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### **Creating a Unified Vision of the EHR**

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**Leslie:** Last month we started a conversation about how multiple visions of the electronic health record (EHR) in a health care organization undermines the ultimate success of the EHR. This month we continue our discussion with readers who have worked successfully to create a unified vision in their organizations as part of their EHR change management process. Patty and I spoke recently with Lois Givens, RHIA, director of health information management (HIM) at BryanLGH Medical Center in Lincoln, NE, and Rich Marreel, interim director of information technology at Bryan and president of R. Marreel and Associates, a health care consulting organization.

**Patty:** Lois, please tell us how you started the process of developing an EHR vision.

**Lois:** Well, Rich and I worked together to get the ball rolling. We realized that when people in the organization talked about an electronic version of the medical record, we were hearing various terms to describe it, as well as different views on what comprised an EHR. We decided it would be best if we started by putting out a definition. We went to the Institute of Medicine's Computerized Patient Record (CPR) study to get guidelines for defining a CPR. Using those guidelines, we defined our enterprise CPR to include several electronic medical record (EMR) components.

**Rich:** We determined that in our institution, the SMS Invision product will be the foundation of the CPR system. Document imaging will be a critical component of our CPR and will act as the legal record and our electronic file drawer so to speak. We refer to the document imaging system as the EMR and it is a key component of our CPR. All data stored in electronic format such as results, will be sent through interfaces to the document imaging system.

**Leslie:** Why did you want to get all electronic data and documents into one system?

**Rich:** We believe that one of the key things in gaining acceptance of the EMR is to make sure that users would experience the same look and feel whenever they accessed patient information.

**Lois:** Also, the HIM department needs to be able to print the entire record efficiently when the record is needed for release of information and subpoenas, or other end users who cannot access the electronic documents.

**Patty:** How did you get buy-in to that vision from others in the organization?

**Lois:** Once Rich and I had researched the definition and examined our best options to create a CPR, we presented that information to our CFO, who then presented our information to the strategic planning committee. The vision was put into the hospital's strategic plan.

**Rich:** A CPR Steering Committee was appointed, which included six physicians and six ancillary department and nursing representatives. Lois and I lead the Steering Committee. Senior management stays involved by reviewing the progress of the Steering Committee every quarter.

**Leslie:** How did the Steering Committee proceed?

**Lois:** They started by developing and agreeing on principles for developing the enterprise CPR. For example, we defined what would constitute the legal medical record, we require that signatures be electronic, we won't post information on the paper record that is available electronically, we won't print records that can be viewed online, and users should have single sign-on access to the CPR and its components.

**Rich:** Also, senior management in the organization believes that issues and ideas come from the people who work in operations. Lois and I are communicating the vision and the work that is being done by making presentations to the directors in each division. We are also meeting with the Executive Committee of the Medical Staff, which has representation on the Steering Committee.

**Lois:** We intend to continue presenting the concepts and the progress we are making throughout the implementation process. We also recognize that it is very important not to leave anyone out because we don't want different groups in the organization to have different visions, as you pointed out in last month's column.

**Patty:** I know that you are only about five months into your project, but what has been your biggest challenge so far?

**Lois:** Actually, once the funding was approved, everything has been going very smoothly. Our timing seemed to be really good. We got approval to move ahead just prior to the last HIMSS convention, so we chose potential document imaging vendors to visit prior to the meeting and did our initial investigation face to face at the meeting.

**Leslie:** What do you anticipate as your greatest challenge when you start implementing the enterprise CPR?

**Rich:** From an IT perspective, the greatest challenge is integrating all of the systems. We have 32 different systems that will eventually need to have interfaces.

**Patty:** That does sound challenging. How long do you anticipate it will take to accomplish all of that?

**Rich:** Our timeline is 18 months from the start of document imaging system selection to implementation. However, the timeline doesn't reflect all 32 interfaces. We will prioritize those interfaces that will give us the most impact initially and then phase in the rest. In addition, vendors have been asked to take responsibility for integrating with the CPR foundation so that components such as Picture Archiving and Communication Systems (PACS) and the EMR can be accessed via menu items within Invision.

**Lois:** The biggest challenge we face in the HIM department will be re-engineering all of our processes.

**Leslie:** It sounds challenging, but also exciting. You will be transforming your HIM processes to e-HIM processes and looking for all of the ways possible to benefit from working in an electronic practice environment.

**Lois:** We have two hospitals in the system and two HIM departments. Our enterprise CPR will enable us to centralize operations over time. And, it isn't just the HIM department staff that will be affected. All

departments will experience workflow changes. Employees throughout the organization will experience significant changes. However, the feedback we have gotten from the presentations on our vision is very positive. People here are excited about the enterprise CPR.

**Patty:** How are you keeping the momentum going, so you can ride the wave of enthusiasm all the way through to a successful implementation?

**Rich:** We plan for a lot of involvement throughout the enterprise. Multi-disciplinary teams are looking at the impact within each area as well as between areas. These teams will be involved in the re-design work.

**Patty:** What will you do to introduce change in the HIM department?

**Lois:** We have been working on merging our two departments, so everyone is already in the change mode. We took the employees through a "Who Moved My Cheese?" program. And, I have already started brainstorming with my managers what HIM will look like when we start implementing the EMR and additional CPR components.

**Leslie:** That's great. It is so important to have an inclusive visioning process, so that people are working with the same vision.

**Patty:** In our experience, managing such significant transition also requires a lot of patience and understanding. After all, transitions always start with a sense of loss of the familiar and some trepidation about the future until the new vision gains clarity and becomes a reality. Honoring the past and acknowledging the challenges ahead is critical to a smooth transition.

**Leslie:** Patty and I would like to thank Lois Givens and Rich Marreel for sharing their experience with us. We wish you continued success in your project and hope to check in again with you in the future. Good luck!

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