

Staff Supported & Learned from One Another during the EHR Transition



**EMPIRIC
QUERI**

Issue: Prior to an electronic medical record (EHR) transition from an internally developed system to a vendor-based system, clinical staff at two healthcare systems within the Department of Veterans Affairs (VA) participated in training from the vendor. During and after the transition VA staff quickly realized a need for immediate supplemental training. [1,2] We report on how staff filled this need by self-organizing to learn from and support each other in using the new EHR.

Methods: We completed a deductive content analysis of transcripts from semi-structured interviews with end-users at two of the first VA sites to transition to the new EHR. We framed our analysis with concepts related to community of practice [3] focusing on the social nature of learning.

Key Findings: Participants reported that learning was facilitated when staff 1) collaborated, 2) interacted with prior go-live sites, and 3) created and shared supplemental resources for learning.

Participants shared how they felt compelled to support each other due to training deficits while helping each other cope with the challenges presented by the new EHR; a participant summarized this sentiment, “we’re all (...) In this together. (10-12 months post go-live)

1) Staff collaborated to reach mutual goals:

- Staff members collaborated to prioritize the development of supplemental site-specific training and opportunities for ongoing collaboration.

This hallway was just open doors and people running in between offices and trying to answer each other’s. (10-12 months post go-live)

Every time (...) one of us learn something we share it with everybody else. (1-2 months post go-live)

- Challenges with the new EHR necessitated creating an environment that helped alleviate stress.

the goal around here (...) helping all the colleagues and staying positive. (10-12 months post go-live)

I mean emotionally and in the teaching side (...) just kind of being there for each other (...) cause people are stressed. (1-2 months post go-live)

If somebody is drowning to try to help, help them get caught up. (10-12 months post go-live)

- Clinical teams promoted open peer-learning opportunities where staff felt comfortable asking for help.

People can like say I'm having this problem, does anyone know how to solve this. (10-12 months post go-live)

- Onsite superusers provided at-the-elbow support and live demonstrations.

Having (...) somebody in the clinic sit down (...) work through those workflows & show you & give you time to learn it on a test patient, is much more valuable than sitting in a classroom or doing it on TMS. (pre go-live)

2) Prior go-live sites helped subsequent sites:

- End-users from initial go-live sites helped subsequent sites.
- Participants emphasized the importance of learning from experienced colleagues.

That's the only way we've really been learning how to use the system, is through them. (pre go-live)

We also have pretty close relationships with other sites that have gone live (...) I think communication is key with other people in your same field and beyond that [widespread issues]. (10-12 months post go-live)

- Participants explained the value of working with others who understand their experience.

We [A subsequent site] reached out to Spokane [the first go-live site] (...) when we heard we were going to switch to get the new EHR. (...) and they've been great to work with. We've met with (...) multiple people on their staff over time doing demonstrations, answering questions, (...) to have those colleagues that have already experienced it and to show you what they're experiencing (...) to have those resources, is great. (10-12 months post go-live)

3) Staff shared resources for ease and continuous access:

- End-users shared resources to support and encourage each other during the transition.
- Access to resources is easy and compatible with clinic schedules.

These provider lunch & learn sessions, if you miss one ...it's uploaded, so you can go back and re-listen to them, or listen to them for the first time. (pre go-live)

We started getting the cheat sheets here partway through ...wished we had known to do it ahead of time. (10-12 months post go-live)

- End-users created a MS Teams channel for seeking help and sharing solutions.

Well, there's a chat line that goes continuously --- if people have come across something they'll, that they haven't seen and they have questions about it, they'll put it in the chat and somebody in the building somewhere has seen it (...) may have seen it or you know, said "oh yeah, I had that and this is what I did and that's, that's a big way of learning this, is word of mouth chat line that we have. (1-2 months post go-live)

Challenges with self-organized supplemental training

- It is difficult to learn from other sites that may use different workflows or practices.

If you don't do things exactly the right order in one situation, it's not going to match in other situations if you do it in a different order. (pre go-live)

[We] try to learn certain things but we also find that they're, they have different practices or they do things a lot differently. (10-12 months post go-live)

- A lack of governance over self-organized training can mean that sites are training others on processes that may be suboptimal workarounds.

They would show us, this is how we're doing it (...) and this is not the official Cerner way but this is the only way we could get it to work. (10-12 months post go-live)

Implications and Actionable Strategies

Actionable ways to support employee learning during EHRM based on our findings

- Understand how learners can help each other to inform preparation at subsequent sites.
- Create an infrastructure for resource sharing (e.g. an EHR learning repository) & collaboration.
- Encourage reflections on and sharing of effective learning practices from transitioned sites.
- Balance open sharing practices with a governance process for quality and standardization.
- Include a mechanism for content management to update shared resources as systems evolve.

For More Information

- Questions about these findings can be directed to VHAEmpiricProject@va.gov

Recommended Citation: EMPIRIC QUERI Evaluation Team. Electronic Health Record Modernization (EHRM) and VA staff form community of practice. Evidence Brief. 2023.

References

1. Huang C, Koppel R, McGreevey JD, 3rd, Craven CK, Schreiber R. Transitions from One Electronic Health Record to Another: Challenges, Pitfalls, and Recommendations. *Appl Clin Inform.* Oct 2020;11(5):742-754. doi:10.1055/s-0040-1718535
2. Heponiemi T, Gluschkoff K, Vehko T, et al. Electronic Health Record Implementations and Insufficient Training Endanger Nurses' Well-being: Cross-sectional Survey Study. *J Med Internet Res.* Dec 2021;23(12):e27096. doi:10.2196/27096
3. Seibert S. The Meaning of a Healthcare Community of Practice. *Nursing Forum.* April-June 2015; 50(2):69-74.