



Electronic Medical Record

2015 (November) – Day 1, Q5

Medical Leader	✓
Medical Expert	
Communicator	•
Advocate	
Scholar	
Professional	
Collaborator	•
Manager	•

You are the Medical Administrator in a District Hospital / Health Network Office. Your network is in a non-metropolitan area. In your network is a 400-bed general hospital, a 175-bed hospital and three small rural hospitals. In line with Health Network policy, an electronic medical record system is to be implemented across the entire network.

The Network Board has decided that the 175-bed hospital will be the first to implement the system. The implementation is planned to commence in two months' time and it is expected to take nine to twelve months to fully implement.

The hospital CEO asks you to be the project manager for this project.

You know this 175-bed hospital very well. It is in a major rural town where there is a mix of both full-time and some visiting (part-time) consultant staff. Many of the medical staff are 'old school' and are not really interested in using an electronic medical record. In fact, you know that many of them will probably oppose, or at least will not cooperate with, the implementation.

You also know that the local Member of Parliament takes a keen interest in this hospital and will be keeping a 'close eye' on the project after the Minister for Health told him that this project was a 'major advance' for patient care.

Question:

How do you approach this task to ensure that it has the best chance of success?

Guidance for Censors

	Knowledge	Skills	Attitude/Behaviour
Meets standard 3	<ul style="list-style-type: none"> • Understands that this is a clinical change project, not an IT project • Aware of common reasons for failure of health IT implementations – technical, financial, inter-operability, socio-cultural issues • Aware of potential positive and negative impacts of EMRs on clinical efficiency and patient safety • Aware of early adopter risks and benefits • Aware of requirements for work flow analysis and process standardisation prior to EMR implementation • Understands requirement for both standardisation and localisation of clinical processes and EMR functionality to match technology to needs • Aware of need for continuing support and training for staff after go-live • Aware of requirement for increased staffing prior to and after go-live to enable adequate pre-work and training and to deal with initial post-implementation reductions in productivity and possible quality issues 	<ul style="list-style-type: none"> • Demonstrates understanding of change management, approaches to workplace training, role of simulation training and superusers, role and nature of communications, value of providing incentives and removing disincentives to adopt new technology and processes • Demonstrates understanding of clinical engagement, role of clinical champions, value of data and of patient stories, need to acknowledge and mitigate clinician anxieties, need to provide adequate resources to support users, need to ensure clinicians have time freed up to engage in training and testing of new system • Demonstrates understanding of project management methodology, need for active and nimble project risk management and incident management processes • Demonstrates understanding of types of resources and staff time commitments likely to be required, workforce and patient care impacts to be managed • Demonstrates skills in preparing for enquiries from politicians and media interest 	<ul style="list-style-type: none"> • Aware that this will affect all workforces and patients and that the leadership team will need to reflect that • Aware that leaders will be blamed for adverse effects of the implementation and will need to be exceptionally resilient • Aware that it is likely that impacts on workflows and required workforce resources will have been under-estimated and that it may be necessary to identify this early and ask for more resources to avoid early problems and increasing disengagement • Aware that the EMR will be blamed for all sorts of service failures and shortcomings which are not actually a consequence of the EMR but rather of pre-existing/underlying issues or which are exposed by the EMR's superior data collection and demands for documentation • Aware of value of linking with other sites, of learning from prior successful and unsuccessful implementations and of documenting processes and lessons learnt for subsequent implementations