



White Paper

Managing the Transition to Electronic Charting

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The Starting Point

Emergency physicians quickly change directions several times a day and take pride in that ability. So, it might be surprising to learn that the exchange of one form of documentation for another can be quite challenging, especially if a full emergency department information system (EDIS) implementation is involved. Although the conversion to new technology takes place on one day, the clinicians' adaptation process, or "transition", takes longer. Physicians will be required to assimilate new philosophies, processes and technologies with the new documentation product implementation. The phases of this transition are well-recognized, and have been described by experts the area.

This article combines transition management principles with experiences from groups who have previously implemented electronic products in an emergency department. Transition phases are described in detail and coupled with strategies for managing various issues that may arise. With appropriate foresight and planning, ED leadership and the documentation vendor can work together to successfully guide the staff to an optimal outcome. While the focus of this particular article is primarily on physicians transitioning from dictation or paper to electronic charting, many of the principles also apply to nursing staff and/or those transitioning to other electronic applications (e.g., tracking, order entry, etc.) that may be found in an EDIS.

The need to develop strategies to address all aspects of the implementation is as important as the need for a sound approach in selecting the EDIS itself. Although unfamiliar to most ED physicians, this multi-phased transition is well-recognized and described quite succinctly by author William Bridges in his text, *Managing Transitions*. The basis of this document combines these principles with experience gained from leading the implementation of electronic charting at three Henry Ford Health System EDs and subsequent observations as a physician consultant to an EDIS vendor (T-System Technologies, Ltd.).

The Journey Ahead

Once a system is selected enthusiasm abounds as the staff learn more and more about it. Spirits are high. Two to four weeks after implementation, however, energy begins to diminish as providers continue to learn while diligently maintaining ED flow. While a hands-on approach to learning is quite doable initially, it can become wearisome over time. Often this leads to a period of confusion, frustration and sometimes even anger. If well managed, this phase is mercifully brief and the team finally reaches a point where they regain their enthusiasm and embrace the product. From a management standpoint the middle phase can be quite unnerving, although, if anticipated and managed appropriately, this phase can actually end up being quite productive. The final phase typically brings acceptance and the realization of many of the goals set at the

This adjustment can be a monumental task to some.

Discussion: Bridges' Three Stages Applied to the Transition to Electronic Charting

Embarkation: The End Before the Beginning

Transition begins with an ending. This needs to be acknowledged and respected. Those who previously dictated will need to let go of the concept of verbally “telling the story,” complete with all the details that may or may not relate to the patient’s current health concern. In order to operate most efficiently with electronic charting, these providers may need to adjust the order in which questions are asked and what information is documented. This adjustment can be a monumental task to some. Those who have previously documented with a paper system may need to temporarily let go of the speed and brevity of their document. Many providers will experience a transient dip in productivity, which itself can become a source of anxiety. Although it is tempting at this point to talk about how much better the new system will be, it is important to first spend a moment appreciating the “old” system, for bringing the emergency department to where it is today. It is essential to acknowledge these losses (however subjective) openly and sympathetically. It may seem as though some are overreacting. This is expected, and is similar to any grief process. Listed below are some things that a leader may typically hear during the various stages, followed by their translation:

Denial: “I think that I’ll just continue to dictate, and pretend that this product isn’t even there.”

Translation: “I don’t like change. If I don’t acknowledge this, maybe it will go away!”

Anger: “This ____ product doesn’t have the _____ (content, speed, accuracy, etc.) I need to do my job, *@#\$\$!”

Translation: “This transition is difficult! Let me place all the blame on the vendor and leadership, so that the onus will be on them to make my life easier.”

Depression: “Work is not fun anymore. I feel some chest pain coming on.”

Translation: “I’ll never learn this. I am so inept. This is taking too long.”

Bargaining: “If we could just go back to dictation, I promise to keep it brief, and my friend knows of a transcription company in India that only charges 3 cents per line!”

Translation: “I’ll do whatever I can to avoid change.”

Acceptance: “This product is great!! If you try to take it from me, you’ll have to pry it from my cold dead hands!”

Translation: “I’M GREAT!”

