements
- Know how to measure success
- Proactively prevent issues
- Proactively address resistance
- Establish clear decision-making process
- Prevent “scope creep”
- Create realistic timeframes, milestone dates
- Track and manage project issues effectively
- Maintain focus on quality, safety, not go-live date
- Prepare to do the work
- Determine how best to configure EMR
- Avoid laying EMR over inefficient work flows
- Find gains in office efficiency, productivity
- Optimize the value of EMR implementation
- Gain “buy-in” of staff and clinicians
- Find future workflows that will benefit practice including some that are not dependent on EMR that can be implemented immediately
- Determine best implementation approach
- Augment technical decisions with vendor, local IT and consultant advice as needed
- Determine what is best to do with existing electronic data (data conversions, migrations)
- Determine how best to manage old paper charts and information in them (scan, abstract, storage)
- Prepare to ensure EMR meets reporting needs
- Plan EMR “connectivity” (interfaces, portals...)
- Develop acceptable contingency downtime plans
- Use work flow redesign, staff preferences to guide input device selections; may allow variety
- Understand what work office staff, physicians must do to design, configure and test EMR
- Recognize this as critical time for clinician involvement—spend time on documentation templates, order sets, medication order strings, decision support tools, other EMR-specific links,
- Focus much time on the **three bold efforts** that lead to successful EMR “go-lives”
- If parallel testing goes poorly, reassess/adjust work flow, design, parameters, configurations, and training as needed; *do not “go-live” until parallel testing goes well*
- Use this experience to prepare for future upgrades or changes in office work flow
- Nurture good vendor relationship
- Optimize EMR to further improve productivity
- Manage EMR changes closely to enable more effective trouble-shooting later
- Avoid getting too far behind vendor’s newest product with upgrades at least every 12-18 mos.
- Gain valuable insights from vendor user groups
- Be prepared for unplanned downtimes