

# [1. aforementioned equipment can be attained. if all](https://assignbuster.com/1-aforementioned-equipment-can-be-attained-if-all/)

[Business](https://assignbuster.com/essay-subjects/business/), [Management](https://assignbuster.com/essay-subjects/business/management/)

1. A technicalfeasibility study will need to be conducted for this hospital to ensure thatall the necessary hardware, software, and network resources are available inorder to properly implement an EHR system to meet the needs of this clinic. Ifall of the necessary hardware, software, and network resources are notavailable, then it needs to be determined on how easily the aforementionedequipment can be attained.

If all of the necessary equipment is available, thenit needs to be determined whether   theequipment fully operational or is it in need of repair and what is theestimated shelf life is of all pertinent equipment (TechnicalFeasibility-Ascertaining Hardware n. d.).

It needs to be determined what theminimal acceptable broadband speed is in order to support the EHR system. Anevaluation of the hardware should include how long an average transaction takesand the entire volume capacity of each piece of hardware that needs to be used(Technical Feasibility-Ascertaining Hardware n. d.). Software tools that will beneeded for optimal healthcare delivery includes but is not limited to laborders, drug formularies, lab results and patient history. Software tools thatwill be needed to help ensure that this healthcare provider stays in businessincludes billing and claim validation.   An operational feasibility studywill also need to be conducted to see how end-users and management feel aboutthe implementation of an EHR system (VI.

TheFeasibility Study 2003). In order for the implementation of an EHR systemto be successful, it is imperative that management is supportive of this changeand that resistance from staff involved in the treatment of the patients ismarginalized (VI. The Feasibility Study 2003). Key Hospital staff, however, maylike the current way of documenting, filing, and storing patient data andoppose this change (VI. The Feasibility Study 2003). This can be verycounterproductive regarding the implementation of an EHR especially if it isthe physicians that are resistant to the change.

An operational feasibility study can beconducted partially by doing face-to face interviews and distributing surveysto both management and key hospital staff to see how well they like the currentworkflow process and whether or not there is something about the current workflowprocess that they do not like. An operational feasibility study will also needto be conducted in order to find out whether or not training would be neededfor the employees once the EHR system is put in place and if so whether or notit would be feasible to use the time and resources to train the employees. Thistype of study should, furthermore, be conducted to see how the new system thatneeds to do developed will affect the customers.

An economic feasibility studyshould be conducted in reference to the following expenses regarding the$150, 000 it will cost for this system itself, how much it will cost to trainstaff for this new system, any licensing fees that are not included with thesystem itself, User support, networking fees and potential corrective, adaptive, and perfective maintenance needed throughout the life of this system. With allthe above factors mentioned and the fact that a majority of patients rely onMedicare and Medicaid, this study should help estimate when to expect a returnon investment. When requirements and solutions have been determined, then thecosts and benefits can be compared (VI. The Feasibility Study 2003). This isreferred to as a cost-benefit analysis (VI. The Feasibility Study 2003). Benefits fall into three categories which are monetary, tangible (where thebenefit can be measured but the benefit has no monetary value) and intangible(where the benefit does not have a monetary value nor can it be measured) (VI. The Feasibility Study 2003).

A scheduling feasibility studyshould be conducted to determine a realistic but firm time frame for theimplementation of this new EHR system. This study should be able to assesseffectiveness of the project management for the implementation and determinepotential restrictions that would delay completion of implementation. Therestrictions would be either internal or external.

Examples of internal project restrictionsinclude budgetary constraints, everyone on the team has limited technologicalexpertise and lack of resources (Why a Feasibility Study is 2017). Examples ofexternal corporate restrictions include sudden changes in laws and regulationsand natural disasters such as hurricanes and severe snow storms (Why a FeasibilityStudy is 2017).   Strengths ·         Good community involvement (Size, 2003 ; Bosshardt-Kelley 2015) ·         Commitment to serving the less fortunate (Bosshardt-Kelley 2015) ·         Specialized Expertise (Ganddolf, 2016) Weaknesses ·         Currently underutilizes modern technology needs to make the business run more efficiently ·         Limited amount of money (Size, 2003; Bosshardt-Kelley, 2015) ·         Poor Location (Gandolf, 2016)   Opportunities ·         Opportunities for reimbursement and funding through the Center for Medicare and Medicaid services (Size , 2003; “ Small Rural Hospital Improvement” n. d.) ·         Potential to receive good word of mouth and online reviews by providing exemplary services ·         HITECH Incentives ·         Lack of Competition ·         Modern technology could offset the limitation of local patients if utilized properly   Threats ·         Due to this healthcare provider being rural the number of patients are limited ·         A very small percentage of oncologists practice in rural areas (Charlton, 2015) ·         A majority of the population served does not have health insurance and relies on Medicare and Medicaid ·         Since this clinic treats cancer patients, due to the illness of the patients the pain from   their illness may cause them difficulty in getting to the clinic for their appointment (Charlton, 2015)  2. In order to identify a strategyfor investigating system requirements, I would first gather detailedinformation. I would do this by engaging with stakeholders to include but notbe limited to executive management, physicians, and other staff involved withthe treatment of patients and solicit feedback regarding the proposedimplementation of a new EHR system (Satzinger, 2016 P.

