Preparing for EHR Implementation Challenges, Benefits

Medical practices and hospitals must support their aging healthcare providers who may face the biggest challenges during EHR implementations.

Source: Physicians Practice

It looks like the final stage of EHR implementation is about to occur at our community hospital. I received notice from the medical staff office this past week that all charting must be done electronically by the end of this summer. This is a brave stance and decision by the executive committee of our hospital medical staff. I frankly am worried about this transition at our healthcare facility.

I have experienced significant problems related to the implementation of our EHR, many of which are due to the computer skills (or lack thereof) that most physicians, physician assistants (PAs), and other healthcare providers have.

Most physicians were brought up with a paper health record. Without a dictation component to the transition into the total EHR, I don’t believe that this transition is going to be easy for medical providers that are used to a pen and paper approach. On the other hand, I have found that the templates, checkboxes, and other features that are built into the EHR records greatly facilitate data gathering, which allows records to be coded at a high level with efficiency.

I am happy to report that we will be implementing dictation input into our EHR, and it is just a matter of how widespread the technology is implemented in the facility as to whether or not it relieves this bottleneck.

Every person from the nurses to the therapists who code information into the EHR creates data that is easily and electronically gathered in consults, summaries, progress notes, and history and physical examinations.

The EHR in use at our community hospital has a significant level of macro capability as well as text entry, which makes creating a complete and accurate medical record a lot easier, although it requires a significant amount of work on the front end to put all of these customized templates and macros in place. I have been using the EHR exclusively at the hospital for over two years now. I have invested the time, and effort to make my routine charting as streamlined as I can. I have helped many other providers do the same in their interactions with the EHR. Right now, we have about 15 percent penetration into utilization of the electronic charting component of our medical record among the medical staff. It’s a pleasantly high penetration rate, even when you factor in users from a large regional HMO with our hospital as their contract facility. Their physicians have been using an EHR for years, and obviously, transition is less difficult for their medical staff.

We are about to undergo a couple hours of training at our facility for all medical staff. I think that for some staff this will be adequate, however, I believe that others will require significant training and assistance into the foreseeable future to make the EHR and the paperless chart a reality at our facility.

I tell the many medical students who rotate through our service that computer and technology skills are critical to their future and to the practice and administration of medicine. Like it or not, this reality is here and it is now the standard and norm in nearly all healthcare facilities.

As I have discussed in previous blogs, the new providers being trained at schools of medicine and nursing are vital to this transition. For example, more than 40 percent of the current PA workforce has graduated in the last five years. All of these new graduates are coming up in the world of computers and digital life, and this is their norm in dealing with the work place.

It’s going to take time, and we need to be tolerant and supportive of the aging healthcare workforce who may not have the skills, training, and ability to rapidly make this transition. We can all facilitate their transition into the modern reality of the EHR by giving them the long-term support and training that they need to participate meaningfully in the transition.