EHR IMPLEMENTATION TEMPLATE

Your customizable EHR implementation template and checklist

GUIDE HIGHLIGHTS

Creating a change management plan

Identifying and migrating valuable system data

User training, system testing, managing go-live & more
These materials are designed to help you form a concrete plan for your EHR implementation.

It’s important to remember that implementation requirements vary from practice to practice. You might not be engaging a consultant, for example, or you may not need to include midwives in your training plan because your practice doesn’t have any. That’s why you can access a customizable version of this document here - click the link, then go to File > Download As > Microsoft Word (docx).

**CREATING A CHANGE MANAGEMENT PLAN**

The two secrets to effective change management are simple. Firstly: schedule, schedule, schedule. Creating a detailed timeline of when certain tasks need to be completed will hold you to account in completing everything to deadline.

Secondly, invest time in creating an extensive communication strategy. Make yourself accessible to address any concerns that the wider workforce have, and ensure that your implementation timetable is publicly available for anyone who wants to see it.

**Timeline**

Schedule your implementation activities in the space provided.

- Training: _____________ (date to be completed)
- Data migration _____________
- Testing _____________
- Go-live _____________
- First evaluation meeting post go-live _____________

**Communication**

Identify three ways you can communicate EHR-related changes to the wider workforce:

- __________________________________________________________________________________________
- __________________________________________________________________________________________
- __________________________________________________________________________________________
RECRUITING AN EHR IMPLEMENTATION TEAM

A talented, supportive team is essential in EHR implementation success. As well as managerial and technical functions, you should also include representatives from all key EHR user groups.

Name your implementation team members in the space below.

Management

- Project manager:______________
- C-level sponsor:______________

Technical

- Application analyst:______________
- Application developer:______________
- Application test engineer:______________
- Consultant:______________

User group representatives

- Physician:______________
- Nurse:______________
- Counsellor/therapist:______________
- Occupational therapist:______________
- Midwife:______________
- Administrative team:______________
- Billing department:______________
- Practice management:______________

FORECASTING A BUDGET

Without thorough planning, EHR implementation projects are liable to overspend. Use the space below to forecast costs and draft an implementation budget. Adding a 10% ‘buffer’ to your total helps to safeguard against unexpected delays or initial underestimation of costs.

Add in your estimated implementation costs below:

- Vendor implementation fees: $______
- External consultancy costs: $______
- Development and customization: $______
- Employee overtime: $______

Total: $______
(+10% buffer) = $______
MIGRATING PATIENT AND PRACTICE DATA

Migrating your data - whether from paper charts and Excel spreadsheets or a legacy EHR system - is a great opportunity to ensure it's all up-to-date and compliant. Transferring redundant data over to your new EHR wastes time, increases chance of user error, and may put you at risk of breaching compliance.

Take your time here and be thorough. Use the checklist below to map out your data migration activities, and tick off when done.

- Conversion of paper records to electronic records
- Data cleansing and verification
- EHR database setup
- Mapping legacy data to new database fields
- Data transfer to the new system
- Testing and verification of legacy data
- Testing and verification of new data inputs

TESTING YOUR NEW EHR SOFTWARE

There is no such thing as ‘too much testing.’ Test your new EHR as much as you are able, the software is running as smoothly as possible. If you’re sloppy about this, bugs and glitches will reduce both your user engagement and your ability to provide safe and effective care for your patients.

Use the space below to make notes, highlight issues and suggest resolutions for each round of testing you complete.

Testing round one - issues: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Testing round two - issues: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Testing round three - issues: __________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
CREATING A USER TRAINING PROGRAM

To state the obvious, your staff won’t use your new EHR system without appropriate training, so it’s worth investing a lot of time here. Think about which type of training suits each of your key user groups. Non office-based groups like your nursing team might struggle to complete e-learning modules, for example, or shift-based teams might struggle to all attend the same training seminar.

The timetable below helps you keep track of when and how your key user groups are being trained. Customize it to your key user groups.

<table>
<thead>
<tr>
<th>User group</th>
<th>Method of training</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g: billing department</td>
<td>E-learning modules</td>
<td>Ongoing, Deadline 18/03</td>
</tr>
<tr>
<td>E.g: nurses</td>
<td>3 seminars for different shifts</td>
<td>21/03</td>
</tr>
</tbody>
</table>

INITIATING YOUR GO-LIVE ACTIVITIES

This is the moment you’ve all been working towards. Safe to say you want everyone on the same page here, so it’s a good idea to create a detailed timetable and roadmap specifically for go-live activities. This should include:

- Patient communication guidelines (including expected downtime)
- Staff scheduling including required overtime or temporary staff
- Modification of appointments and scheduling
- Reporting processes for system and project evaluation (see step 8)
- In-practice communications (signs on noticeboards etc.)
- Network speed and reliability checks
- Data backup processes
PROJECT EVALUATION

How can you tell whether your implementation was a success? Or - perhaps more cynically - how can you demonstrate that your EHR implementation has been a success when practice management comes knocking?

By identifying key success metrics, you can keep track of how your new software is transforming your practice (and provide senior management with the hard figures they seem to thrive off). It's important to be ambitious here, but don't get carried away. It's better to be realistic from the start than to set EHR up as a cure-all for all of your practice's issues, and have to explain yourself when your promised improvements don't materialize.

KPI identification

Use the space below to identify KPIs for the success of your EHR implementation project:

• KPI one: ____________________________________________________________

• KPI two: ____________________________________________________________

• KPI three: ____________________________________________________________

• KPI four: ____________________________________________________________

• KPI five: ____________________________________________________________

Use this table to organize your project goals and KPIs into an easy-to-follow timeline:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Target completion date (weeks post implementation)</th>
<th>Complete? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>E.g: patient throughput restored to pre-implementation levels</td>
<td>3</td>
<td>Y</td>
</tr>
<tr>
<td>E.g: patient throughput increased 10% on pre-implementation levels</td>
<td>6</td>
<td>N</td>
</tr>
</tbody>
</table>