Avoiding the Post-Implementation Blues

by Michael J. McCoy, MD

Hospitals and clinics are sometimes too quick to say they've got their IT launch covered. Here are tips for avoiding famous last words and unpleasant surprises.

Organizations spend a tremendous amount of time identifying the consultants, vendors, and healthcare IT solutions that best meet their needs. Unfortunately, they don't always apply the same rigor to the choices that follow. As many issues and concerns may occur after delivery of an IT system as during its selection.

As with many things in life, post-purchase (or post-implementation) regrets can occur, particularly if insufficient attention was paid to details and signs up front. Organizations often think they "have it covered" when, in fact, they greatly underestimate their needs or ability to supply critical pieces of the implementation. The result is unwelcome surprises and concomitant cost or time overruns.

Organizations can prevent unhappy experiences by recognizing some of the prime offenders for this disparity between expectations and success. Several broad categories are easily defined—scope creep or failure to invest in appropriate training, for example—and they echo the common reasons why IT projects fail. A few behaviors are more insidious and difficult to ferret out, such as secrecy or shutting down communication with front-line staff too early. Some famous last words sum them up:

- We can do it {better, cheaper} ourselves.
- We have smart {doctors, nurses, administrators, HIM, IT people}; they can handle it.
- We will do it later when we have {time, money, people}.
- We don't think that is {important, necessary, a priority}.
- We will just tell the {doctor, nurse, unit} what they have to do.
- We are {special, different, have needs you don't understand}.
- We will add just {one, two, "a few more"} items to the project.

Make a Good First Impression

The famous last words above ring particularly true when it comes to the clinical transformation and change management parts of health IT projects. Unfortunately, as the old saying goes, you only get one chance to make a good first impression. Users—the staff who are ultimately responsible for the successful adoption of the system—may only give the new way of working a single chance.

Thus, while it is important to engage all constituencies as early as possible in the process, the most common transgression is delaying the clinical transformation piece, with a resultant furor from disaffected users (most commonly, physicians).

Often the first item to face scaling back (or elimination) is clinical transformation. Hospitals sometimes assume that since they have staff or community physicians willing to volunteer their time they will have meaningful dialogue and engagement with the physician staff. However, creating cross-functional teams that enhance the end product—rather than derail the process—requires a special skill set.

Hospitals and clinics rarely have these skills in-house, and the process itself is usually new for the group. Achieving consensus in the implementation requires education and facilitation of the process for clinical and allied staff, each with different priorities and needs. Communicating that effectively takes unique talent. Sometimes having a neutral third party, such as the consultant

or vendor, take the criticism or present the best practice affords the organization a better chance of convincing recalcitrant parties that the negotiated position is a better solution overall.

Be Honest

More insidious issues have been seen in situations where the hospital intended to purposefully deceive the physician staff by telling them that the software purchased was unable to perform requested tasks. In reality, the hospital did not have the budget to configure the software (which required the time of either its own or the consultant's staff). Rather than confess the limitations, the organization tried to push the blame to the product.

That strategy, however, would have led to a crisis in confidence for all concerned, as it is not difficult for physicians to call other hospitals where the product is in use and verify its true capabilities. Every statement of the hospital's implementation team would then have been questioned (and not unfairly so), and trust in the consultant company responsible for managing the implementation would have been damaged as well.

Honesty is the best policy, and in this situation, the hospital told the physicians the cost of the requested function and explained the limited budget for manpower. The physicians were given the option of having the function the way they wanted it but losing another item on their list. By having their views considered, and by understanding the give and take needed to achieve balance so that all parties would be happy with the final deployment, consensus was achieved, and the physicians agreed to postpone the desired feature until a future date.

Invest in Training—Sufficiently

Hospitals and physician offices are sometimes prone to think that eliminating elements from the vendor or consultant's role will allow them to achieve that result less expensively or better. Training is a prime area where this philosophy can sometimes cause grief. In-house training can work well, if the organization has the internal resources, foresight, and commitment.

Train-the-trainer programs are usually less expensive than having a third party conduct all of the training, but organizations should carefully consider the qualifications, experience, and degree of training required to handle the job. Placing a less expensive but less qualified trainer in the role may doom the project from the outset, wasting resources and good will. Super-users can be great resources, but they usually have other responsibilities that may make their participation expensive or unreliable. This is especially true of physicians.

Academic institutions have, obviously, a great deal of talent within the organization. However, that may not equate to talent in achieving consensus or harmonizing priorities. To maintain forward momentum in IT implementations, organizations must stress senior leadership's support of the project. Absent that support, fragmented and incomplete projects are extremely likely.

Roll out Critical Functionality and Support It

Waiting to implement certain system features may save money in the short run, but it is difficult to achieve end user satisfaction if critical functionality is omitted up front. Organizations should not be penny-wise and pound foolish when it comes to rolling out key system functions.

