Technology has fast become a key enabler in the drive to increase productivity across Australian healthcare, with many healthcare providers looking towards EMR as a key tool in achieving operational efficiency and improving patient care.

But without clinical engagement or strong executive support, EMR projects run the risk of failure. While the Australian healthcare sector is embracing EMR, many are still grappling with how to best involve and engage clinicians in all stages of the project life-cycle to ensure success.

“The most important key to success is clinical engagement and this involves far more than educating the clinicians to use the EMR or even getting them excited about it, it depends on getting their involvement from the earliest stage and in all stages going forward. Clinicians must feel that they have had a role in the selection, configuration and ongoing operation of the EMR,” says Assoc. Professor Ronnie Ptasznik, Chief Medical Information Officer (CMIO) at Monash Health.

In 2014, Monash Health was given $40 million in funding by the Victorian State government to start its implementation of e-records and associated EMR, and has recently embarked on a journey to roll-out a HIMMS level 6+ EMR in the coming years. As CMIO, it is A/Prof. Ptasznik’s role to ensure clinicians are engaged and on-board with changes throughout the project, to ensure its success in the long-term.

In June 2015 Ronnie and is team were also joined by Earl Blessing from the United States to move into the next phase of the project to help ensure a smooth transition to the new system.

Ahead of Digital Healthcare 2016, we caught up with A/Prof. Ptasznik and Mr Blessing to find out the strategies developed and actions taken by Monash Heath’s EMR project team to optimise clinical engagement and the steps they are taking to ensure successful planning and implementation of EMR in the coming months.
PROJECT OVERVIEW

Ronnie:
Our EMR journey started in 2014. We begun the process by evaluating a ‘best of breed’ system which was made up of a number of small modules integrated together. But after six months, we decided that we required an integrated Clinical Data Repository and chose to go with one of the big integrated vendors.

Our decision was to go with the state sponsored vendor Cerner, whose technology is used up and down the east coast of Australia and was already installed in many Victorian Hospitals. This was one of the major reasons why we thought Cerner was an advantageous solution provider to choose.

In April 2015 a team of our clinicians went to the Informatics HIMSS conference and they became the core of our EMR clinical council. Before they left, they didn’t know too much about EMR and when they returned, they were EMR converts.

The next step we took was to introduce demonstrations of the Cerner EMR to the entire clinical cohort at Monash Health. This involved 1,000 doctors and nurses undertaking demonstrations over a two week period, in three of our hospitals. Overwhelmingly, more than 99 per cent of those doctors and nurses believed EMR would significantly improve patient quality and care after participating in those demonstrations.

Around this time, we also realised we needed someone on our side who had implemented EMR before, so we appointed Earl Blessing from the United Sates to the team as EMR Project Director. Earl is a very experienced project director in EMR and has 15+ years of experience.

From there we have slowly been recruiting to the EMR team. We have done an implementation planning study which has outlined how we are going to proceed with the EMR implementation. We are also currently in contract negotiations with Cerner.

Earl:
Parallel to what Ronnie has just mentioned, we are also getting some of the groundwork laid. We’re starting to work with our vendor, Elsevier, to utilise their order-set management systems and we’re hoping that will keep us a head of the curve on this project plan.
Ronnie:
Based on my experience and research, majority of EMR projects fail. A failure usually means one of two things: either there is a total rejection of the systems by clinicians in the hospital, or it doesn’t achieve the clinical and financial benefits for the hospital that it was meant to.

The common cause of failure is a lack of clinical engagement in the design and operation of the system. It doesn’t matter which vendor you have, if you don’t have clinical engagement, you will fail. Clinical engagement is a misunderstood term – people think it is about ensuring the doctors are happy and satisfied about the prospect of using EMR.

But in fact, clinical engagement means involving the clinicians in every stage of the process. This includes involving them in vendor selection process, the graphical user interface design and in the education and on-going modification of the EMR.

Most projects that have failed have not done one of those things. At Monash Health, we’ve been careful from the beginning of the project to have significant clinical engagement. We’ve had over 1,000 clinicians come and view the system. We also have an earmarked clinical council which is made up of 20 senior clinicians in the hospital who meet monthly and participate in any decisions that have clinical impact in the EMR.

