

Implementation of the Electronic Health Records

Posted on November 26, 2024

Introduction

A healthcare organization's success can be attributed to its culture, which values and rewards employee participation while demanding excellence. Adapting to the current rapid change in healthcare, especially the move towards value-based and patient-centered care is easier for organizations with a strong culture. As Batra et al. (2019) note, technological progress is a major factor in healthcare transformation, making it imperative for healthcare institutions to adopt cutting-edge technological practices to boost their efficacy, productivity, and patient's overall satisfaction. Healthcare facilities increasingly turn to electronic health records to improve efficiency and efficacy (Content Team HHMGlobal, 2012). Due to the growing demand for ERHs, this task requires to provide a plan to facilitate their widespread adoption (ERHs). The proposed modification aims to improve patient care, boost communication and collaboration among healthcare providers, eliminate errors, and improve efficiency.

History to the Tripple AIM goals

The Triple Aim aims to improve population health, patient care, and healthcare costs. The Institute for Healthcare Improvement (IHI) first proposed the idea in 2007, and the US medical community quickly took notice (Whittington, 2015). Triple Aim should prioritize population health. Hence this can be achieved by addressing social determinants of health like medical care, education, income, and the environment. Second, improve patient care in equity, patient-centeredness, safety, and clinical effectiveness. The third goal is to reduce medical costs by increasing productivity, cutting waste, and emphasizing value-based care.

Organizations evaluate Triple Aim goals using metrics like patient outcomes, quality of care, cost-effectiveness, and patient satisfaction. For instance, a hospital may track patient readmission and mortality rates. Using evidence-based guidelines or clinical pathways can assess care quality (Kokko, 2022). A treatment's cost-effectiveness can be determined by analyzing its population-wide or patient-specific cost. Organizations may also consider patient satisfaction and care quality. The Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which asks patients about their medical care, can determine this.

Purpose of the change proposal

The primary purpose of this proposal is to offer suggestions for how healthcare facilities might best implement electronic health records within the hospital, with the final goal of decreasing the number of medication mistakes, boosting output, and simplifying internal operations. Electronic health records improve patient safety by giving doctors instantaneous access to comprehensive patient medical histories, allowing for more individualized treatment plans. Implementing the new system would negatively and positively affect the workforce, but the positive benefits would be much more prominent.

Analysis of the need for change (why)

There is a lot of pressure on hospitals, especially private hospitals, to provide healthcare at lower prices in order to stay competitive. As a result of this competition, healthcare providers have reduced their pricing through the implementation of the electronic health records with an aim to reduce costs without compromising quality. Generally, hospitals have been using paper-based systems with issues such as efficiency, security concerns, and the possibility of human error thus introduction of EHR would help in improving patient's outcome and decrease healthcare expenditures. Through the implementation of the EHRs the healthcare givers may be able to trace patient medical history and treatment including prescription drug dosages and interactions.

In addition to improving patients' outcomes electronic health records helps improving patient's therapy and better coordinating patient care. The electronic health records aids in controlling medicine administration, patients are afforded increased protection and unintended consequences are reduced. By digitizing their patient data, hospitals and clinics can reduce administrative costs, such as those associated with filing, retrieval, and storage, as well as the revenue loss resulting from inaccurate billing.

Literature review for the healthcare electronic health records

As result of healthcare desires to improve and enhance services delivery there is high demand in the implementation of the electronic health records to boost patient safety, care coordination, and treatment time, among other advantages. Hsiao et al. (2021) opine that there has been an increase in the implementation of EHR systems in hospitals in recent years, with 90% of hospitals in the United States leaving paper-based recording systems. Hence this is a huge increase compared to the adoption rate of electronic health records (EHR) ten years ago. Hsiao et al. (2021) found that big hospitals adopted the EHR system more than smaller hospitals and physicians. The study found that implementing electronic health records led to increased coordination and sharing of patient

information among healthcare experts, thus improving patient outcomes and reducing errors.

Moreover, in the research by Bersani et al. (2020) that focuses on evaluating and comparing EHR utilization and patient safety. Electronic health records (EHRs) can improve patient safety in various ways, including reducing medical errors, enhancing medication administration, and enhancing communication between [healthcare professionals](#). The study identified [data breaches](#), user error, and system disruptions as additional safety concerns associated with EHR use. The authors argue that physicians should be aware of these dangers and take precautions.

