**MHA5016, Unit 6**

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**Content**

* **EHR System Changes and Stakeholder Communication**

**Introduction**

To understand the role of an EHR or HIM manager, it is necessary to be aware of the various stakeholders impacted by the health information systems and tools, including workflow processes, training needs, and resource allocation. Improving your knowledge and skill in these areas can help you become competent at collaborating with stakeholders when implementing system changes. It is important to be cognizant of the impact of changes to stakeholders and how those changes can bring value to the organization

You will build on your readings from previous units and learn about the implementation process of health care information systems. The implementation process includes five phases: analysis, design, implementation, operations or maturity, and evaluation. You will apply these phases in order to transition a health care organization to the new EHR.

 **[u06s1] Unit 6 Study 1**

**Studies**

**Readings**

Complete the following to prepare for the discussion in this unit and the Unit 7 assignment.

**Finances**

* + Bullard, K. L. (2016). [Cost effective staffing for an EHR implementation.](http://library.capella.edu/login?url=https://search-proquest-com.library.capella.edu/docview/1783691668?accountid=27965) *Nursing Economics, 34*(2), 72–76.

**Stakeholders**

* + Chao, W. C., Hu, H., Ung, C. O. L., & Cai, Y. (2013). [Benefits and challenges of electronic health record system on stakeholders: A qualitative study of outpatient physicians.](http://library.capella.edu/login?url=https://search-proquest-com.library.capella.edu/docview/1494670750?accountid=27965) *Journal of Medical Systems, 37*(4), 9960–9965.
	+ Yip, M. H., Phaal, R., & Probert, D. R. (2014). [Stakeholder engagement in early stage product-service system development for healthcare informatics.](http://library.capella.edu/login?url=https://search-proquest-com.library.capella.edu/docview/1561957611?accountid=27965) *Engineering Management Journal, 26*(3), 52–62.

**Multimedia**

* + Click **Vila Health: Value and Evidence Based Recommendations** to work through the media piece.
		- This piece will help to assess your knowledge of how to analyze and communicate the potential costs, benefits, and value of recommendations.

Vila Health: Value and Evidence Based RecommendationsBegin Activity **icon**

**Vila Health® Activity**

**Value and Evidence Based Recommendations**

* [Introduction](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#introduction)
* [Scene 1: Hospital Leadership](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#scenario1)
* [Scene 2: Clinical Services - Leadership](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#scenario2)
* [Scene 3: Clinical and Non-Clinical Staff](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#scenario3)
* [Credits](https://media.capella.edu/CourseMedia/MHA5016/VH_valueAndEvidenceBasedRecommendations/transcript.asp#credits)

**Scene 1: Hospital Leadership**

As part of your role as Quality Assurance manager at Independence Medical Center, you have been asked to prepare an analysis of the various stakeholder groups affected by the recommendations you made earlier. A key aspect of the analysis will be a summary of the impact of the recommendations and strategies for overcoming barriers to implementation of your recommendations.

In this media piece, you will be able to gather information related to stakeholder concerns and their needs and values related to the EHR system. The EHR in use at Independence Medical Center is an Opus\* system that was implemented in 2008. The CPOE is an Opus module, but none of the other health information systems in use at Independence Medical Center are Opus products.

\**Opus is a fictional EHR system comparable with systems such as Epic or Cerner.*

**Scene 1**

**Norman Reynolds, Independence Medical Center CEO**

The future of healthcare is going to be in finding optimal efficiencies in every aspect of what we do. Healthcare providers may have been able to absorb waste and redundancy in the past, but those days are over. There’s probably no better example of this than the discharge process – particularly as it relates to readmissions. This is an issue that all our payers – CMS and private insurers – are looking closely at and because they are, I’ve been looking into it closely as well. The sad truth is that there is a lot of inefficiency in our process, but we’re far from alone. There are many reasons why a discharge can be inefficiently handled – the patient may not feel ready, the family may not be prepared to assume responsibility for the patient, a bed might be needed in another facility... the list goes on and on, but the process needs to be improved and not just for conditions called out by CMS. All discharges need to be done in a manner that minimizes the risk of readmissions in realistic, effective ways. Consider the fact that a preventable readmission costs about $7200 per patient. If we decreased the number of readmissions by just 100 patients a year, we’d save over $700,000 a year and we’d improve the outcomes for 100 members of our community.