If some providers are allowed to revert back to the old system after a few weeks, then the collective spirit is undermined.

Strategies for Managing “Embarkation”

- › While talking about the losses is important, it is also essential to state what is truly over and why. In many cases, “endings” represent a way to ensure the continuity of something bigger. In the case of electronic charting, it allows physicians continued flexibility regarding the content of the documentation in this era of cost cutting (e.g., elimination of transcription) and also allows them to function efficiently in the ED.
- › After explaining why an appropriate statement might be, “Every person in the group should expect to use electronic charting on 100% (or at least 98%) of the patients for the next __ months (a minimum of 6 is suggested; 12 is better) and we will re-assess at that time.” This lays to rest any thoughts such as, “If I make enough noise, this thing will go away,” and providers can then direct that energy toward becoming more proficient at using the system.
- › The group will also benefit if it is made clear that participation is not optional. If some providers are allowed to revert back to the old system after a few weeks, then the collective spirit is undermined. This is where leadership skills come into play. The leader must deliver a consistent message, remain vigilant regarding individual participation and follow through if an individual slips back into “the old way.”
- › Even prior to electronic charting implementation, a number of sites have found it helpful to temporarily implement a paper template system as a tool for helping physicians become more comfortable with the transition from narrative to template charting. Others have found that documenting scripted and ad-lib scenarios in a simulated setting in the weeks preceding implementation has been extremely beneficial and helps the clinician to develop comfort and proficiency with the tool prior to “Go-Live” day.
- › It is also helpful if providers can take a bit of the old way forward with them. Actually, most clinicians want the transition to be successful, and will put forth the effort to learn the new system despite the availability of “the old way” as backup.
 - For example, providers could be allowed to dictate an addendum on extremely complex patients. One facility did this and found that, while physicians were reassured by having that option available, it was rarely used. The potential downside of this approach for some is the temptation to revert back to dictation due to the readily available Dictaphone. This should be monitored by emergency department leaders.
 - Those who transition from a paper template system will find the appearance of an electronic template familiar, which can help physicians feel more comfortable with the change. If necessary, however, the transition from paper can be reinforced by simply rolling the template shelving unit into a closet and locking it.

Leadership must continually share information with the group.

This is also a time of great creativity and opportunity.

- › Management needs to be prepared to compensate for losses by considering:
 - Providing additional staffing during implementation.
 - Paying for an extra hour at the end of a shift (temporarily).
 - Acknowledging the fact that productivity (and resultant compensation) may take a hit for as long as one quarter. Perhaps the compensation plan could be temporarily amended to reward the percentage of charts that do not have a dictated addendum? Over time, the efficiencies electronic charting offers will provide the necessary compensation.
- › Leadership must continually share information with the group. In the same way that patients tolerate longer waits when they are informed about delays, the providers weather the transition better when they know the status of issues raised during the process.
 - It is helpful for them to hear stories of previous implementations.
 - They need to see that their concerns have been heard and acted upon.
 - Regular verbal and written communication regarding the status of requests and concerns is helpful.
 - It can also be helpful if ED leaders communicate with physician leaders throughout the hospital, letting them know that the ED notes may have a slightly different format, and that the appearance and content will probably evolve over several weeks time.

Crossing the Ocean: The Neutral Zone

During this phase, neither the old way nor the new seem satisfactory. This is a time of increased anxiety, confusion and frustration. Leadership may see increased absenteeism and decreased motivation. The group may become polarized, as some will desire to go back to the old way while others want to move forward. Loyalty to the ED and the organization may seem lacking. That being said, this is also a time of great creativity and opportunity. Emergency department processes can be re-engineered to increase efficiency. Providers have the opportunity to think critically about which details are required to capture the essence of the visit. Staff needs to understand that this time of reorientation and redefinition is expected, even desired. Leadership can do several things to manage this phase effectively.

Strategies for Managing “The Neutral Zone”

- › The first strategy is to create ancillary systems to help staff navigate. Some of these will be temporary and others will be maintained as “backup systems.”
 - Extra staffing and IT support are essential during the first two weeks.

