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The 7 Deadly Sins of EMR implementation

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Congratulations! You've committed to an EMR, which is an accomplishment in itself. But the hardest part is still to come: getting it to work.

From failing to plan to skipping out on training, many mistakes can be made during the implementation process. And although they may not be as juicy as wrath, envy or lust, the Seven Deadly Sins of EMR implementation could wreak just as much havoc.

Steve Waldren, MD, director of the American Academy of Family Physicians' Center for Health IT, and Rosemarie Nelson, principal of the MGMA Consulting Group, gave us the worst sins providers can commit during EMR implementation.

[See also: Top 5 worst EMR myths.]

1. Not doing your homework: Avoiding supplier problems means background research and thorough evaluations of vendors and products. And beware: vendors tend to make promises they can't keep. According to Waldren, it's important to get the specifics down on paper. "Often, a doctor will ask if [an EMR] can do this or that, and a vendor will say yes. Then, they're surprised when in reality, it doesn't. Doctors need to make sure all expectations are met in writing."

2. Assuming the EMR is a magic bullet: It's important to remember the EMR is a conversion, not an upgrade. Although the system will save you time and money in the long run, Waldren warns it isn't an instant fix to issues in the workplace. "Most people think an EMR solves problems," he said. "But an EMR will only amplify problems that already exist in the practice."

3. Not including nurses in the planning stages: Nelson says doctors tend to think a new EMR is all about them. "They don't think about how much the nurse preps the chart, how often the nurse presents information to them, and how much the nurse handles patients over the phone," she said. Having nurses involved from the beginning avoids future conflicts, and considering their thoughts on product selection and implementation will only help with workflow. "[The implementation] needs to be done with the support of staff; everyone needs to be involved," added Waldren.

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4. Not participating in training: Don't undervalue the importance of training, since failure to provide and partake in it will only allow chaos to ensue come go-live time. Nelson said if a vendor suggests a nurse spend six hours on training and a doctor four, then do it. "Microsoft made us think everything is plug and play; the same with a MacBook," she said. "They think 'I can do the same thing with an EMR.' The difference is, it's a complicated environment with a lot of regulation, coding, and documentation. You have to dedicate the time for training."

5. Thinking you can implement the same processes as paper: Just as the EMR won't be a quick fix to problems in the practice, it will also require different processes than paper. "EMRs require process reengineering," said Waldren. The two ways of documenting data may seem similar, but they are based on considerably different workflows.

6. Not asking for extra help: A detrimental mistake Nelson often sees is groups thinking they can implement an EMR without asking for help. According to her, staff is already burdened with work. Thinking they can take on a conversion, along with learning a new product and dealing with a change in workflow, could lead to a disaster. "To do the whole thing without having extra people is just creating an opportunity to burn out staff or hamper your productivity," she said. "It becomes a self-fulfilling prophecy because we're less productive, and we don't have nursing staff to support us." Nelson suggests bringing in temporary medical assistants to help during the transitional period.

7. Being short sighted: According to Waldren, it's important to find an EMR that supports not just the current healthcare industry, but what the industry will soon become. "You can't be shortsighted [when implementing an EMR]," he said. "It needs to measure quality improvements and populations, like those with diabetes, for example. It can't just measure today -- it has to measure tomorrow."

[See also: 5 keys to EMR usability.]

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