**Gwendolyn Zimmer, Independence Medical Center COO**

I am going to be completely blunt—we haven’t recouped the cost of implementing the last big health information system improvement. I’m not sure we can afford any more of these kinds of improvements. We have a number of capital improvements that keep getting bumped for IT improvements and at some point that needs to stop. The hospital has been looking at creating a small bariatric unit, but we can’t do that if all our capital improvement money is being poured into IT. The bariatric unit would cost about $60,000 to create and quite frankly, I think it would create a new revenue stream – unlike the IT expenditures.

**Matthew Wolfe, Director of Financial Services**

I’ll be honest – my biggest concern is leading our migration to ICD-10. The numbers coming from the Feds – the Center for Medicare and Medicaid Services – CMS … are downright gruesome. Claim denial rates rising by 100 to 200 percent. A twenty to forty percent increase in the amount of time spent processing a claim. Increased need for clinician input on claim preparation and refiling denied claims. It’s going to be a mess. I fully expect ICD-10 to be the tipping point for small hospitals that are already struggling. So... that’s where my attention and energy is going. But… a system that can generate a claim in either format would be extremely helpful. That’s actually true for most of the reporting parameters – we need flexibility because there is no one-size fits all. I’ve been told that new EHR implementations can increase turn-around time for claims processing by ten to twenty days.

**Aaron Johnson, Pharmacy Director**

Controlling pharmacy costs is an ongoing process. Pharmacy costs make up 13% percent of the hospital's operating budget. Unlike other departments, that money isn’t being spent on salaries. People represent only about 20 percent of the cost, most of it is drug costs. So, one area where we could improve our ability to control costs would be as keeping track of costs. There are a lot of medications being dispensed every day and it’s easy for the different units to get overstocked with certain medications. No big deal, right? Just use them up and don’t restock. Well... no, overstocking and inefficient drug management leads to expiration and waste. Not to mention billing errors, which we see plenty of. The EHR and the pharmacy system here at Independence have had issues because of the interfaces. One issue is that we can’t easily track drug usage appropriately. We know that we aren’t billing as accurately as we should be or getting reimbursed what we ought to be. There are a lot of medications being dispensed and it's hard to determine that all those medications are being tracked to the right patient and accounted for... and billed for. It might only be one or two drugs per patient, but think about it. Look at that happening with even half the patients we see, well, obviously it starts to add up.

**Scene 2: Clinical Services - Leadership**

**Patricia Deering, MS, Chief Medical Officer**

I’ll be frank –physician productivity is the first thing I look at. I know we have more than a few doctors who will try to tell you that having to switch to a new system will reduce their productivity, but I’m not convinced that’s true. Our current system does not integrate well with our workflow and that’s been a problem since day one. Day zero, even. Our current system went live in 2011 and we saw a significant drop in productivity. Things have improved, but 2014 adjusted RVUs are still below 2010. Let’s just look at infectious disease doctors. We have 5 on staff and they have a median work RVU of 4200 right now. That should be more like 4800, but if we could get up to 4500 or better, we’d increase our patient service revenue by about $50,000 per year. That’s just infectious disease, mind you, but it gives us a concrete number to talk about. I know that $50,000 may not sound like a lot in the grand scheme of things, but for an organization operating on very tight margins (like we are), it is. Obviously, there are other factors to consider, but there have been several studies recently that suggest that EHRs do offer productivity benefits. These studies suggest that workflow analysis is important – which just echoes our experience.

