HIT Implementation Planning for Quality and Safety

Unit 8.2: Effective Implementation Planning

Objectives

At the end of this segment, the student will be able to:

- Analyze effective implementation planning

HIT Implementation Strategies

Single vendor

Best of breed

Best of suite

HIT Implementation
Choosing the Best Path

HIT Implementation
Strategies: Single Vendor

- Accountable care organization delivery model requires ability to capture and share data across all care modalities
- Enterprise architectures avoid the need to develop and maintain complex bi-directional interfaces between disparate applications.

HIT Implementation
Strategies: Single Vendor

Benefits
- Contract management
- Financial management
- Competency development
- Software maintenance

Limitations
- Often necessitates radical change
- Professional resistance
- Failure: significant financial losses
- Curtails future ability to change to another vendor

HIT Implementation Strategies: Best of Breed

- May have different vendors for the acute care EHR, ED, ambulatory EHR, and surgery environments
- Usually found in academic medical centers
- Requires interfaces for exchanging data between these disparate systems, creating additional capital and operating costs to upgrade and maintain.

HIT Implementation Strategies: Best of Breed

Benefits
- Avoids massive business process reengineering
- Closely aligned with service-specific requirements
- Higher quality
- Competitive advantage

Limitations
- Fragmentation
- Requires wide range of skills to manage multiple applications
- Compliance risk with financial implications

HIT Implementation Strategies: Best of Suite

- Organization selects an EHR vendor to provide the clinical IT support for delivery care across all modalities beyond the acute care setting
- Usually found in large urban hospitals and integrated delivery system within the last 10 years

HIT Implementation Strategies: Best of Suite

Benefits
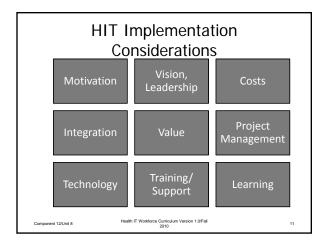- Retain/integrate legacy clinical applications
- Reduce need for disruptive work process redesign
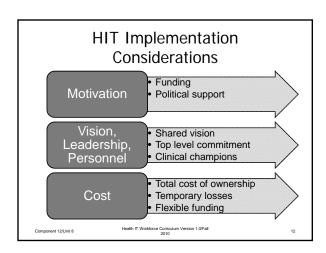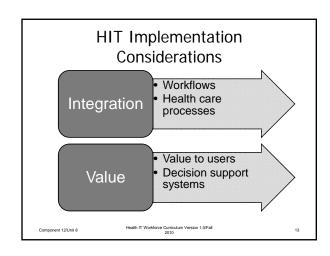- Decrease professional resistance

Limitation
- Vendors have strong bargaining positions with respect to future contracting rates and customization flexibility

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HIT Implementation Considerations

Motivation	Vision, Leadership	Costs
Integration	Value	Project Management
Technology	Training/ Support	Learning

HIT Implementation Considerations

Motivation
- Funding
- Political support

Vision, Leadership, Personnel
- Shared vision
- Top level commitment
- Clinical champions

Cost
- Total cost of ownership
- Temporary losses
- Flexible funding

HIT Implementation Considerations

Integration
- Workflows
- Health care processes

Value
- Value to users
- Decision support systems

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HIT Implementation Considerations

Project Management
- Project planning
- Defined scope
- Implementation staging

Technology
- Strategic & user considerations
- Flexibility
- Application quality

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HIT Implementation Considerations

Training/ Support
- Pre-go-live training
- 24/7 at-the-elbow post-go-live support
- Ongoing support

Learning/ Evaluation
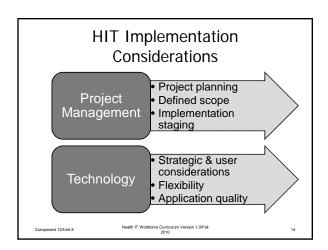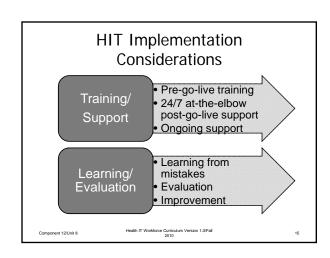- Learning from mistakes
- Evaluation
- Improvement

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HIT Implementation
Clinical Workflow

- Process description
  - How tasks are done
  - By whom
  - In what order
  - How quickly
- Set of relationship between all activities from start to finish
- Movement of information across organization

HIT Implementation
One Size Does Not Fit All

HIT Implementation
Primary Care

- Key factors:
  - Expectations of EHRs
  - Time and training required to implement and adopt the EHR
  - Emergence of an EHR champion or problem-solver
  - Providers' readiness to accept the system

HIT Implementation
Small Ambulatory Practices

Barriers

- Cost
- Lack of standardization/ designed for large practices
- Technical support
- Productivity reductions
- Resistance to change
- No perceived benefits for providers

Steps for Success

- Build in flexibility
- Secure buy-in (local ownership of project and change process)
- Create an actionable vision for change
- Tailor each phase to the individual practice
- Monitor goal achievement

HIT Implementation
Critical Access Hospitals

- Critical Access Status requires:
  - Not-for-profit
  - In a non-metropolitan statistical area
  - At least 35 miles (mountainous areas:15 miles) from a short-term general hospital
  - 25 or fewer acute-care beds
- Improves financial ability to invest in HIT

HIT Implementation
Critical Access Hospitals

Number of IT Staff

- 34% have none; 50% have 1-2

Use of external IT consultants

- 91% use external consultants (50% to a large or great extent)

HIT Implementation
Critical Access Hospitals

Outsourcing for IT services

- 85% outsource, mostly for highly technical work

Application service providers

- 38% use ASP, but only 9% to a great extent.

HIT Implementation
Hospitals

Organization has clear strategies, objectives, and plans

Management discusses ways to link IT agenda to organization's strategies

Organization holds itself accountable for its performance

Efficient/effective IT governance is in place

Organization determines processes that require IT-enabled improvement/measures performance

HIT Implementation
Hospitals

Multiple supporting initiatives are incorporated

Organization understands the complicated nature of the EHR value proposition

Clinicians are continually engaged in improving systems and related workflows

Investment in infrastructure is supported

Organization invests in modest, thoughtful IT experimentation.

Summary

- Organizations can use single vendor, best of breed, or best of suite strategies.
- There is no single right way to implement HIT
- HIT professionals can assist each organization to design an implementation plan that meets it unique needs.

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