



A Step Forward Requires a Step Back

Derrick Leung, MBA, PMP

Derrick Leung is a HL7 Certified specialist with the Courtyard Group in Toronto

A Step Forward:

I strongly believe that this is the best time to be in healthcare IT in terms of leveraging technology to improve the delivery of patient safety and care. The number of domestic and international health IT related projects have increased substantially at local, regional and provincial levels. This is mainly because most countries now have the consumer awareness/demand and political support to deliver an EHR solution. In Canada, Infoway provided the vision and is also the funding body for EHR projects, and similarly in the UK, the responsibility lies with the National Health Service. Even though different countries may have different ideas of how EHR will work, the impetus behind these initiatives is still the same, which is to provide an on-demand and up-to-date information service to clinicians so that they can deliver the best treatment possible to patients. And as I step back and survey EHR activities in Canada, I believe that we are definitely moving in the right direction. But with all these projects happening at around the same time are we at risk of building too fast, which would jeopardize the efficiency and effectiveness that the EHR is expected to deliver?

A Step Back:

The reason why I ask this question is if our vision of EHR is truly that efficient then why are over 50% of our healthcare IT projects still running over budget, and some on a seemingly never-ending path? I believe that one of the key drivers for extending the life of these projects are related to workflow issues that were never truly solved in the past; instead, what intended to be temporary workaround became permanent solutions. As a result, when we try to implement new technology, we have to step back and revisit these problems.

But once we start looking at these problems, we start running into workflow and cultural issues, which directly impact the overall adoption rate of the technology. For example, many clinicians understand the value of EHR. They understand the benefits it will bring to healthcare and that technology will play

a significant part. But they are also familiar with their current method of delivering care, which often does not match the future workflow that the EHR intended. This gap between current and future workflow often results in adoption issues. And most of the time, the future ends up compromising current workflows because new technology often requires new policies and procedures that may not be comparable to current best practices. The result is an under-utilized technology that consistently over-compensates for user demands. Compounding the problem further, consider how workflows are different between local, regional and provincial health services and if each level requires adjustments from the technology, then reaching full operational EHR will take longer than expected.

A possible solution that will stimulate adoption of new technology and help reduce the gap between current and future workflows is to standardize clinical pathways in delivering patient care. The benefits of such standards would change how we implement EHR solutions. Knowing that clinicians follow a similar pattern of practice at every level of care will minimize the variability that current EHR projects encounter during implementation. This would also help improve the probability of projects delivering on time and on budget. Standardizing delivery of care would also help correct a lot of the issues that are presently mitigated through workarounds. Furthermore, it would also help bring clinical experts closer to the EHR solution because in order to standardize clinical pathways, clinicians must be involved. Some successful examples of standardized clinical pathways are in US long-term care facilities, where common workflows are practiced. But to move in the standardized direction would mean that we have to step back and evaluate our current surroundings before we can truly step forward toward EHR. This may not be a bad thing because one small step back may allow us to take a bigger step forward. ●