Chapter 3
Essential Steps for Successful Implementation of the EHR to Achieve Sustainable, Safe, Quality Care

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ABSTRACT

This chapter provides the foundational steps for successful implementation of the EHR that will achieve sustainable, safe, quality care. The focus is on the point of care, where the hands of those who give and receive care meet. The billions of dollars spent to automate, regardless of vendor, bring no assurance to reach the desired clinical outcomes to become the best place to give and receive care. The process begins with leadership's commitment to transform culture and practice coupled with clarity on the role of technology to achieve that end. The fundamental elements that must be addressed and the strategies to achieve sustainable outcomes will be based on the nature of the work, the lessons and outcomes of the Elsevier CPM Resource Center International Consortium of over 346 rural, community, and university settings at various levels of EHR implementation.

INTRODUCTION

Billions of dollars are being spent on the purchase and implementation of technology in healthcare. The call to automate healthcare has been driven by diverse stimuli. Two of the major stimuli are the concern for patient safety and the growing cost of health care. (IOM, 1999, 2001, 2011; Blumenthal, 2009; Braithwaite et al., 2009). There is no quick fix or one approach to address the safety and financial concerns of the healthcare system but technology holds a promise to positively impact both concerns. Initially healthcare technology focused on admission, billing and laboratory processes. In the more recent years the focus

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shifted to *point-of-care* solutions to help address patient safety, especially the errors associated with medications and medical treatments, omissions, and other adverse events and errors that put both patient and care providers at risk while negatively impacting the cost of healthcare. (Dick et al., 1997; Gebbie et al., 2003).

The realities every healthcare organization face are more readily understood in the face of one of the most significant national issues, the call for a healthcare system. America is the only industrialized country who does not have a healthcare system. (Reid, 2010). Few would argue that the quality of life is impacted by the quality of one's health. Having access to a healthcare system from pre-birth to death is a major commitment of an advanced society to support the health of its citizens. In this evolving process to achieve such an end, it became apparent that there is much work to be done just to address the present healthcare inefficiencies and lack of quality. (IOM, 1991, 2001; Reifsteck, et al.; 2006, Kenny, 2008; Baker, 2004).

The need for transformation of practice and evidence-based practice at the point of care that ensures safety and quality for both those who give care and receive care is rarely disputed. The safety issue became a major focus when two Institute of Medicine reports (IOM, 1999, 2001) brought it to the forefront.The six IOM aims: safety, effectiveness, patient centeredness, timeliness, efficiency and equity became a mantra in the healthcare settings. The Institute for Healthcare Improvement (IHI) focused on specific safety issues and established the "No Needless List " including deaths, pain or suffering, no helplessness in those served or serving, no unwanted waiting, no waste and no one left out." In their focus on reducing defects and errors, reducing needless deaths and preventing harm from care they became world recognized in their 100, 000 lives campaign, 5 million lives campaign and now the Triple Aim: better care, better health and lower cost.

IHI found that the evidence for improvement in care rested with the quality of the tools used to evaluate the outcomes of specific interventions. (Classen, Lloyd, Provost et al., 2008). Their efforts in tool design and study brought serious consideration of approaches to report outcomes since it found at least ten times more confirmed, serious adverse events than other reporting methods. The conclusion of their study that overall adverse events occurred in one-third of hospital admissions even after this last decade of the safety effort speaks to the intensity and importance of transformation work at the point of care. (Classen et al., 2011).

The inevitable question became how could technology help with the safety issues? At the time of the IOM (1999) report, implementation of technology in healthcare had been historically seen as an IT project. The decisions such as what technology solution to buy, how to implement, and the project timelines were often decided by the IT department usually with the guidance of an IT consultant but rarely with the wisdom of the professional providers. Modern Health, 2006, noted that success with IT is about pre-implementation. Just exactly what "pre-implementation" means for point-of-care transformation is a major paradigm shift for the industry and healthcare leaders. The point-of-care implementation process requires the expertise of both practice leadership and IT leadership from the beginning of the process.

Practice and technology are interdependent and when technology is designed or implemented without equal accountability to practice transformation, the clinical outcomes will not be achieved. Even if one is a "Most Wired" hospital which implies a technological success, if "Best Clinical Practice" is not present, the implementation process has not served patients and care providers. Technology should not dictate practice; it must enhance all aspects of practice delivery. This requires a radical new approach to all per- implementation work. (Ball & Bierstock, 2007; Doebbeling, Chou, Tierney, 2006; Wesorick, Troseth, Cato, 2004; Wesorick & Doebbeling, 2011).

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