Furthermore, the potential problems that arise from implementing EHR systems were studied by Shah & Khan (2020). Implementing the EHR is not simple as it requires more financial and time resources investments. The paper states that monetary incentives, such as government subsidies, play a significant role in EHR adoption, which may result in the adoption of EHRs that aren't a good fit for the needs of a certain healthcare institution. According to Shah & Khan (2020), healthcare institutions should consider implementing the EHR and craft a well-detailed implementation technique if they want a successful EHR system implementation.

Financial analysis of change

Hsiao et al. (2021) argues that investing in electronic health records will require financial resources because the initiative cannot succeed without them. Space, materials, employees, and time all cost money; thus, committing to this method will increase your financial obligations. The hospital's supply budget will be tied to the total price tag of the software and hardware required for a smooth rollout of the EHR system. Extra expenses can be expected due to the need for upgrade and maintenance services for this program. Enlarging a small hospital to accommodate an electronic health record system may be costly. Because EHR deployment entails the acquisition of new skills and knowledge, hospitals may be obliged to spend more money on educating current employees and employing new personnel to assist with implementation. People's involvement in the implementation process and the time required to learn and acclimate to the new system may affect productivity momentarily. The cost could be quite high.

Risks and Benefits

Adopting an EHR system is risky due to the prevalence of data breaches and unauthorized access. There is a risk that unscrupulous hackers will obtain access to private patient information if proper precautions are not taken to avoid data invasions. Data entry mistakes might increase vulnerabilities to attacks (Shah & Khan, 2020). However, although the system has setbacks, its benefits outweigh the drawbacks. Electronic health records have many advantages, including less time spent on administrative activities, improved information sharing, higher quality patient care, shorter wait times, greater efficiency, and lower costs. Businesses can save money by switching to EHRs because

they eliminate paper records, improve billing accuracy, and reduce administrative costs.

Impact on operations

The introduction of electronic health records affects several aspects of healthcare, including clinical workflow, patient care, and financial results. As a result of the EHRs' increased accessibility and simplified methods of monitoring patients' medications and treatment histories, the clinical workflow has improved (Bersani et al., 2020). With the help of EHRs' decision-support technologies, clinicians may provide better care to their patients. Electronic health records (EHRs) have introduced additional challenges, such as the need for labor-intensive data entry and paperwork that hinders clinical operations. Electronic health records (EHRs) enhance patient treatment by providing a more thorough and accurate medical history. Treatment, diagnosis, and coordination have all benefited as a result. Patients are more engaged and satisfied with their care thanks to EHRs since they have more access to their medical records and can securely contact their doctors through encrypted messaging. EHRs are also accessible to patients.

Implementation plan for electronic health records

The implementation of electronic health records would entail eight steps:

- Set a clear roadmap. Evaluating healthcare providers' and institutions' readiness to implement an EHR system. Clinical procedures and healthcare resource infrastructures will be evaluated as part of this assessment.
- We are establishing strong leadership. It is crucial to build strong leadership for system implementation as the success of the steering leadership committee is crucial to the success of the system implementation.
- Determine and define budget limits and projections. The EHR implementation steering committee should create a practical spending plan to facilitate the new system's rollout.
- Evaluation and preparation of the infrastructure. To maintain operational efficiency and availability, your EHR implementation's IT infrastructure should include strict security regulations and speedy disaster recovery procedures. This object should have registries, interoperability, safety, security, and privacy.
- Data transfer. Certified healthcare software requires data transfer. Hence this follows infrastructure preparation. Research the easiest method for patients and doctors. Seamless data conversion reduces clinical staff annoyance and increases user buy-in.
- The hospital hires trainers to deliver the EHR session for the staff to equip them with the necessary skills and knowledge to operate the system effectively.
- Testing the new electronic health record system in a simulated scenario
- Post-launch of the system and reflection.

Measuring outcome and communication plan

Key performance indicators, such as healthcare costs before and after the installation of the system, the level of patient recovery, efficiency, and productivity within healthcare facilities, are used by hospitals to evaluate the success of the implementation of electronic health records. The project manager is accountable for updating these metrics (Content Team HHMGlobal, 2012). Staff will receive regular project updates as part of the communication plan. They will also learn how to use the EHR. The project manager and communication team will devise a plan to promote the EHR system to patients and the public.

Exit Strategy

Implementing the healthcare electronic record system may be a success or failure; hence the healthcare facility needs to consider what to do when EHR implementation fails. If the system fails, healthcare should consider evaluating and fixing the factors contributing to the failure. If we cannot determine what went wrong, we may be required to adjust our strategy or switch to a different method.

In conclusion, hospitals and other medical centers that use EHR systems will be better able to provide services, administer medications correctly, cut expenses, and increase productivity. Therefore, more resources are required for electronic health record installation.

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