# Getting off to a Good Start: Tips from the Launch of Two HIM Systems



*by Kathy Harker, RHIT*

---

*Northwest Health System followed a smooth launch of a coding product with something a little more ambitious—a beta version of a document management system.*

---

In April 2005 Northwest Health System in Springdale, AR, implemented Web-based coding to boost productivity. The system is fairly straightforward: components of patient charts that are required for the coding process are scanned into a data repository hosted by the technology vendor. Digitizing the paper charts means that authorized users—coders, other HIM staff, and auditors—can simultaneously access the charts online, a boon to workflow.

This small taste of online medical record access built excitement within the organization. When the vendor approached us to participate in a beta development project exploring a broader electronic document management (EDM) system, we said yes. We felt that the opportunity to expand the functionality of the initial technology to other areas of the hospital was definitely worth pursuing.

Since much of a system's success is determined before it ever goes live, we took care with the implementation phases. No matter how promising, a technology can fail to gain traction in an organization if it gets off to a bad start. We laid the groundwork by building inclusive teams, focusing on good communication, setting shared and personal goals, and managing expectations, both for short-term disruption and long-term benefits.

The first implementation was as straightforward as the product itself. The second—which one might expect of a beta project—was longer and more involved. The beta project required more of everything, especially communication. It also required more flexibility. We needed time to promote and incorporate user feedback, and we needed the flexibility to deploy the system components one step at a time, ensuring we could adjust and readjust as necessary before moving on. In the end, both implementations were successful and brought Northwest powerful benefits. Following are the factors critical to our success.

## Lay the Groundwork

Change is never easy. Rather than dictating the implementation plan and process to staff affected by the technology, we involved them in the process. We asked end users for their ideas, and we listened to what they said. They provided some solid feedback and great ideas that saved them time and keystrokes—ideas that only they could have contributed. In turn, this early involvement encouraged buy-in and a sense of project ownership. It was important to us that staff never felt that the technology was being "done to" them; instead we wanted staff to feel that they played a starring role in the technology's success.

In the same vein, we acknowledged—not dismissed—any resistance to change, and we recognized that learning a new technology would present difficulties for the staff. That acknowledgment enabled us to meet concerns by presenting the positive impacts the technology was expected to have on individual staff members, the department, and the organization overall.

In the example of our EDM implementation, we highlighted the fact that the technology would eliminate two of the staff's least favorite tasks: chart pulling and refiling. In addition, we garnered some of the greatest initial enthusiasm when the staff learned that they would be able to scan in color. Because color images often mean more complete and useful information, the staff had been clamoring for a color scanner for quite some time. Making these images part of an electronic record also increased their

accessibility, and staff quickly realized that others would appreciate that the HIM department was now coming to them, rather than the reverse.

Emphasizing these benefits went a long way toward balancing out any concerns, maintaining a certain level of excitement, and encouraging support for the project.

## Work as a Team

Implementation of the coding technology went very smoothly; there were no ditches, no ravines. The implementation team consisted of HIM staff, IT staff, and staff from the vendor. Although the choice of a vendor is made long before the implementation phase begins, at Northwest we benefited from the fact that our selection team looked closely at each vendor's implementation capabilities as part of its decision-making process.

Carefully delineating roles, responsibilities, and expectations was an important factor in allowing the team to work well together. Each member understood what he or she needed to do to contribute to the project's success, and we maintained an open flow of information and exchange of ideas. If something did not work exactly right or fit in just right with our workflow, we discussed it and came up with an alternative approach.

Good communication is equal parts informal collaboration and formal, structured communication. Although we worked together closely on the project, we never assumed that casual conversations between a few team members could take the place of regularly scheduled status calls with the entire team. Having designated times to talk encouraged the flow of ideas and helped us discover and work through potential road blocks before they occurred.

Project status reports are another way to make sure everyone hears the same thing and is on the same page. They also can be shared with key executives who need to keep informed on the project's progress but can't be involved in its day-to-day activities.

## Set Goals and Expectations

Common goals must be set for any implementation, of course, and team leaders must take responsibility for ensuring that the entire team is working toward those goals. At Northwest we took it a step further and increased accountability by setting expectations with individuals. We made sure each person had a clear understanding of his or her role and how it affected the overall process.

