

1. aforementioned
equipment can be
attained. if all

[Business](#), [Management](#)



1. A technical feasibility study will need to be conducted for this hospital to ensure that all the necessary hardware, software, and network resources are available in order to properly implement an EHR system to meet the needs of this clinic. If all of the necessary hardware, software, and network resources are not available, then it needs to be determined on how easily the aforementioned equipment can be attained.

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

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

The Feasibility Study 2003). In order for the implementation of an EHR system to be successful, it is imperative that management is supportive of this change and that resistance from staff involved in the treatment of the

patients is marginalized (VI. The Feasibility Study 2003). Key Hospital staff, however, may like the current way of documenting, filing, and storing patient data and oppose this change (VI. The Feasibility Study 2003). This can be very counterproductive regarding the implementation of an EHR especially if it is the physicians that are resistant to the change.

An operational feasibility study can be conducted partially by doing face-to-face interviews and distributing surveys to both management and key hospital staff to see how well they like the current workflow process and whether or not there is something about the current workflow process that they do not like. An operational feasibility study will also need to be conducted in order to find out whether or not training would be needed for the employees once the EHR system is put in place and if so whether or not it would be feasible to use the time and resources to train the employees. This type of study should, furthermore, be conducted to see how the new system that needs to be developed will affect the customers.

An economic feasibility study should 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 train staff for this new system, any licensing fees that are not included with the system itself, user support, networking fees and potential corrective, adaptive, and perfective maintenance needed throughout the life of this system. With all the above factors mentioned and the fact that a majority of patients rely on Medicare and Medicaid, this study should help estimate when to expect a return on investment. When requirements and solutions have been determined, then the costs and

benefits can be compared (VI. The Feasibility Study 2003). This is referred to as a cost-benefit analysis (VI. The Feasibility Study 2003). Benefits fall into three categories which are monetary, tangible (where the benefit 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 study should be conducted to determine a realistic but firm time frame for the implementation of this new EHR system. This study should be able to assess effectiveness of the project management for the implementation and determine potential restrictions that would delay completion of implementation. The restrictions would be either internal or external.

Examples of internal project restrictions include budgetary constraints, everyone on the team has limited technological expertise and lack of resources (Why a Feasibility Study is 2017). Examples of external corporate restrictions include sudden changes in laws and regulations and natural disasters such as hurricanes and severe snow storms (Why a Feasibility Study is 2017).

Strengths · Good community involvement (Size, 2003 ; Bosshardt-Kelley 2015) · Commitment to serving the less fortunate (Bosshardt-Kelley 2015) · Specialized Expertise (Gandolf, 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 strategy for investigating system requirements, I would first gather detailed information. I would do this by engaging with stakeholders to include but not be limited to executive management, physicians, and other staff involved with the treatment of patients and solicit feedback regarding the proposed implementation of a new EHR system (Satzinger, 2016 P.

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

During the interview, I would ask detailed and open-ended questions to the stakeholders to get a better idea of the specific features that should be included in the EHR system and annotate their answers (Satzinger, 2016 P.

50-52). Some of the questions that I would ask would include the following:

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

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

After gathering relevant and detailed information, I would define the system requirements by constructing models in order to annotate requirements, access the models with end-users and perform iterations to reflect up to date information (Satzinger, 2016 P. 42). As an analyst I would separate the

system requirements into two categories by utilizing the FURPS framework (Satzinger, 2016 P. 45-46).

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

Security- The protection of patient ePHI is of utmost importance. A breach in patient confidentiality could result in fines, lawsuits, and bad publicity. Other requirements that I would define include the following (Satzinger, 2016 P.

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

Physical Requirements- Determining what the size and weight of the hardware as well as the operating conditions is essential Interface

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 users of 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 are performing their day to day job duties when utilizing the system and any frustration that they are exhibiting while using the system (Satzinger, 2016 P. 44-45). I would solicit feedback from the users both face to face and with questionnaires in order to find out what they like about the system and concerns that they have about the system (Satzinger, 2016 P. 44-45).

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

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