



# **ELECTRONIC HEALTH RECORD**

## **Lessons Learned Wirt County Health Services**

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**And**

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# CvDEMS

- Our first experience with any type of electronic health record was working with the CvDEMS program in 2003.
- The program was fully developed and the staff at WVU were well versed in how to implement the program
- They provided extensive training to staff on all aspects of the program: data entry and reporting functions
- This was strictly data entry into the registry but it worked quite well.



## CvDEMS CONT.....

- One data entry staff member, part-time to enter data at one site.
- We then spread the data registry to another site, which also went well.
- The success of this registry was all data was tracked in the same way, routing the patient's paper encounter for data entry into the registry.



# PECS

- When we joined the Disparities Collaborative we were asked to change from CvDEMS to PECS
- This transition was made easy with the assistance of Cecil, Adam and the WVU staff
- They assured our data was transferred into new registry
- Again this was a simple data entry process
- With this system in place we were able to run monthly diabetic and cardiovascular reports by site and by Provider
- We were able to identify measures where we were doing well and measures which needed improvement



# ELECTRONIC HEALTH RECORD IMPLEMENTATION

- Preparation for starting the new EHR
- Extensive thought as to process and current patient flow was given to:
  - How do we do things now?
  - What do we need to replicate in new system?
  - How are we going to do this?
- All in-house forms currently in use were given to the EHR developers and our current process was reviewed with them
- Super Bill provided



# ELECTRONIC HEALTH RECORD IMPLEMENTATION CONT....

- A plan was developed as to what information to scan into new EHR for visits for go live date
- Paper charts were pulled and scanned according to plan, well in advance of go live date



# ELECTRONIC HEALTH RECORD IMPLEMENTATION CONT....

- A Provider Champion was selected
- This Provider already using a EHR on her own and printing out for paper chart
- Her input was given to EHR implementation team
  
- With all of this prep time, we felt ready



# LESSONS LEARNED

## WE WERE NOT READY!

- 1. On the job training is not how you want to implement a EHR. Don't be the first site to implement.**
  - This time we have access to the EHR now.
  - Staff is going through lessons well in advance of “Go Live Date”
  - This gives them the chance to learn the system and a chance to ask questions and give input as to process



# LESSONS LEARNED WE WERE NOT READY!

## SOLUTION

- We are looking at processes similar in both systems and training on those systems now
- Immunization documentation is very similar in both systems, so we are switching to the current EHR's process
- A GoToMeeting was held so staff at all sites got the same information at the same time



# LESSONS LEARNED

## CONSISTENCY

- 2. Due to the “on the job implementation” as better ways of doing something was learned (or figured out) the solution was implemented at each site**
- Attempts to get all sites to document consistently have been made without success, so items are all over the chart
  - This makes it difficult (if not impossible) to track and report on anything



# LESSONS LEARNED

## CONSISTENCY

### SOLUTION

- An Implementation team has been developed with staff from all areas of our clinics
- Changes in process **MUST** go through this team before they will be implemented
- GoToMeetings will be held to inform all staff of any said change
- This will insure everything is trackable and reportable
- This will also insure easy access to information regardless of the site were it is entered



# LESSONS LEARNED

## PROVIDER INPUT

- 3. Even though we had a Provider Champion, not enough time was given to this Provider to work on implementation**
- Templates were being revised almost on a daily basis.
- Development of quality auto text was trial and error
- The lack of knowledge of the system resulted in an overload of poor quality templates to choose from
- All of which resulted in a lack of buy in from staff in whole



# LESSONS LEARNED PROVIDER INPUT

## SOLUTION

- Providers are getting an early chance to look at the system
- Providers are going to have a meeting with the EHR implementation team
- Providers will develop templates before “Go Live Date”
- “GoToMeetings” will be held with Providers from all sites to set or change templates or process



# LESSONS LEARNED

## STAFF BUY-IN

- The most important lesson learned is we **MUST** have staff buy-in
- The best way to get this buy-in is to give them the opportunity to develop the system and processes

