

# Change, not technology, arises as hospital's issue

**Overview:** The University of Tennessee's College of Business Administration collaborates annually with local non-profit organizations so MBA students can apply their problem-solving knowledge to challenges faced by creators of social-cause value. The six-week experience is part of the MBA Innovation and Entrepreneurship curriculum. Students "walk in the footsteps" of social-cause leaders to develop value-creation skills from the application of knowledge obtained in the classroom. The business school has two compelling interests — providing an educational experience for MBA students and outreach to the community.

**The organization:** Claiborne County Hospital is an organization whose social-cause purpose is to improve the health of Claiborne and surrounding county residents by providing a wide range of high-quality, cost effective integrated health-care services.

**The MBA students:** Stephanie Eppler,

Andrew Montgomery, Brian Spaid, and Ryan Ward (project manager). Glenn Swift served as the faculty mentor.

**The client partners:** Joe Martin, technology director; Hal Jones, chief financial officer; Jessica Justice, controller.

**The opportunity:** The opportunity faced by the MBA students was to provide meaningful recommendations for Claiborne County Hospital as it continued its electronic medical record implementation and to ensure timeliness and accuracy of information needed by its more than 700 health-care professionals. What initially appeared to be technology issues were in fact change-management and process issues.

The MBA students needed to understand and be guided by "best practices" for implementing this system so that the following three goals could be achieved: improve outcomes such as quality of care, patient safety, billing accuracy and cost savings; encourage participation in the electronic system across all function-

## CLAIBORNE COUNTY HOSPITAL AND NURSING HOME

**Charter:** Community-owned health-care organization

**Location:** Tazewell, Tenn.

**Services:** 85 hospital beds and 100 nursing home beds

**Staff:** 700, including 16 full-time and 45 periodic physicians

**Leadership:** Hal Jones, chief financial officer

**Phone:** 423-626-4211

**Web site:** [claibornehospital.org](http://claibornehospital.org)

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al areas and ensure that the system satisfies each functional area's needs; and facilitate a paperless environment.

**The approach:** The MBA team devoted 355 hours to a proven, problem-solving framework of engagement: developing baseline measurements, conducting

research, benchmarking best practices, reaching conclusions, making recommendations and predicting outcomes.

The students conducted extensive research of the hospital's current operations: interviewed staff, physicians and board members; made personal observations; and benchmarked 10, similarly situated health-care providers to gather best practices for implementing EMR systems.

**Key findings:** The MBA team observed the following:

■ Confusion exists, even within the health-care industry, as to what is an electronic medical records system and how it could help Claiborne County Hospital.

■ The hospital's initial implementation of its EMR system has progressed well, but there is inconsistency across functional areas regarding how best to utilize the system.

■ The IT staff is committed to EMR system quality improvements, and the

technology of the current EMR system is sound. The issue is more regarding system interface within the hospital versus the actual EMR technology.

■ The medical staff has demonstrated support for the EMR system. However, physicians and staff are reluctant to embrace the changes because of concerns about system reliability, system speed, incompleteness of implementation and software usability/interface issues.

■ The current EMR system lacks some key technology that will allow the hospital to become a paperless environment.

**Recommendations:** Near-term (within six months):

■ Clearly define exactly what EMR means to Claiborne County Hospital. The MBA team suggests it is an enabling tool, not the driver, to assist health-care professionals. An EMR system should provide real-time patient information across multiple departments to enhance the team-recommended concept of QUEST — Quality, Uniformity, Efficiency and Safety through Technology.

■ Tighten the change-management

process so that whenever changes are made to the EMR system, there is communication throughout the hospital as to when the changes are being made, and that there is minimal disruption to daily activities.

■ Establish a steering committee that includes physicians and staff and is accountable for EMR implementation — making sure that decisions regarding finances and benefits are made correctly the first time.

■ Create “EMR Champions” within each department to facilitate the communications and implementation process.

■ Use a third party to professionally audit and resolve current technology issues.

■ Ensure that all EMR software “fits” the unique needs of each department.

■ Create a standard EMR training protocol (training never ends).

■ Capture “easy wins” such as by being able to provide detailed patient billing statements and implement upgrades at times least likely to impact operations.

■ Adopt key measures of EMR success and publish results.

Mid-term (six to 12 months):

■ Install physician-accessible EMR workstations.

■ Prior to next implementation stage, ensure that all departments are functional with up-to-date, enhanced EMR capabilities.

Long-term (beyond 12 months):

■ Purchase the needed technology to allow an easy transition to a paperless environment.

“This study will help us determine our course of action in the short- and long-term,” Martin said. “We now have a better understanding of some of the hospital user and physician concerns. The information we received from this study is helping us develop and change processes to make the transition to a paperless environment less difficult and more acceptable to our users.”

**Lessons learned:** A primary takeaway for the students was that technology alone will not ensure success; hardware and software are merely tools, how they are utilized is the key. Additionally, for success to be long-standing, all stakeholders must buy into the process. To the students, what initially appeared to be a hospital technology issue was, in fact, issues surrounding change man-

agement and processes.

“Throughout this project, I learned about the importance of communication — not just with my team members and our client — but also in the context of change management,” Ward said. “If change is going to occur, it is imperative that it is effectively communicated to and supported by the stakeholders.”

Commenting on the overall value of the project, Justice said: “The project was extremely valuable to Claiborne County Hospital to help with our continued implementation of EMR. The research performed by the team was invaluable in assisting us with where we need to focus our efforts and how to successfully complete EMR implementation. This project also helped to foster a better understanding of EMR, both within the hospital and among our board of directors.”

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Case Study is provided by the University of Tennessee College of Business Administration. For information about the Innovation and Entrepreneurship within the college’s MBA program or becoming a partner organization, contact Glenn Swift at gswift@utk.edu or 865-974-2661.