- Consider having a shift leader to act as the “go to” person for coordinating feedback and troubleshooting any issues that arise. This frees up the rest of the staff to continue caring for patients while the problem is being resolved.
 - Clearly post the names and numbers of various resource people outside the department. Identify the next point of contact if an urgent problem cannot be resolved by the shift leader.
 - Develop a downtime process; it is helpful to think through the approach for brief (less than 2 hours) vs. prolonged downtimes.
 - Place a feedback log/journal in an obvious, accessible spot for all staff. Appoint a person or team to review and prioritize the feedback and forward it to the vendor. Usually this person is the RN manager and/or the medical director. In some cases it is helpful to hold on to all the feedback and review after 4-6 weeks. Often, priorities change as providers become more comfortable with the system.
 - The ability to write or type in free text is also a type of ancillary system. Sometimes, in the heat of a busy shift, the physician would prefer to just type it in, rather than look for an appropriate phrase to click. This tendency is understandable, particularly early on in the process. The director should encourage staff to take a few moments at the end of their shift for chart review to see if the free text portion could have been replaced by wording from the template. Most groups find that the amount of free text entry decreases over time.
 - Another temporary system might be the allowance of a dictated addendum, with the expectation that use of this option would decrease over time.
- › The second approach is to maintain intragroup connections and creativity during this time.
- First and foremost, the leadership must be highly visible and should be seen actively using the system.
 - Regular staff meetings are a must. This is a time for people to share documentation “pearls” with the group and to brainstorm solutions for documentation and process issues that arise.
 - Be prepared to act quickly regarding modification of ED processes. This would not be the time to form a committee for a seven-step approval process.
 - Give the on-shift physicians authority to try new approaches to optimize the use of the product while underscoring the need to communicate the changes.
 - Applaud innovation. Make it clear that failure is really just a learning opportunity.

- Anticipate that the group will be heterogeneous in their needs (e.g., some will love the handhelds, others will prefer the desktop computers). Assure them that you want to support whatever approach helps them use electronic charting most effectively in the context of patient care.
 - Finally, and worth emphasizing, the leader must “hold the vision” of how life in the ED will be once the transition is complete.
- › Think about setting a series of short-term goals that are attainable, measurable, and reportable to help you reach your final destination. Strive to:
- Use electronic charting on 100% of all cases
 - Refine the text output
 - Increase revenue per chart
 - Decrease length of stay
 - Increase patient satisfaction scores

Disembarkation: The True Beginning

Finally, just when it seems as though everyone has been stretched to their limit and there is suspicion that several staff have started circulating their CVs, the providers/staff actually assimilate the change and the transition time comes to an end. This is the true beginning, when the new ED processes have gelled and staff are quite adept at electronic charting and now believe this is a tool they can't live without. They may think: “This product is great! Emergency medicine is great! I am great!” This occurs weeks to months after implementation and will be ongoing as the group experiences additional benefits over time, including product enhancements. They realize they are working in a more desirable environment, which would not have been possible without the journey.

Strategies for Managing “Disembarkation”

At this point, it is a good idea for ED leadership to reinforce this new beginning. They should:

- › Share any data that shows the impact of electronic charting on indicators such as length of stay, patient satisfaction scores or revenue per chart.
- › Make sure there are systems in place to reward desired behavior.
- › Set a good example.

- › Make sure the group does not hear conflicting messages.
- › Be vigilant for stragglers who may need additional coaching and support.
- › Have a system in place to train new ED staff.
- › Celebrate your success. This implementation marks a significant transition to the electronic era, requiring a considerable amount of each person's time and energy. This was no small task. Reward the group in whatever way possible. Of course a cash bonus would be nice, and might even be possible given the reduced transcription costs. However, noncash acknowledgements such as a departmental party or small gifts are also appreciated.

Summary

At this point it should be clear that, along with the external change from the old documentation system to electronic charting, there is a parallel internal transition process that must be effectively managed in order to ensure success. The phases a group or individual may go through during the product implementation are considered normal, and are well-described in other groups in transition. Fortunately, armed with appropriate information and forethought, the hospital IT management and ED leadership can guide the group through this process for an optimal outcome.

For questions regarding Managing the Transition to Electronic Charting please contact:

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