There must be a balance. Overwhelming users with too much new functionality can be as problematic as delivering too little of it, particularly if training is not properly planned and provided. Often users need to experience the basic workflow changes for a bit to truly understand the implications of the new product. For some, the new system may be their first real experience with healthcare IT.

For these reasons, finding the right balance of new functions and support is essential. Establishing the best roll-out of features and functionalities and ensuring proper ongoing training can be a source of tension between organizations, their vendors or consultants, and end users. Getting it right begins early in the selection and implementation planning process.

Keep Listening to Realize Full Return

Full use of the system is the only way to achieve full return on investment. To achieve full use, organizations must consider the end state and its user benefits from the beginning. Mandating compliance (successfully, at least) requires communication in advance and buy-in from all parties expected to use the system.

Including users in the initial design and all implementation decisions starts the process, but that inclusion must continue post-implementation in order to rectify the shortcomings that are inevitable in product launches. Once the system is in use, undoubtedly there will be workflows that were not considered, choices made that prove cumbersome, and decisions that were just plain wrong.

Fixing these in a timely manner is essential to maintaining the good will of the users and their use of the system as intended. Failure to have constructed a process that allows such changes will give the implementation team headaches, frustrate the users with a broken or impaired product, and lessen the organization's chance to realize the full return on an expensive investment.

Be Open to the Voices of Experience

During implementation, organizations may at times decide to take different paths than those recommended by the vendor or consultant. To be diplomatic about the choice, the consultant or vendor often will say something along the lines of "that is an unusual way to handle that. Are you sure that is what you really want to do?"

Organizations should listen carefully when they hear statements like these and remember that the vendor or consultant is a partner who often has seen dozens of other clients face the same situation. They can draw on that experience and their deeper knowledge of how their product works best.

Organizations can easily travel far down a suboptimal path against advice only later to realize the problem they have created. In these cases, delaying go-live is a very painful and expensive event that could have been avoided.

Recognize the Difference between Customization and Personalization

During the pre-sale process, virtually every organization—hospital or clinic—proclaims that its needs are different or special. Most vendors and consultants humor their prospective clients, reinforcing this mentality with claims that their products or services incorporate those "special" requirements.

Save for some truly niche products, the reality is that most software companies selling into a specific market meet the majority of needs that market has. Customizing software to a single hospital drives up the implementation and maintenance costs, makes it difficult to upgrade the product, and usually does not address the workflows with significantly better productivity.

To clarify the distinction between the two types of modification, "customization" requires additional coding to accomplish a task; "personalization" allows users to adjust the display of information in a manner preferable to them, without any change in the product's coding.

Thus, wherever possible, organizations should avoid customization and consider personalization. Recognizing the difference between the two requests will make both users and CFOs much happier, particularly as personalization will likely accomplish the majority of the needs at a fraction of the cost.

Keep Scope Creep at Bay

An issue that keeps vendors, consultants, project managers, CIOs, and CFOs awake at night is the prospect of scope creep, or piling on additional work to a project already under way.

It may make sense to pull certain other tasks and projects under the umbrella of a major project already begun, but managing the project schedule and the cost apportionment is a Herculean task. Part of that task management is the need to learn from deployments already done, centralize effort as much as possible to avoid duplication, and standardize deployment methods.

Variation in deployment is costly to the organization, both in dollars and time. For instance, a major Midwest-based hospital system saw a six-fold increase in the allocated cost of deploying a computerized physician order entry system due to a mix of these elements.

Part of the culprit was the decision to approach each hospital within the system as a new installation rather than recognize that most functions within a hospital are the same. Also contributing to the overrun was duplication of educational resources at each hospital rather than consolidation of training to a team that could augment locally but reside at the corporate level. Finally, every hospital where the system had been deployed used the opportunity to add on other initiatives that, though usually needed, were not truly part of the original roll-out.

By understanding the issues that had led to this massive cost and time overrun, the system has been able to reign in the problem. It standardized training and implementation across facilities and centralized the IT team.

Keep the Communication Channels Open

Reasonable expectations and good communication are key to achieving the end state of happy clinician, administrative, financial, HIM, and IT staff. A true partnership, recognizing the value and worth of each party, with respectful treatment of each goes a long way to successful interactions during and post-implementation as well.

Berating the vendor, paying late, or generally acting bellicose does little to engender good will and positive relationships (and it is amazing how often it occurs). While the consulting or vendor staff will be professional in responding, the likelihood of having the issue moved to the front of the queue is lessened by such behaviors.

A marriage between the consultant or vendor and the hospital project staff is like a real one: you are not as right as often as you think, both sides have a right to their view, good communication is crucial, and divorces are messy and expensive! Organizations that plan beyond go-live for long-term success can avoid the post-implementation blues.

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