

MARCH 15, 2005

WOLF EMR USERS' EXPERIENCES - PRELIMINARY RESEARCH NOTES

This document provides a brief overview of users' experiences with the implementation of Wolf computer systems. The preliminary information that is included here is based on interviews with various users such as General Practitioners (GP) and Medical Office Assistants (MOA), and presentations from the Collaborative organized by Vancouver Coastal Health (VCH) Primary Health Care Transition Funds (PHCTF). The various clinics that are included in this research are at different stages of the implementation process. Hence, some of the clinics used the EMR for 3-6 month, while others used it for a year. The intension of this document was to obtain information about implementation projects of WOLF (EMR). This includes a reflection of user's experience in order to apply these lessons to Mid-Main Community Healthcare Centre.

Pre-Implementation:

Receiving transition funds:

- Most of the clinics indicated that the period of time that elapsed between when they applied for funds, and when they actually implemented the billing and scheduling modules was longer than they anticipated it would be.
- There were three clinics that chose not to use the funds for renovations and/or hiring a nurse practitioner.
- Small clinics cannot afford an IT person and hence experience greater dependency on the vendor and the hardware-staff ("the tech guys"- Basic Business).

Choosing EMR-Vendor (Software)

- This was a difficult task for all the clinics, and many said that they just had to make a decision and "just give it a try."
- All the clinics attended the event that the VCHA organized where the different vendors presented their systems.
- Wolf was chosen by most of the clinics, mainly because of good customer service (contrary to ClinicCare as two others mentioned). In addition, Brendan Byrne (Wolf's president), made a good presentation, and users felt that it would be easier to work with Brendan, as he is a doctor and could understand their needs.

Choosing technical support (Hardware)

- All the clinics followed Wolf's advice and chose the recommended technical (hardware) solution and support team solution (a third party support provider). Third party support proved problematic for some clinics and not others.
- Wireless network: here there were different experiences with using wireless networks. Some users were satisfied, while others suffered from system crashes.

- Tablets: One of the clinics had a bad experience with tablets that often crashed. However, it is worth mentioning that the problem might have been with these specific tablets that the clinic purchased.

Computers in consultation rooms:

- For all the clinics, implementing the EMR implied installing a computer in the consultation rooms.
- No special information about the introduction of the EMR was provided to patients. After learning that no clinics had developed strategies for informing patients about the introduction of the electronic record system, one clinic developed and implemented a communication plan designed to assist users in learning about the EMR.

Data Entry and the EMR:

- Clinics imported all patients from previous systems and deleted manually those who are not active.
- All clinics used some kind of “summary-sheets” that included a short summary of the most vital information about the patients.
- Data entry had been conducted gradually for the most active patients (patients who often visit the clinic).
 - In some clinics, doctors had responsibility for data entry. Doctors had to work overtime in order to cope with immensely high workloads.
 - Other clinics hired students that had some kind of medical background to enter the data. However, according to these clinics, this turned out to be a bad idea since the students tended to enter information in the wrong fields, and there was a lot of misspelling. Some clinics, therefore, asked the students to enter only demographics, while the doctors were responsible for medical information.
 - One clinic temporarily hired students to replace the front-staff, and asked the front-staff (who were familiar with the patients, the information structure, etc.) to enter the data into the EMR.

The Actual Implementation:

Implementation techniques:

- Most of the clinics first implemented the billing and scheduling systems, and thereafter implemented the workflow and clinical parts of the EMR.
- One clinic implemented all the modules at once. However, they said that they will not advise anyone to follow this implementation technique as it can be too overwhelming to deal with so many new things simultaneously.

Connection to other systems:

Apparently, some clinics are able to receive lab results through the Wolf EMR, while others are facing complexities related to this issue. The reason for such differences is unclear.

The Chronic Disease Management Toolkit (CDM Toolkit) or Wolf? This is the question:

- All the clinics we interviewed (except one) used the ministries' CDM Toolkit.
- When implementing the Wolf EMR, the clinics will not re-enter the data from the CDM toolkit to Wolf.

Scanning:

All the clinics will not be scanning the paper-charts. Some scan (or will scan) lab results and reports from surgeons, while others have not started scanning yet.

Intercom system:

While conducting an interview in one of the clinics, I observed the use of an intercom system (installing loudspeakers in the various rooms). This was undertaken so that when the system is down, all the staff could be informed about the problem and know that there is someone dealing with it (this could be used instead of running up and down the stairs, looking in the different rooms to find a staff member to deal with the problem).

Training and support:

- Most of the clinics expressed the need for better training sessions. Some suggested having shorter sessions but more often, and discussing small components and different functions in each session.
- Individual training is something that several clinics considered, but none have tried it yet.
- The need for better advance training was also expressed by most of the clinics. Several doctors said that they are familiar now with the basic and general functions, but would like to develop their knowledge further about specific issues (i.e. changing templates).
- Many users expressed their disappointment about the poor support that Wolf has been providing lately (it is hard to get in touch with them through the phone; they often don't return phone calls; they reply to e-mails faster than phone calls).
- Among all of the users that were interviewed, no one was familiar with the FAQ (Frequently Asked Questions) section that exists on Wolf's website. Users did not know about the online discussion groups (in Wolf's website), or about the Webinars.

Recommendations from Other Users:

Longer staff meetings (including IT discussions):

A few clinics advised having staff meetings more often, and including issues concerning the EMR (IT discussions). They explained that this provides an opportunity to share and exchange knowledge and experience.

Typing courses for doctors:

One of the clinics advised sending doctors to typing courses.

Positive experience:

- Most of the clinics expressed their strong satisfaction with the messaging feature that allows better communication channels between the doctors and the front-desk staff.

Problems faced:

- Some clinic experienced problems with unstable systems.
- Difficulties living with a hybrid information system where both paper charts and electronic records are being used simultaneously were noted by all the clinics. However, all the users are aware of the fact that this will occur only during a transition period.

Conclusion:

The bottom line is that all users were satisfied and said that the Wolf EMR is a good system that needs to be developed further. On the whole, no user would go back to paper charts!

Note:

Though it has been immensely difficult to contact users from the various clinics, most of them expressed their interest in the project and wanted to maintain contact with us (including invitations to their clinics in a later stage). In addition, they expressed their appreciation towards Mid Main's initiative to conduct this study.