**Diane St. John, Chief Nursing Officer**

I think one of the most critical areas we need to look at is reduction of re-admissions. The penalties being imposed by CMS shouldn’t be the only motivation for working on improving these numbers. Re-admissions represent a drain on our bottom line in several ways, such as increased negative attention from private health insurers and patients. Many entities that rank hospitals use re-admission rates as a key metric for overall quality. Whether that’s fair or not, it will end up having an impact. I’ve read that the average penalty from CMS last year was $125,000. Because we’re a referral hospital, we’re not always the primary care team for the patient once that person is discharged. Case management and care coordination becomes very important in this context.

One aspect of that would be the patient portal. Our current EHR and health information system is alright, but the patient portal is not as sophisticated as some of the newer systems offer. Ours tends to be somewhat passive – patients can view information, but they have to call for appointments or if they have questions. Many patient portal allows patients to schedule a wide variety of appointments and to send secure emails to their providers. Now, exactly how much this would affect re-admission rates, I can’t tell you, but it does seem that it would be a useful part of a better transition of care plan.

**Scene 3: Clinical and Non-Clinical Staff**

**Debra Green, Nurse Manager - ICU**

You know there's one area that we haven't been talking about much and that’s controlling labor costs. Overtime for our nursing staff is upwards of 27% of nursing payroll, which amounts to over a million annually. $1,300,000 actually. For overtime. Quite honestly if we could reduce overtime by just fifteen percent, we could save almost $200,000 a year.

So what does the EHR or other health information systems have to do with that? If we could use the EHR to better track our admissions and daily census information, and combine that analysis with regular standup meetings, we could fine tune our staffing needs dramatically.

**Ruby Martindale, RN, Emergency Department**

To be honest, my inability to get accurate and timely reports is the biggest problem. If we can’t see the problems, how can we fix them? A healthcare information system that provides access to clinical, financial and patient satisfaction data would pay for itself in very little time. Think about the questions we could explore -- Can we reduce the number of procedures we perform? Can we lower the cost of a specific drug or order set? Can we decrease the amount of time it takes to file billing claims? If we can’t get our questions answered, then we can’t develop solutions. I would go so far as to suggest that with the right data, we could find one or two percent savings on virtually every non-labor related line item in our budget.

**Matthew Allen, Laboratory Technician**

We need to identify savings whenever possible, but not at the expense of patient care and not at the expense of our staff. Healthcare providers work hard and that’s definitely true here. So, we need to find opportunities for savings that support our people and don’t pile more work on them. I don’t have specific data – which is a problem right there – but I’ve read that many hospitals report significant levels of unnecessary lab testing. That kind of can eat into a hospital’s bottom line – reducing the waste could save 2 – 3% percent of a hospital's total lab budget. In our case, that could be fifteen to twenty thousand dollars a year.

**Conclusion**

**Activity complete!**

Having followed up with stakeholders and other employees at Independence Medical Center, you should now have a better understanding of what barriers and concerns exist regarding changes to the EHR. You should be able to use this information to prepare your stakeholder analysis and to fine-tune your recommendations for improvements.

**How do the recommendations you are making impact the concerns and issues expressed by these stakeholders?**

Your response:

This question has not been answered yet.

**Feedback:** As you identify the areas where you may encounter resistance, it’s important to use your understanding of the stakeholder concerns and values to shape solutions. The Stakeholder Matrix should help you identify the barriers.

**What specific impacts of your recommendations do you anticipate will be most significant to the stakeholders?**

Your response:

This question has not been answered yet.

**Feedback:** You will need to research best practices for EHR implementation in order to determine a convincing and feasible strategy for overcoming barriers and objections to your recommendations.

**Credits**

Subject Matter Expert:

Christopher Miller

Interactive Design:

Danielle Kaardal Meyer

Interactive Developer:

Dre Allen, Matt Taylor

Instructional Design:

Brian Hagen

Media Instructional Design:

Felicity Pearson

Project Management:

Alan Campbnell

**Learning Components**

This activity will help you achieve the following learning components:

* + Understand the stakeholders relevant to a project.
	+ Understand the impact of a project on specific stakeholder groups.
	+ Understand the value of a project for various stakeholder groups.

