Executive Summary

The Challenge
Electronic health records (EHR) are becoming an inevitable reality for most long-term care facilities. At the same time, as many as half or more of LTC facilities nationwide are still on the front end of the implementation process. This creates a huge adoption burden on clinical teams, exacerbated by the staffing and turnover pressures that are endemic to this field.

The Bottom Line
Getting your physicians and nurses team on board with EHR will have a tangible impact on your operations, in areas including morale, productivity, and above all patient care quality.

The Takeaway
This white paper discusses ten practical, actionable steps for getting your clinical team behind your EHR efforts:

Step 1: Involve people early in the process
Step 2: Start small
Step 3: Don’t make unrealistic promises
Step 4: Stay positive
Step 5: Recruit a champion
Step 6: Identify and engage the resisters
Step 7: Train early and often
Step 8: Be flexible in your deployment
Step 9: Make sure everyone is on the same page
Step 10: Hold people accountable

“Electronic charting now leads to a deeper discussion among clinicians, across disciplines, to really delve into better documentation, better implementation of doctor orders, and ultimately better care.”

Ted Smith, CEO, Hillcrest Convalescent Center
EHR and Your Clinical Team

The move to electronic health records (EHR) represents a major change for many long-term care facilities. It is also an inevitability: according to a 2013 survey by the state of Maryland, over 95% of the state’s LTC facilities either have already implemented EHR, or plan to do so within the next 24 months. Add in the expectations of the marketplace, the implications of EHR for patient outcomes, and its importance for integration with acute-care partners, and many LTC operators are facing its adoption in the very near future.

EHR systems encompass capabilities including clinical documentation (such as vital signs, intake-output values, progress notes and nursing tasks), physician order entry, and access to lab results, as well as providing a “dashboard” for access to resident clinical information. They provide fast, efficient order entry through templates, and facilitate data input in general through pre-populated fields and other shortcut features.

So what do clinicians think of EHR overall? Researchers studied this question in 2008 with nurses from community hospitals, and found that they liked the improved access, organization, and alerts that EHR capabilities provided. Conversely, they had concerns ranging from decreased interdisciplinary communications to increased work time – for example, 73% of these nurses felt that they spent half their shift working with these records. Nevertheless, nurses still preferred EHR over paper charting. For their part, physicians sometimes circumvent the direct use of an EHR system by delegating data entry tasks to nurses or other support staff. Unfortunately, this practice undermines key advantages of EHR technology.

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1 Maryland Health Care Commission, Adoption of Electronic Health Records among Long Term Care Facilities in Maryland: An Information Brief. September 2013.

At a broader level, no one can deny the benefits of EHR for long-term care organizations as a whole. Patient charts are continually updated and available on demand to all members of the care team, across a multitude of devices, for both acute and post-acute care. It facilitates continuity of care and expedites care transitions. EHR also improves patient satisfaction by reducing the need to re-supply data. Perhaps most important, according to the one study, EHR plays a critical role in improving care quality and reducing medication errors.

However, for many people the move to electronic health records represents change, and change is often stressful – particularly in long-term care, where turnover remains relatively high and nurse staffing in particular is often a constant challenge. This white paper explores a practical ten-step strategy for leveraging EHR as a positive move for you AND your team, using an overall approach that can help improve morale and productivity in the face of change in general.

**Ten Steps for EHR Adoption**

**Step 1: Involve people early in the process**

Long term care operators can learn an important lesson from their own patients: a classic psychology experiment from the 1970s showed that nursing home residents showed increased alertness, active participation and well-being when given more choice and responsibility, in an area as simple as a caring for a plant.

In much the same way, your physicians and nurses will buy into EHR much more easily if you make them part of the planning and implementation process. Give people visibility on what will be changing, and solicit their input on how to make the process work best for them.

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3 AHIMA, EHR Adoption in LTC and the HIM Value, January 2011.
While complete consensus is rarely possible, you will have much greater buy-in when people feel that they have had a voice in the process.

**Step 2: Start small**

One of the most powerful ways to get people on board with any change is to help them experience success early and often, right out of the box. This means that a gradual changeover, with ample guidance and mentoring, will help your team chalk up their first experiences with EHR as a “win.”

Understand that even your most talented clinicians will require a learning curve. Many physicians and nurses will embrace EHR and/or be comfortable with the technology up front. Others resist getting on board with EHR for as long as possible, and when they do, they may require a lot of “hand holding” by a member of their support staff.

Start with specific patients, using specific EHR capabilities, and build from there as everyone’s confidence and experience continue to grow. And be sure to openly celebrate successes along the way, particularly at first.

When people perceive that EHR adoption is hard, your best strategy is to try and turn it into lots and lots of “easy.”

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“We’re so much more efficient with AHT. During a med pass, nurses’ notes are made and fed to progress notes on the floor. Nurses can click over to would assessments and Braden scales right from eMAR/eTAR.”

*Nursing Supervisor, Omnilife Health Care Systems*
Electronic Medical Records: The Heart of EHR

Electronic Medical Records (EMR) form the hub of patient record keeping. Full EMR capabilities are a necessary component of your adoption of EHR, which connects your EMRs with fellow partners such as acute-care facilities and home care. Some of American HealthTech’s real-time EMR capabilities include:

- Admissions, discharge, transfers (ADT)
- Electronic Minimum Data Set (MDS) records
- Care planning & assessments
- Smart Charting
- Nurses notes & clinical documentation
- Order management
- Supply tracking
- Electronic Medication Administration Records (eMAR)
- Electronic Treatment Administration Records (eTAR)
- Proactive alerts to drive higher quality care & manage risk
- Reports to trend issues, opportunities, and risk
- Incident and infection tracking
- And much more

Step 3: Don’t make unrealistic promises

Doctors and nurses, as a group, aren’t easily impressed. They know what will benefit them and what will be a challenge for them. Trying to frame the implementation of EHR in cheery, problem-free terms with them is much more likely to backfire than be effective. Instead, be frank, constructive, and frame your EHR implementation around the long-term objectives for your facility, your competitiveness, and the nursing team themselves. Dr. D. Eric Westberg, a physician with Glacial Ridge Health System in Minnesota, says, “Be honest about the system, in terms of what it will and won’t do.”
Step 4: Stay positive
In a real sense, your clinical team will take their cue on what to feel about a new system from what YOU feel about it. And if your leadership team is positive and focuses on the benefits of EHR, you will be modeling success for everyone else on your staff.

