

Electronic Health Records: Fear, Resistance, Issues and Challenges

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History of using information technologies (IT) in the health care system dates back to the 1960s when the WHO became first organization to use this technology to collect, store and analyze health care information (WHO, 2011). At first, this technology was limited to collect orders and to perform billing on patients; but later this technology expanded further and used for research and evidence-based nursing practice (Murphy, 2010a). Now, Electronic Health Records (EHR) has become one of the integral parts of the IT (Simpson, 2003). Recently, the need for effective EHR is gathering significant momentum (ICN, 2009). For example, Canada created Canadian Institute for Health Information (CIHI) in 1990s and Canada Health Infoway (CHI) in 2001 to promote the development of the EHR (CHI, 2011 & CIHI, 2010). Recently, CARNA and CNA released position statements to encourage nurses to advocate for the

client-centered IT and EHR to collect, store and retrieve the health information (CARNA, 2009; CNA, 2006). These position statements and Murphy's (2010a; 2011) study believe that the EHR will enhance nurses' ability to provide quality care to the patients. Today's health care institution can not provide quality services without implementing the EHR. However, there are many issues and concern of implementing the EHR. The purpose of this paper is to analyze the new challenges and issues of implementing the EHR in our health care institution. This paper will also purpose priority action plans and strategies to address the new challenges of implementing the EHR.

Reasons for Fear and Resistance that Need to be Addressed for Implementing the EHR

The main reason for fear and resistance are related to the issues of implementing the EHR, such as

confidentiality, privacy and security of health information, and cost and nursing competencies. These issues are not new. For example, in 1964 the Hall Commission raised concerns of implementing the EHR and it recommended the need for personnel trainings for the nurses to manage such changes (Health Canada, 2004). Still today implementing the EHR has received following controversies among nurses and other health care providers.

Issues and conflicts of cost.

According to Hebda & Czar (2009a) and Ginn, Shen and Moseley (2011), implementation costs such as initial investment, equipment, software, security, maintenance and training costs are major concerns for implementing the EHR. Authors also stated that nursing education cost would also rise to upgrade IT knowledge for nurses. Authors McCullough, Moscovice and Prasad (2010) stated that cost is even bigger issue for relatively small institution than bigger institution where foundation for IT

is already in place. Issues of the cost can increase the fear and number of staffs to refuse the changes.

Issues of nurses' competencies.

Szydlowski and Smith (2009) found out that many nurses are lack of appropriate competencies because there is a significant lack of basic IT related education in nursing curriculum. Some nurses also argue that dependency on informatics would even diminish their primary skills of patient care (Szydlowski & Smith). CARNA and CNA's position statements also indicated that nurses are still lack of IT skills to adapt new skills that will be required for implementing the EHR. It can raise the significant concerns for the nurses.

Issues and conflict of confidentiality, privacy and security of EHR.

Like in other industry, maintaining the privacy of data is a huge setback to electronic data management and it requires serious consideration (Adler, 2006). Authors like Rock and Brindley (2011) stated that health care

professionals are also concerned with the maintenance of the therapeutic relationship with their patients because lack of protection of privacy can hinder the trust. Lack of trust adversely impacts the therapeutic relationship which ultimately impacts the treatments.

Issues of managing resistance to change.

In any organization, fear and resistance to change is common. According to MCI Podcast (2010), there are four common responses to change; such as victims, bystanders, critics, and navigators. Victims are always fear of change, bystanders are always wishing the things to remain same, critics are always trying to rally against the change and finally navigators are the one who always ready to see change (MCI, 2010). A study by Follen et al (2007) shows that still today two-third of health care provider avoids technology and prefer pen-and paper environment. Therefore, Introduction of the EHR can certainly increase the number of resistance to

accept the new changes within the institution.

Potential Strategies for Resolving the New Challenges, Concerns and Issues

Strategies to solve the issues of costs.

To solve the issue of cost, management need to encourage policy makers to invest into new technologies. Even a small investment is significant to improve the patients' health. For example a study conducted by Samal, Linder, Lipsitz and Hicks (2011) concluded that using EHR just to monitor the blood pressure was able to reduce cardiovascular morbidity and mortality. Management need to explain cost versus benefit study because this study shows that the benefits, such as reduced medical errors and legal claims, accurate and efficient management clearly outweigh any plausible costs, such as initial setup, R&D, security and maintenance costs (Szydowski & Smith, 2009). Based on this reason, Murphy (2010b) states that the US government invested a huge amount of money into the EHR because it was

proven to reduce the wastage of resources. Therefore, management needs to convince nurses to campaign for the benefits of this policy to all of its stakeholders and sponsors.

