**Tasks**

- **Prepare For Change**
  - 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

- **Follow Project Management Principles**
  - Scope, resources, time
  - 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

- **Workflow Redesign**
  - Analysis, Design
  - 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

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

- **Know Your Work and Do It Well: Configure, Test, Train**
  - 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

- **Manage and Optimize EMR**
  - Post-implementation
  - Use this experience to prepare for future upgrades or changes in office workflow
  - 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

**Objectives:**

- **Establish clear expectations**
- **Gainer 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 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

- **Celebrate SUCCESS with your staff!**

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