Articulate how your goals for EHR fit in with part of a larger strategic plan. When you paint the big picture, and help people feel that they are part of something greater than themselves, you will get increased buy-in – particularly in the critical early phases of the implementation process.

Step 5: Recruit a champion
Helping to bring your clinicians through a major period of transition can be a good leadership challenge for those with the skills to contribute. Identify one or more "early adopters" who have the technical savvy and mentoring skills to model success for everyone – particularly if they have the respect of their fellow team members – and give them a key role in the implementation and rollout.

Step 6: Identify and engage the resisters
Here, a technique used by law enforcement in crowd control can work to your benefit. When police officers are facing an unruly mob of people, they will often seek out the ringleaders and ask their cooperation in keeping everyone safe and out of trouble. In much the same way, seeking out the biggest “resisters” among your staff and lavishing attention, training and mentoring on them can help recruit them as peer leaders.

According to Heidi Engle, Chief Information Officer for Glacial Ridge Health System in Minnesota, “The idea here is simple: You’re trying to instill the mindset that if ‘Dr. Doe,’ who has been resistant to EHR, embraces and uses the system, then so can I!” Acknowledgement and candor – and sometimes a non-trivial amount of patience – are often needed to sway the opinions of the skeptics on your team. But when others on your staff see the resisters come on board, this can send a powerful signal to everyone else that EHR is here to stay.

“Kudos to our staff. We got hospitals’ attention when they saw our readmission rates on CMS’s three focus diagnoses are near zero, and less than 10% across our facilities for other diagnoses.”

Scott Lipman, COO, Marrinson Senior Care Residences

www.healthtech.net
Step 7: Train early and often
Training is, of course, the make-or-break aspect of your implementation plans. Beyond investing in the right training, plan on adapting this training to the busy schedules of your physicians and nurses. Consider ideas such as breaking your training into bite-size components, hosting brown-bag workshops on special topics, and providing one-on-one mentoring following group training. And providing food always helps!

Beyond the initial training intervention, look for opportunities to have peer training and mentoring. Academics will often say that the best way to learn something is to teach it yourself, and giving team members the ability to help others can benefit the helpers as much as the helped. Moreover, both doctors and nurses are often much more comfortable asking questions and trying things around peers, without the pressure of “losing face” in front of the group or other trainers.

Step 8: Be flexible in your deployment
Give people options for how to deploy EHR with their own patients. In particular, be sensitive to their workflow and productivity, and give them opportunities to make the system work best for them. For example, the precise timing and mode of specific forms of data entry might be left to the discretion of the nurses themselves.

This also means spending time in the trenches and learning everyone’s workstyle. Hanging out with your nurses and observing how they use the system can add tremendous value to your overall implementation efforts, compared with simply training people and hoping for the best.

Step 9: Make sure everyone is on the same page
An EHR implementation affects every member of your patient care team, ranging from physicians to pharmacy as well as nurses and CNAs. Craig Wells, Director of Information Technology at George C. Grape Community Hospital in Iowa, feels that LTC operations can take a page from acute care’s experiences with EHR: “Get all of your providers on the same page.
They need to see the same things and share the same viewpoints about what the system will do. Develop a standard format so that they all have the same information and are using the same capabilities."

Step 10: Hold people accountable

It would be great to simply parachute in to your facility with a training program, deliver it, and watch everyone on your team make productive use of EHR forthwith. Unfortunately, the real world doesn’t work that way. In all likelihood some people will be early adopters, some will adapt them. And that is where you come in.

Part of the leadership culture of United States Marines involves devoting time, attention and coaching to the least capable members of the group—because the lives of an entire platoon may rest on their ability to perform. In much the same way, keeping track of how people use the system, and respond to what you observe. Intervening early and often when people struggle is perhaps the greatest key of all to successful EHR adoption.

Benefits of an EHR Adoption Strategy

Electronic health records are now a critical component of your future success in long-term care. Within a short couple of years, they have gone from the early-adopter phase to a “ticket of entry” capability in what is now a highly data-driven environment for patient care. Getting your nurses and physicians on board with your EHR implementation is not only important for quality of care, but is becoming a critical competitive factor versus other facilities.

Using the right approach to EHR adoption can also have an even more important intangible benefit. Change has now become more of a constant than ever, in a health care environment that continues to evolve since the implementation of the 2010 Affordable Care Act and beyond. Learning how to engage your clinical team about new technology like EHR...
represents a chance to revisit the way you manage your skilled professionals in general, in a way that gives them more of a voice while improving their career satisfaction and longevity. This, in turn, can help improve both patient care and the competitive posture of your LTC facility for many years to come.

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**About American HealthTech**

American HealthTech is among the nation's largest providers of financial and clinical solutions in post-acute care, connecting skilled providers to the healthcare continuum. Coast to coast, over a fifth of the nation’s skilled nursing providers depend on AHT daily for innovations that free hands to serve others. AHT is a wholly owned subsidiary of Healthland. More information is available at [www.healthtech.net](http://www.healthtech.net).

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