50-52). I would try toset up interviews with   For those stakeholders where a face to facemeeting is possible, I would set a date and a time and come up with questionsto ask each stakeholder (Satzinger, 2016 P. 50-52).

During the interview, I would ask detailed and open-ended questions to the stakeholdersto get a better idea of the specific features that should be included in theEHR system and annotate their answers (Satzinger, 2016 P. 50-52).   Some of the questions that I would ask wouldinclude the following: 1.

What are some things about the current workflowprocess that you don’t like that this EHR system can make improvements on? 2.      What type of information do use utilize toperform your day to day functions? 3.      What are your day to day responsibilities? I will provide detaileddocumentation regarding the responses of the stakeholders that I interview faceto face (Satzinger, 2016 P. 52) For those key stakeholders where a face to facemeeting is not possible, I will email them surveys (Satzinger, 2016P. 54).

After all input is received, I would identify any contradictions between two or more users and schedulefollow up meetings regarding any contradictions found (Satzinger, 2016 P. 52). I would also observe the end users for the new EHRsystem while they are working (Satzinger, 2016 P. 43). I will do this so I can identifytheir attitude towards the current workflow process, the quantity and qualityof the outputs that they produce, and the length of time that it takes them toperform their occupational duties with the current workflow process (Satzinger, 2016). I would also review the documentation regarding all of the feedback from the questionnairesand the interviews in order to understand the specifics of the capabilitiesthat the new EHR system needs to have. I would, furthermore, research vendor solutions(Satzinger, 2016 P. 57).

After gathering relevant anddetailed information, I would define the system requirements by constructingmodels in order to annotate requirements, access the models with end-users andperform iterations to reflect up to date information (Satzinger, 2016 P. 42). Asan analyst I would separate the system requirements into two categories byutilizing the FURPS framework (Satzinger, 2016P. 45-46).

This acronym is as follows: Functional Requirements Functional- This includes such things as processing Medicare andMedicaid claims and e-prescribing. Nonfunctional Requirements Usability- This includes User interface which is vital for thoseinvolved of the treatment of treatment of the patients to do their job. Thisalso includes user friendliness. The more user friendly the system is, the lesslikely resistance towards the EHR system will be. Reliability- A good EHR system will have extremely rare occurrencesof an outage. It is also imperative that the EHR system display accuracy withprescription medications. Performance- One of the main purposes of an EHR system is that itproduces better quality in documenting patient information at a faster pace.

Security- The protection of patient ePHI is of utmost importance. Abreach in patient confidentiality could result in fines, lawsuits, and badpublicity. Other requirements that I woulddefine include the following (Satzinger, 2016 P.

46-47)Design Constraint Requirements-This is important because an EHR system needs enough space for all the medicalrecords of all of the patients that they serve. There are options for this of aphysical hard drive or cloud computing. Implementation Requirements- Thisinvolves specified tools, languages, and protocols for implementing the system.

Physical Requirements- Determiningwhat the size and weight of the hardware as well as the operating conditions isessentialInterface Requirements- If the EHRsystem of this rural healthcare provider can receive communication from the HERsystem of primary care physicians who refer patients and communicate the prescriptionsof the patient to computer systems of local pharmacies, communication among thoseinvolved in the patients’ treatment would run so much more efficiently.  Supportability Requirements-It isvital to find out whether or not the vendor will supply patches if there is anerror in the system or if updates need to be made. Thirdly, I would prioritize all ofthe requirements defined in the previous step (Satzinger, 2016 P. 44).

I willdetermine what is essential, what is fairly important, and what is nice to havebut not critical (Satzinger, 2016 P. 44). The higher the priority of therequirement, the more likely that requirement will have more iterations (Satzinger, 2016P. 44).

The fourth step that I would takein investigating system requirements is to establish user-interface dialogs (Satzinger, 2016P. 44). Technological changes in any workflow process can feel overwhelming tothose employed by the organization implementing those technological changes (Satzinger, 2016P. 44). Even though user input can be used in the development of theserequirement models, it is oftentimes arduous for users to decipher these complexmodels (Satzinger, 2016 P. 44).

In order to make the user engagement process lessesoteric, I would start by developing a user-interface requirement andgradually perform more iterations during the process (Satzinger, 2016 P. 44) The last step that I would take ininvestigating system requirements is to evaluate these requirements with the usersof the EHR system. I would observe how they are adapting to the change (Satzinger, 2016 P. 44-45). From there, I would document how efficiently the users areperforming their day to day job duties when utilizing the system and anyfrustration that they are exhibiting while using the system (Satzinger, 2016P. 44-45). I would solicit feedback from the users both face to face and with questionnairesin order to find out what they like about the system and concerns that theyhave about the system (Satzinger, 2016 P. 44-45).

I will ensure that my documentationis meticulously detailed for the in-person feedback and for the observationsfrom the user and EHR system interaction. I would then conduct iterations basedon my observations and the feedback that I received (Satzinger, 2016 P. 44-45). Iwould repeat this last steps as many times as necessary to ensure that thishealthcare provider has the best possible EHR system without compromising morale(Satzinger, 2016 P.

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