

Restructuring strategy essay

Literature, Russian Literature



Organizational change plan

Part I of the organizational change plan identified the aim of the EMR project which is to gradually phase out storage of patient information in form of paper work and replace it with electronic records that can be accessed from any location within the nation. Further, it elaborated on the factors potentiating the need for EMR which included the 2009 American and Reinvestment Act and prospect of reduced funding from Medicare and Medicaid amongst others. In addition, it discussed the individual and organizational barriers to the proposed change which encompassed passive resistance, lack of technological skills, commitment and initiative and ambiguity in role perceptions. Moreover, it identified the factors that would potentially influence the change such as the change agent, organization's structure and the organization's culture.

Factors that were influencing the organization's readiness for the proposed change were also evaluated and these included human resource factors, the environmental context of the change and availability of resources for the initiation and maintenance of the planned change. External and internal resources available for the implementation of the change like information on EMR systems, human and financial resources were also examined.

Ultimately, Kurt Lewin's change model which consists of three stages that is unfreezing, moving and refreezing was found to be the theoretical framework most applicable for the planned change since the planned change needed a shift in the forces holding the documentation in terms of paper work as the status quo.

Part II of the organization change plan will focus on the various strategies to

be utilized in the implementation of the proposed change. In this regard, the monitoring and communication techniques to be used in the course of implementing will be identified. Further, the interrelated work processes, systems, personal and professional roles and their impact on the planned change will be described.

Monitoring strategies

During the project planning phase, the steering committee identified various milestones and deliverables which will be used to monitor the implementation of EMR. Monitoring will entail collection and analysis of data on the key indicators identified by the steering committee at every stage of the implementation. Key indicators to be monitored include the number of staff trained on their respective roles as far as EMR is concerned expressed as a percentage at the end of 6 months, the operational functionality of the EMR system in regard to the management of patient records for example, what is the percentage of all patient records are stored electronically at the end of each day and week. The latter will be particularly useful in determining whether the EMR system is being utilized or not. The working conditions of the various equipments like printers and scanners and software like servers is another key indicator to be monitored periodically. Patient cycle times that is, the time it takes for a staff to attend to one patient and document relevant information electronically fall under the indicators to be monitored periodically (PEPFAR, 2007, p. 52). Data for monitoring purposes will be collected via special monitoring software that will glean the information from the Windows system otherwise referred to as the Onsite Manager. The monitoring software will be installed by the EMR service

provider in the server hospital's server and it will relay all data via the internet to the service center server of the EMR firm at their offices who will analyze the data and present findings during the steering committee meetings. The details to be monitored as well as the frequency at which they are to be monitored will be configured into the Onsite Manager (MITE, n. d.).

Communication techniques

Communications of issues that may arise during the implementation of EMR are key to the success of the project. In this regard, every hospital department will have a supervisor trained in EMR whose main function will be to handle any queries that the staff in that particular department may have on EMR. For example, if a staff is unable to enter data into the system, the supervisor will be available to demonstrate the appropriate way to go about it. In addition, the EMR service provider will create a hotline desk at its offices specifically for the hospital and allocate an implementation specialist to be available 24 hours a day to handle any issues in regard to the use of the EMR system in the hospital. Stickers bearing the hotline number will be attached to every PC within the hospital. Staff will be oriented to these communication techniques during the staff training (Healthland, 2010).

Interrelated workflows within the hospital

The hospital is divided into various departments that is, outpatient, inpatient, radiology, laboratory, nursing, accounting department amongst others. The various departments work together to provide quality and cost effective care to the patients. Implementation of EMR will affect the workflows within and across these departments. Staffs in the various departments play different

professional roles in the provision of patient care. Conversely, every department and/or working station will need to be equipped with the necessary EMR keeping hardware and software. Variability in the roles played by the staff will affect the manner in which staff will be oriented to the proposed change. For example, majority of patient related care processes in most of the department involve team work amongst members drawn from the different professions hence team training on EMR will be more effective for staff in most departments. In effect, team training will foster the smooth running of these processes (Healthland, 2010) for instance, billing because the physicians, nurses and staff from the billing department will be operating from the same page when it comes to the recording and subsequent interpretation of the various codes in regard to patient care for billing purposes. Patient care entails a host of processes like admissions, nursing care, nutritional reviews, physician reviews, discharge, billing and follow-up after discharge some of which are done concurrently. Different patient information is collected and stored in the course of these processes. The EMR system will have to be designed in a manner that will accommodate as well as streamline the various processes. For example, patient admissions encompass a host of activities to include physician, nurse and nutritionist reviews. Currently, the patients' files are structured in a manner that provide sections for the various professionals to record their notes, however, implementation of the EMR may necessitate the combination of the various notes section into one computer sheet that captures all aspects of the patient care ranging from doctor reviews, prescriptions for treatment,

prescriptions and results of laboratory tests, notes on nursing care provided and physiotherapy notes (MITE, n. d.).

Conclusion

In conclusion therefore, monitoring of the proposed change will be done via remote monitoring whereby the EMR service provider will configure software to continually gather data on indicators such as the patient cycles, the number of staff who have been trained and functionality of the various software and hardware identified by the steering committee, these data will be analyzed by the service provider and the findings presented during meetings of the steering committees. Issues that arise during the implementation of the EMR system will be communicated to trained supervisors who will be available in every unit or directly to the EMR specialist via a hotline number established at the offices of the EMR provider. All the staffs will be made aware of the communication techniques during the staff training. Finally, the EMR system will have to be customized to accommodate the multiple processes, systems and input from the various professionals involved in patient care. The vendor supplying the EMR will therefore have to work together with the end users so as to identify how the EMR system can be adjusted to meet their needs.

References

Healthland, 2010. EMR implementation in critical access hospitals, small community hospitals and affiliated clinics. Retrived from <http://www.healthland>.

com/.../EMR_in_CAH_and_Small_Community_Hospitals. pdf

Mite (n. d.). Server monitoring, training and telephone support. Retrieved from <http://>

www.emrehrsupport.com/Steps/Monitoring.htm

PEPFAR (2007). Developing an Electronic Medical Record (EMR) system implementation plan.

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http://www.healthmetricsnetwork.info/.../fetch.php?...emr_implementation