We also have 70 other clinicians in our clinical working groups and we’ve organised sub-committees across a range of areas that will aid us in the design of the system. We’re trying to recognise why EMR projects fail and mitigate those risks in our own project.

Earl:
It is the function of clinical engagement, communication and project planning that is essential to EMR project success.

If clinicians aren’t engaged and there is no sense of ownership, there is no chance of the project being successful. It is part and parcel of any project to truly seek out and actively engage with the clinical community.

This engagement should be continual and not just a one-off or periodic basis or when we feel we need their input. Clinicians need to be sitting at the table with us. While there are pieces of the project that would be termed as ‘business related’ or areas that the clinicians don’t want or need to be involved with, they should at least be aware of what is going on so they have the big picture and the greater understanding of the context of the environment in which we operate.
Earl:
For me, the biggest challenge so far, has been the pace in which projects are executed in the Australian environment. To overcome this is a matter of strategically defining parallel project efforts. It’s a different pace from the US – it’s not better or worse here, it is just a different work/life balance philosophy and a different culture and environment. The challenge has been to acclimate to this and ensuring we can still hit milestones and timelines, which has required a little creative scheduling and planning.

Ronnie:
In public health, there are significant checks and balances to negotiate. A big external challenge has been to ensure that money or funding from the state government is not wasted in a state where there is history of difficult implementations in health IT projects.

Internally, the major challenge is to get jaded physicians to be involved in a health IT project and this requires a collaborative approach across multi-disciplines. The culture in Australian hospitals has tended to be siloed in the past. Everyone is concerned with their own departments or sub-specialty, and it is a challenge to try and implement a project that cuts across those silos.

But we’re slowly getting there. This will only be successful if there is collaboration – not just across sub-specialties, but across disciplines which will involve doctors, nurses and allied health professionals all working together. While people might already be doing this when it comes to an individual patient, it is not happening across the broad spectrum of clinical disorders.

EMR will affect everyone, from people at the front desk to the anesthetist, to the people who do the discharge summary. No one will be untouched by this project and the challenge is to be able to communicate the benefits effectively when everyone has different roles and skill-sets.
EDUCATING AND ENGAGING THE CLINICAL COMMUNITY

Ronnie:
EMR is about more than just records, it is about patient quality, patient care and putting information at the fingertips of physicians who have to make the decisions.

At Monash health, we’re still in the early stages of educating the clinical community. We have brought in external experts from overseas to explore and talk about their own EMR journey to prepare people for how things are going to change.

Earl:
Because we are in such an infantile state of the project, we have been sequestered to a certain degree because of contract negotiations and therefore we haven’t done a great deal of change management yet. Once we have contracts signed and the project progresses, we have plans to expand communication. One example of this would be a phone app that will provide clinicians with updates and also things like job aids, quick tips and things like that.

We will also have newsletters and we have already set up a blog for the project on our website. As the project progresses, we will also have a large amount of signage throughout the enterprise to provide people with updates on where we’re at, where we’re going and what’s happening.

Often communication needs to happen within the community as well so they have an understanding when they come in, at the point of activation, why things might slow down a little initially as our staff adjust to using the EMR and interacting with computing devices as part of their workload. It’s a big paradigm shift for the end-user.

Until we get past some of the legality components, we won’t be doing a lot of internal change because there are fine lines between generating enthusiasm to do nothing and watching the enthusiasm wane, versus putting it off a little longer and then boosting that enthusiasm as the project takes off to maintain the excitement level throughout the life of the project.
Earl:
The next six to 12 months will involve contract negotiation, execution and project kick-off. In parallel, we will have on-boarded our entire EMR team of around 40 people and started the education to bring the team up to speed on EMR and what they will be doing over the next couple of years.

The next six to 12 months will be fairly busy, especially once we kick-off the project and start designing the software. In 12 months we’ll be in the beginning stages of our test cycles, so we have a lot of testing iterations built into our schedule as well. But the next area of focus is going to be contract, design and build.

Join Ronnie and Earl at the Digital Healthcare Summit 2016 where they will further explore Monash Health’s EMR implementation journey and how early clinical engagement can be improved to achieve project success.

For more information visit [http://dh.austhealthweek.com.au](http://dh.austhealthweek.com.au) or call +61 2 9229 1000 or email [enquire@iqpc.com.au](mailto:enquire@iqpc.com.au)