Strategies to solve the issues of nurses' competencies.

Adding new curriculum of nursing informatics and EHR will be helpful to prepare the nurses for the new changes. Murray (2010) reminds that even 150 years ago, Florence Nightingale collected and analyzed data for providing nursing care without the help of any electronic gadgets. Today there are many electronic devices to help nurses to collect and analyze the health care data to provide better nursing care. Murray also stated that when health care providers solely focus on technology instead of their appropriate use – it is not an evidence-based practice. Therefore, management also needs to encourage nurses not to focus on technologies with negligence to their learned artistic and scientific skills. Nurses still need to use their nursing

skills, however; the technology, when used appropriately, eases the nursing care. Therefore, management needs to plan for adding appropriate technological education and trainings to enhance the competencies for nurses.

Strategies to solve the issues of confidentiality, privacy and security.

Adler (2006) asserts that privacy and security can be maintained by strictly following government and institutional rules and regulations. Author also suggests for a periodical review of such security policies and protocols. Similarly, Hebda & Czar (2009b) stated that auditing software and security management can help institution to manage security system to prevent any unauthorized access, hacking, errors and disasters. Besides establishing a clear security policy, providing an appropriate training for system security, ethical practice and user authentication are also important aspects of protecting privacy and security of the EHR (Hebda & Czar, 2009b).

Strategies to solve the issues of resistance to change.

Proper identification of the resistances to change is essential for implementing the changes in the institution. According to Hibberd & Smith (2006), change theory helps managers to identify forces resisting the changes. These are mainly the responses from critics and victims. Therefore, early identification and involvement of these two resistances is essential to implement the changes (MCI Podcast, 2010). This strategy also helps management to initiate the negotiation with critics and victims. Authors Scott and Gerardi (2011) have stated that by providing early conflict management education and training to the manager and other senior staff can empower them to control the conflict appropriately. Therefore, manager can request the institution for conflict management training to be prepared for the conflicts that are unavoidable during the implementation of the EHR.

Priority Action Plans to Address the Challenges, Concern and Issues

First Priority Action Plan

Establishing initial communication and interaction with all stakeholders.

There are possibility of fears, resistances, concerns and controversies during the implementation of the EHR. In order to implement the changes, manager needs to plan early and properly to identify these issues. Manager then needs to involve all of their members and stakeholders. By involving highest number of members manager can minimize the blockage of the critics and victims (MCI Podcast, 2011). In order to understand the issues and to bring all staffs and stakeholders together, management need to establish the initial communication.

Second Priority Action

Creating a change management committee.

Based on the review of the initial communication, the management can create a small change management committee. By creating the committee,

involving positive nurses and staffs, management can influence all other oppositional nurses and staffs to support the changes. For example, by planning proactively and properly, management can motivate navigator to influence the critics and victims to make them ready for the changes and developing a secured system. As suggested by Hebda & Czar (2009c), the implementation committee will add technical staffs and appoint a project manager who can develop a project plan to determine timeline, work breakdown structure, procurements and other components that are required for this technical project.

Third Priority Action

Initial brainstorming with all staffs and stakeholders.

Project management team will initiate the initial brainstorming sessions. Initial brainstorming sessions with staffs and stakeholders provides an opportunity to find out four types of responses to changes as mentioned above and their voices, as well. As stated by Hibberd &

Smith (2006) manager can use the change theory to identify resistive forces within the organization. These initial brainstorming sessions will also help project managers to understand the issues and concerns of the staffs and stakeholders to continue the project.

Fourth Priority Action

Following up and updating the progress.

It is very important to make a timely follow up to the changes. Therefore, in order to implement the EHR, project manager has to follow up with all of its nurses and other stakeholders periodically. Project manager also needs to involve subordinate nurses in all kinds of follow up programs. In these follow up sessions project management answers all of the questions from its stakeholder. During this sessions manager also updates the progress of the implementation of the EHR to its nurses and other stakeholders.

Conclusion

Traditional health care delivery systems are not capable of handling

current health care needs. Appropriate policy for implementing the EHR is essential. Although this policy is attracting some criticisms, the benefits are obvious. Forces of resistances, increasing concerns of protection of privacy and costs are major hurdles for implementing the EHR. The core objective of the EHR is to create, store and access the data to improve the patient outcome. In order to accomplish this objective, manager can play a major leadership role. This leadership role is also important to

accurately identify issues of EHR as early as possible - so that staffs are encouraged to advocate for supportive environment to explain the benefit of the EHR. Early and proper communication is essential to motivate the staffs for understanding the issues and encouraging them for the changes. The manager needs to use all of the supportive nurses, staffs and other stakeholders as tools for implementing the EHR successfully.

References

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