Setting expectations—for the length of time each process will take, for the disruptions in work process that might occur, for any extra time staff might be asked to put in, for example—is an equally important part of project success. This was especially important for Northwest in its beta project, which followed a relatively simple, 30-day implementation of the coding technology. We needed to be sure that everyone saw these as two very distinct projects, with different goals, levels of involvement, and potential impact for the organization.

For example, staff members needed to be clear that the beta technology was in a testing phase—there would be issues, there would be bugs, and the technology might not function exactly as they would like. Staff also needed to know that their direct and constructive feedback was critical during this project in particular and would help further define the final design and functionality of the technology. Articulating this expectation helped staff replace potential frustration with technology limitations with excitement about their ability to shape a vital tool for the hospital.

Other big differences were the level of commitment required and the time until users could begin to see results. While the actual installation piece only took two days, the entire beta process stretched over five months. This process included redefining HIM workflows, testing the technology, resolving issues, conducting training, and rolling out the technology beyond the HIM department—standard implementation steps. Adding to the length of the beta project were the comprehensiveness of the technology (i.e., the more it does, the longer the process will take), the need for a more intense level of testing, and the "uncontained" nature of the users to resist change.

## Train, Train, and Train Again

Training should be an ongoing effort. Organizations are constantly in flux, and there will be new staff throughout the organization who will need to learn the system. Everyone will need an introduction to new product features and enhancements that roll out over time. Even where technology is very intuitive and easy to use, formal training is a critical component of user adoption.

At Northwest, we employed a "super-user" training model, training those who would be using the technology the most and would be best able to become experts. The super users then helped train others. We made an effort to know our audience of trainees: some trainees will be eager to learn the new technology and will show up promptly from training, while others may require a reminder (or two or three). Typically, we send out flyers and use promotions to entice physicians to attend training.

Different audiences required different levels and types of training. For example, in HIM we focused on the workflow and best practices in using the technology. The scan technologists received hands-on scanning training that included tips and techniques for ensuring high-quality images. The training for registration, emergency department, nursing, and compliance staff focused on the basics of navigating the technology to get the information they needed quickly.

## Keep Deployment Flexible

With the deployment of the coding technology at Northwest, the few issues that arose were minor and easily addressed. The ongoing beta process, however, was more complicated and required greater planning and coordination. With user feedback such an important part of the project, we needed a deployment process that would be flexible enough to incorporate feedback as the project progressed. For our organization, implementing components of the system one step at a time was the easiest way to ensure that we could adjust and readjust as necessary.

As a first step, the HIM staff began scanning 20 percent of discharge charts at the end of each day. After scanning, a quality control step checked each chart for both image quality and completeness of the record. Starting small allowed the staff to identify and resolve existing and potential problems with both the process and the technology before the product went live. Once we validated the process, we began scanning all charts at the beginning of the day, which gets the charts to coding faster and speeds turnaround and completion times.

Next, we began a more complicated part of the implementation. This involved electronically feeding admission, discharge, and transfer information into the EDM system, which eliminated the need for HIM staff to manually enter these data.

After that feed was up and running, we realized that we needed a chart logging system to help us track chart movement. The vendor provided one. The department uses this component of the system to conduct quality control checks, verify the completeness of charts, and validate the chart list. Once staff has verified that all charts have been properly scanned, the log report and the charts are boxed and sent to off-site storage.

Despite the best planning efforts, issues will pop up when any technology is deployed. Be prepared to make changes on the fly to address the issues. Soliciting feedback early and often helped Northwest stay ahead of any significant problems and implement improvements in advance.

Implementing new technology can be a difficult task that stretches your organization's skill set and pushes its threshold for change. However, at Northwest we have seen how new technology can yield continuing benefits that range from increased efficiencies and user satisfaction to improved quality of patient care. The right expectations, incremental execution, and a well-supported implementation team got Northwest's coding and document management systems off to a good start, giving us the opportunity to take full advantage of all that the technologies have to offer.

***Kathy Harker*** *(kharker@nw-health.com) is the director of health information management at Northwest Medical Center-Springdale in Springdale, AR.*

---

**Article citation**:
Harker, Kathy. "Getting off to a Good Start: Tips from the Launch of Two HIM Systems." *Journal of AHIMA* 77, no.6 (June 2006): 34-38.

---

Driving the Power of Knowledge