

Smoothing a Path to EMR Adoption

What motivated your organisation to adopt an EMR at this point in time?

Mercy Health has long been aware that our existing manual and paper-based processes complicate the delivery of safe and efficient healthcare. Analysis of our systems reveals that frontline staff are doing a lot of extra work to ensure our quality of care remains high.

Challenges for staff include difficulty locating information, duplication of data, and the inability to provide standardised care because information pathways aren't defined or clinical support tools aren't in place. The current system is impractical, unsustainable and impossible to audit. Our dedicated staff make every effort to ensure the quality of care is not impacted, but this relies heavily on manual intervention.

While an Electronic Medical Record (EMR) system is usually a health service's first response to these challenges, we wanted to ensure our approach accurately reflected organisational need, capability and readiness.

What is the EMRDA and why did you create it?

Research and feedback we obtained suggested organisations often make one critical mistake when implementing an EMR. The mistake is jumping straight into the detailed requirement-gathering stage, without first giving employees the opportunity for input into why the change was necessary to begin with. To win organisational support, you need to explain the 'why' before the 'what'.

Mercy Health understood that the preparatory process would be costly and time consuming. But the evidence across many EMR implementations in Australia and globally is that the more effort you put in up front to prepare your organisation for the change, and the better the governance framework, the higher the chance of a successful implementation.

To guide the process, we set up an EMR governance structure called the EMR Design Authority (EMRDA), chaired by our Executive Director of Nursing. The clinically-driven group included doctors, nurses, a pharmacist, midwives, Health Information Service (HIS) and Quality staff. Together they could help ensure that the EMR project was well-informed from a clinical perspective.

Because Mercy Health was lagging behind in the EMR space, there were three key outcomes the EMRDA had to deliver. Firstly, we needed to undertake education and consultation within the clinical community. Secondly, we required a united governance structure to support underlying IT projects across Health Services. Thirdly, we needed to establish a reporting structure that allowed Mercy Health to make informed decisions about specific EMR responses.

Through the EMRDA, we ran workshops for staff from all levels of the clinical and patient community. The workshops explained what an EMR was, how it could affect their individual roles, and the benefits it would bring. There was significant interest in the workshops and overwhelmingly positive feedback. We followed up the workshops with surveys, the outcomes of which will help form the intelligence we need to communicate and sell the project to the broader clinical community.

On these excellent foundations, we believe staff now have a better understanding about why an EMR is the best way forward for our organisation. Almost 85 per cent of staff involved in the consultation process expressed a desire to be intimately involved in the implementation phase. This positive response indicates that change requires more than an edict from management; it requires giving each person the opportunity to understand why the change is important. We don't want to dictate; we want to inspire and motivate.



Paul Gladwell is Program Manager of Health Services ICT at Mercy Health with a major focus at present around organisational preparation for the implementation of a clinically-led, and specifically targeted,

Electronic Medical Record. Paul has over 30yrs hand-on experience encompassing strategy development, program/project/change management, analysis and design in the healthcare, finance and insurance industries across Australia, New Zealand and South East Asia.

He has a passion for seeing appropriately validated ICT supporting clinical care and improving the patient experience through collaboration, innovation and insight. Prince2 Practitioner, Certified Enterprise Architect & Diploma of Management.