

Training Can Smooth the Way for Your EMR Implementation and Adoption

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Introduction

This white paper focuses on the critical components of a training and development process that is firmly rooted in reality and that will propel the organization toward successful electronic medical record (EMR) implementation and adoption.

Executive Overview

Does one of these scenarios describe your healthcare organization?

- Young teaching hospital with tech-savvy interns
- Mature practice with ready-to-retire physicians
- Computer literate and open to change
- Still in manual mode, resistant to new technology
- Combination of the above

Any successful EMR implementation must start with an honest appraisal of the organization's readiness (or not!) to embrace technology and change. Decision-makers must realistically assess end-user **A.S.K.** (attitude, skill and knowledge), prepare the organization for change, provide targeted training, support the implementation through every milestone and celebrate success.

First and foremost, to ensure employee engagement throughout the process, executive buy-in and support for all aspects of the training must be visible and present from the earliest planning stages to beyond roll-out. This is not just a "nice to have." Gallup studies based on thousands of employees from hundreds of organizations have shown there is a direct and positive correlation between employee engagement and profitability.¹

Executive support comes in the form of:

- Adoption and oversight of a solid change management plan that includes training
- High-level communication of upcoming changes and WIIFMs (what's in it for me) for the organization and each user group
- Ongoing communication and support for the process at each step
- Problem resolution at a high level as needed

Training and communication cannot be an afterthought written after plans are made and the system is built. Failure to recognize this will result in frustration, finger-pointing, re-work, and squandered resources. On the other hand, successful training and communication can pave the way to improved patient care, reduced errors, and a healthy ROI for the entire implementation.

¹ John Fleming, PhD & Jim Asplund, *Human Sigma*, 2007.

The Approach

A high-quality training plan includes an overarching communication plan along with these key components:

1. Organization analysis
2. Audience analysis
3. Training capability analysis
4. Training design and development
5. Evaluation

Organization Analysis

One size DOES NOT fit all! It seems trite to say that every organization is different. And yet, one-size-fits-all solutions may appear attractive at first, so this bears mentioning.

A qualified training professional will take a high-level look at the organization, talk to executives, managers, IT, subject matter experts and end-users to get a feel for the organization as a whole.

- Is this a tech-savvy organization?
- Is there general reluctance among the population to embrace technology?
- Is there strong exec/manager/supervisor support for system training and development?
- Is the organization receptive to change or is change viewed as scary and threatening?

The above factors will affect not only the content of the training but its overall success.

Audience Analysis

End-users come with their own unique attitudes, skills and knowledge. A high-impact training and communication strategy will take into account all three.

The first step is to look at each individual role:

What EMR tasks does a person perform in this role and what is the **DIFT** rating for each? What is the level of **D**ifficulty of the task? How **I**mportant is it? How **F**requently is it performed? How much **T**ime does it take to complete? Using the DIFT model will help to prioritize tasks from most to least critical and guide the training methodology to best teach the task.

Next, what are the expectations, limitations and constraints with regard to training for individuals in each role?

- What do they already know?
- What is their availability for training?
- How receptive are they to training?
- What is their comfort level with different types of training (web-based training, instructor-led classroom, virtual, hands-on simulation)?
- What unique training needs do they have?
- What is their comfort level with technology?
- What is required to maintain their self-esteem?

This will inform the training plan, described a bit later.

Training Capability Analysis

When it comes to training delivery, critical components need to be considered:

- **Facilities** – Are there classrooms? What size? How convenient are they to the users?
- **Equipment** – Do the facilities have computers? Projectors? Support equipment for hands-on simulation practice?
- **Trainers** – Do trainers have the facilitation skills to address a variety of audiences with different skills, needs and receptivity to training? Are trainers enthusiastic about the training and do they have the support they need?
- **Learning Management System (LMS)** – Is there one available? How sophisticated is it? Can it deliver web-based training modules and track participant completion?
- **EMR Training Domain** – Is it separate from the mainstream? Is there a test system to use for training?

Training Solutions

With the help of the data collected in the first three steps, the training design begins. The training component of the intervention includes the development of blended learning solutions that take into account people, process and technology:

- **People:** How work will be carried out by individuals in roles within a department.
- **Process:** How work should be done with a clear vision of the future state, integrating the changes and improvements to workflows (i.e., "Practice to a Standard").
- **Technology:** Use of technologies and enabling people to use the solution effectively.

First, a detailed **training design plan** is created to set the overall structure and direction for the training initiative.

Next comes the **learning plan** with specifications for the learning such as:

- Desired outcomes, content, reinforcement, and learning assessments for each task
- Blended (combination) courseware specs or storyboards (classroom, web-based training, 1-1 instruction, hands-on simulation practice, virtual classroom, reinforcement)

Establishing a solid learning plan will highly increase your odds of developing the right training for your audience the first time. A well thought-out design will always save you time and money in the long run. Rushing to the development stage without a strong plan leaves physicians/clinicians without the tools they need to do their jobs resulting in costly mistakes which ultimately lead to jeopardized patient care.

A detailed **roll-out plan** is created to cascade the training throughout the organization taking into consideration the availability and required timing for each set of end-users. An effective roll-out plan includes **communication for every phase** that:

- Addresses who, what, where, when and why of the project
- Anticipates the questions and concerns that audience members will have
- Provides information through various channels (written media, meetings, etc.)
- Generates enthusiasm with WIIFMs (what's in it for me) for all stakeholders
- Minimizes conjecture, confusion, chaos and ultimately resistance

No training plan would be complete without a **contingency plan** in case of obstacles. Some common roadblocks happen when end-users:

- Refuse training
- Have no time for training
- Can't/won't use technology

Obstacles can be avoided or overcome with:

- Top-notch change management and executive support from the beginning of the project
- Designated "super-users" from each user group who are available to troubleshoot and provide assistance as needed

Evaluation

High-quality training typically has three levels of evaluation built in:

1. Satisfaction with training
2. Knowledge
3. Competency on the job

All levels can be measured in the classroom if real-life simulations are available to measure competency on the job. Otherwise, the first two are measured at the time of training and the third when the end-user returns to the job.

Assessing knowledge and competency on the job has the further benefit of reinforcing the learning which, according to Dr. William Thalheimer, can increase knowledge retention by at least 40%.

Further data analysis can determine the contribution of the training to the overall success of implementation and adoption:

- Number of users trained
- Degree of system usage
- Data accuracy
- Employee satisfaction with the system
- Error rates

Finally, a candid **after action review** which includes key stakeholders and contributors and examines all aspects of the project, including the training, can improve the process and make future implementations smoother and more successful.

Conclusion

The stakes are high when a new EMR system is underway. Patient care and safety hang in the balance.

Employee resistance and downright sabotage are all too common when end-users feel coerced or in the dark. A high-quality training plan, coupled with strong change management and communication is a strategic advantage that will smooth the way for any EMR implementation and protect the bottom line.

About TBD CONSULTING, INC.

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Using evidence-based methodologies, we act as your partner to eliminate redundancies, improve economies of scale and close the gap between where you are today and where you want to be to compete most effectively. However, all too often, companies with the best intentions embark on an improvement program without the proper tools for obtaining employee buy-in and sustaining the changes over time. We partner with you until a long-term solution is in place.

**TBD partners with our clients to
create organizational development solutions that drive bottom-line results.
We focus on improving performance management,
employee engagement and process effectiveness.**
