

# Bench marking case study examples

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



Electronic health records are a very crucial part of a modern day hospital. Information in the hospitals continues to increase and an advanced system of management becomes important for successful service delivery and goal attainment. Many hospitals have implemented this technology and are enjoying every single bit of what it has to offer in terms of hospital success. Among these hospitals, three have shown great advancement to the extent of being awarded (Davis, 2012). They include, Citizen Memorial Healthcare, Maimonides Medical Center and the Cincinnati Children Hospital Medical Center.

The Citizen Memorial Hospital applied this technology in 2005, and it targeted elimination of paper in favor of queryable data, which sorted the integration of longitudinal records across the continuum. The company worked to develop electronic decision support features. It enjoyed improved flow of work and better communication between the relevant departments. All this was satisfied by a single vendor due to the small nature of hospital. Maimonides Medical Centre incorporated a discrete electronic health record that involved four vendors. It employed a gradual approach to its feeder system. This increased communication in the vertical, from CEO to the subordinates. In addition, the hospital was able to solve arising problems in the hospital at an early stage. Cincinnati Children's Hospital Medical Centre also incorporated this technology in running the hospital. Although it is a clinic, it needed the program for the physicians. This may lead to an employee driven process in the hospital.

## **Vendor selection**

The vendor selected should offer the entire necessary requirement for the success of the E. H. R. the vendors should be legal and ranked. Among the ranked vendors, include Practice Fusion, Greenway Medical, Nextgen and Cerner (Blackbook, 2012). All of which provide quality after sale services, good and intensive training and daily check on effectiveness of the software.

## **EHR implementation plan and chart of conversion strategy**

Conversion begins identification and determination of the nature of the clinic and hospital's documentation. For CHS the best method will be parallel conversion. This is because it has been present for over 20 years. It takes the forms of abstracting and manual entry due to the bulk of records, scanning and electrical data conversion.

## **Change management**

This part involves the induction of all the physicians at California Health Clinic to the system to be used in the near future. The fact that the EHR is being developed does not guarantee its use in the clinical arena or the hospital. People may resist it due to lack of common benefit with the organization, lack of will to adapt to new work process and the fact that people conduct a cost-benefit analysis on the issue. There are five key factors in management. This includes hard tactics, which involve use of power and authority. They include pressure and legitimating of facts. Another key factor involves the soft tactics, which involve coalition and inspirational appeal.

Rational persuasion involves the application of logics in argument to show

reason for change in the clinic (Yukl et al. 2005). The apprising factor on the other hand aims at explaining the benefits of the change to the targeted user (Yulk et al. 2005).

## **User training**

Implementation requires training of each member of the staff in the company. An honest and open discussion and communication with clinicians is an effective tool for the risk management in any hospital. For effective use of HER, there is need for the company to make the training mandatory. Perfect time has to be set and training done in groups to reduce cost, unless one- on-one experiments and explanations are necessary. In making the plan for the training process, decision of training and the actual training have to begin before the go-live period (lectures notes, EMI and change management strategies ). There should be selection of a group of staff members to go for training by the vendor. All staff is then tested for computer skill, and if they don't have these essential skills, they should be trained first in this field. The cost of the training is then determined. Mode of training may include quality documentation trainings, tailored training, and instructor -led classroom training. In other cases, there may be computer-based training and independent lab exercise/ study. The next step after training is assessment of the trained medical representatives.

## **EHR USABILITY**

This section concerns the effectiveness and efficiency that the software can offer. The recording system should all round in that it should offer reduction of document search and time, which will intern aid in enhanced patient care

(Davis, 2002 ) for easy attendance of physiologist. It should encourage naturalness in it application and operability.

In addition, it should offer a high degree of consistency in every intended aspect in the hospital (Ilie, 2012). By reducing errors and enable multitasking. In identification of the vendors, a big consideration should be put on the electronic service they give. It should be able to provide the highest quality of work with simplicity and effectiveness. Every person in the hospitals provided with the record must be able to fix and understand sources of error if any.

### **Clinical decision support**

Clinical support system is an interactive decision support system in from of computer software (Khosia, Vinod, 2012). It is designed to help physicians with the problem of decision making and diagnosis of patients in the hospital or clinic (Khosia, Vinod, 2012). CDSS has been used in cervical cancer. It constitutes two rulebases. These were the guideline rulebase and the free-text rulebase for interpreting pap. Evaluation revealed that 73 of 74 test patients which identified two cases of gynecological referral that were missed by physician (support one) adding the physician to amend recommendations.

Another experiment involved determination of whether the software had the ability t remind its users of clinically important drug-drug injections (Kim et al). The research considers sixty four pharmacies in Arizona. The main agenda was to detect DDI using the CDS software (Kim et al). The result only found 18 of the pharmacies that recorded eligible interactions and non-interactions with the software.

## **Unintended HER consequences**

The physicians are advised to be careful when it comes to the use of these equipments because it may cause little care for the patient well-being. In addition, it may cause negligence of patient or accidents to patients and physicians as well, in case of carelessness.

There are various types of unidentified consequences they include, type one consequences, which requires the clinicians to add more work to physicians. Another type of consequence is the type two consequence of the never-ending requirement of system changes, which may require upgrade of software also when complaints arise there may be need for improvement of technique.

There is also another consequence in regards to untoward changes in communication patterns and practices. For example, CPOE system alters communication among care providers; its installation replaces the nexus of computer communication.

Negative emotion forms the fourth type of consequence. The end user may refuse to work with the technology, considering it stressful, or simply unconventional. This factor also links with the fifth type of consequence, which is an unexpected change in power structure that may result to unemployment of individuals in the hospital.

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