 **[u06s2] Unit 6 Study 2**

**Assignment Preparation**

By the end of Unit 7, you will complete the Stakeholder Communication in Health Information Systems assignment. In this assignment, you will be identifying who the most important stakeholders are and how your recommendations in the previous two assignments would bring value to the stakeholders.

In order to prepare to successfully complete the assignment, you should consider or complete the following:

* + Review the Vila Health media pieces that have been presented in the course thus far (Analysis of an EHR System, and Value and Evidence Based Recommendations). Pay close attention to the various stakeholders, their needs, the challenges they face as well as strategies for leveraging evidence to be convincing and illustrate value.
	+ Review the Stakeholder Matrix Template linked in the Resources. You will be completing this as part of your assignment. So, make sure you understand the types of information you will need to input.
	+ Research best practices for collaborating with stakeholders to create buy-in and overcome barriers or resistance to implementing new processes or tools in health care settings.
	+ Research training strategies.
	+ Research best practices for resource allocation with regards to HIT.
	+ Research best practices for designing and implementing workflow changes.

**Learning Components**

This activity will help you achieve the following learning components:

* + Prepare to complete the Stakeholder Communication in Health Information Systems assignment.

**Resources**

* + [Stakeholder Matrix Template [DOCX]](https://courserooma.capella.edu/bbcswebdav/institution/MHA/MHA5016/180100/Course_Files/cf_stakeholder_matrix_template.docx).

[**[u06d1] Unit 6 Discussion 1**](https://courserooma.capella.edu/webapps/blackboard/content/launchLink.jsp?course_id=_122058_1&content_id=_6473342_1&mode=view)

**Analyzing and Creating Value for Stakeholders**

For this discussion, consider important stakeholders **from an organization you are familiar with or from those at Independence Medical Center presented in the Vila Health**: Analysis of an EHR System. If you were going to implement improvements in an EHR or HIT system, who would be the most important to get onboard? Additionally, how could you illustrate value to the relevant groups to help create buy-in for specific improvements? Keep these thoughts in mind as you complete this discussion.

For your main post of the discussion, please address the following:

* + Briefly summarize the potential ideas for implementing improvements to an EHR or HIT system.
	+ Identify the stakeholders who would be most important to the success of your improvements.
		- How could these stakeholders help or hinder any potential implementation?
		- What is important to each group of stakeholders?
		- What excitement could you leverage to create buy-in?
		- What concerns might you need to address to mitigate resistance?
	+ Identify areas in which you think you can deliver the most value with your potential improvements.
		- Can your improvements realistically deliver value to all stakeholder groups?
			* If not, what challenges or conflicts could prevent you from doing this?
			* How could you leverage best practices to help deliver maximum value?

Support your post with at least one peer-reviewed source, using course readings or other scholarly literature. Include APA-formatted in-text citations and accompanying congruent APA-formatted references.

**350 words**

**Response Guidelines**

Respond to at least two of your peers.

Address the following in your response to your peers:

* + Comment on areas of excitement or concern that your peers identified.
		- What strategies or best practices could your peers utilize to create the best possible outcomes for their ideas and the stakeholders?
	+ Comment on the areas that your peers identified as having the most potential value with regards to their improvements.
	+ Comment on the complication of trying to deliver value to all stakeholder groups.

**Learning Components**

This activity will help you achieve the following learning components:

* + Identify the stakeholders who are most important to the success of a project.
	+ Communicate ideas for implementing improvements to a health information management system.
	+ Outline a place for implementing a project.
	+ Identify possible barriers to creating buy-in for a project.
	+ Identify the value of a project for various stakeholder groups.
	+ Apply current APA style guidelines.

References

Cawsey, T. F., Deszca, G., & Ingols, C. (2016). *Organizational change: An action-oriented*

*toolkit* (3rd ed.). Thousand Oaks, CA: Sage.