Relationship-Based Care Supports the Implementation of the Electronic Health Record

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The Electronic Health Record (EHR) is a key element in the much-needed movement to improve the quality of health care worldwide. The journey toward electronic patient information began decades ago and has gained enough momentum that now virtually all health care organizations are engaged in it at some level, whether contemplating implementation or already using. As Tim Porter-O'Grady states, "The information infrastructure is becoming the new architecture for health care. The system will build its future around construction of the information system and the infrastructure necessary to sustain it and the work of health care." (Porter-O'Grady, 1999, p.5).

In some ways, the information infrastructure looks and behaves like the physical structure of the organizations in which it is conceived. Systems are sometimes built on old foundations and thus appear spliced together like corridors leading from the old to the new building. Other times they are full-enterprise implementations, akin to starting all over on new acreage. Still other electronic systems are retrofitted and patched; although they may look good on the outside (like a new paint job), if mildew and rust are not treated, the problems resurface. All of this is to say that the transition from a paper to an electronic record can be replete with mistakes, false starts, expense, and misunderstandings.

Working in the rain

While an EHR is designed, built and implemented, patient care must still go on. To quote Pete Silas of Phillips Petroleum (as cited in Michigan Judicial Institute, 2003), "We can't wait for the storm to blow over! We've got to learn to work together through the rain." In a conversion to an electronic system, healthy relationships among the people in the storm are a key factor. Organizations in which groups function in separate silos may find that each sector is fighting the others for the umbrella. Meeting the needs of one group of stakeholders to the exclusion of

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others means that more parties will get wet than need to. If ever there was an opportunity for Relationship-Based Care (RBC) to have an impact on change in health care, implementation of the EHR is that opportunity.

The implementation of an effective EHR requires the early engagement of a full team of stakeholders with multiple perspectives, competencies and values regarding information collection and sharing in health care. The history of clinical engagement in the design, build, and evaluation of the electronic record shows major inconsistencies. Stories abound about physicians having to be forced to accept Computerized Provider Order Entry (CPOE). In such situations of conflict and resistance to change, Relationship-Based Care provides a structure, process, and outcomes methodology that can create success. At the very least, RBC, with its clarification of responsibility, authority, and accountability for individuals and groups, can serve as a starting point for the design and build processes.

An architecture of relationships

A successful, humane EHR implementation requires an architecture of relationships that will serve as the foundation for gathering information and making decisions. In RBC, the model of unit practice councils can be applied throughout the organization so that every individual who will be using the system can be in touch with its progress. Too often, decisions about full-enterprise solutions are made at the top, without sufficient engagement of the end users. The communication structure must be sound so that information can flow easily inside, outside, and all around the organization before misguided decisions are made that necessitate rework. Finance must be connected to Quality must be connected to Data/Record Services must be connected to Compliance . . . and on and on.

Communication of this quality requires the highest level of respect for various perspectives. An exclusively medical model has limitations. The largest group of caregivers with responsibility for collecting and communicating information is the nursing staff. Nurses are often required to use electronic systems that have been built for them rather than with them. Nurses must be at the table in early discussions about the EHR, along with other disciplines, clinical and financial stakeholders, and representatives from the patient/resident population. When input from all

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stakeholders is respected, the product will provide the patient story, as well as communicate and store the clinical details of diagnosis and treatment. Every individual involved in the design and build processes must be committed to ongoing learning not only about the technical and content aspects of vendor systems but also about negotiation and collaboration skills.

Finally, a word about outcomes. The primary reason to collect data in any form is to guide behavior. Electronic systems provide access to evidence that allows us to collect, sort, and save data in ways we cannot do manually or from memory. The more robust the system is, the better the potential for improving outcomes. Creating an electronic format that is accessible across time and space requires technical specialists who can collaborate with those who are immersed in the field of practice. Unless the electronic system can work efficiently and effectively, practitioners are not motivated to use the system or believe in what it produces.

In other words, practitioners must be able to "relate" to the EHR. They must be able to see its worth and respect its processes and outcomes. I chose the word "relate" very carefully. People are going to need to "love" the EHR. Relationships must be considered at the outset of the project if the system is going to be embraced by all. Change can be threatening and can require unlearning past practices; however, if those who are expected to change are involved in the journey, they will be more invested in its success.

Fear of data and dehumanization

When an electronic system produces data, fears about the accumulation and misuse of that data are magnified. The ability to collect so much data can be both helpful and troublesome, and can have unintended consequences. A well-known example is the Health Insurance Portability and Accountability Act (HIPAA), enacted by Congress in 2002 to protect personal medical information but subsequently applied in situations it was not intended to address.

Implementing electronic systems has its own price. Stories about complicated and drawn-out "go live" experiences abound. In addition, some fear that nurses will ultimately be providing care for the record rather than for the patient. It is imperative that technology remain the tool, not the end product.

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Kaiser Permanente – an exemplar of successful EHR implementation

The Inspiration, Infrastructure, Education, and Evidence (I_2E_2) formula for change (Felgen, 2007) comes alive in the example of George Halvorson, who joined Kaiser Permanente with a mission to use data to improve the outcomes of care. His vision inspired even those who had already diligently worked on projects that were ready for implementation to change their focus and collaborate with him. He built an infrastructure that allowed his team to penetrate the vendor façade so that clinicians were knowledgeable enough to make sound decisions that would drive the project forward (Kenney, 2008 pp 237-263). In the final analysis, Kaiser practitioners, its patients, and the organization itself are reaping the benefit of improved outcomes based on accessible information and evidence-based solutions.

A successful EHR implementation requires transformational leadership that can inspire even the most potent naysayers to explore possibilities. An infrastructure must be created to support the engagement of all stakeholders, who often must unlearn the past in order to learn new ways of working. Time and resources must be allocated wisely at every level of the organization to stage the implementation.

The facilitated RBC process helps ensure that the right people are at the table, asking the right questions and planning the right processes. Just as a nurse helps a patient to ask the right questions and use health information wisely, expert RBC consultants can help organizations ask questions of vendors and project planners that will increase compliance and feasibility. Relationship-Based Care and the EHR go hand in hand to improve health care outcomes.

References

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