

Poor IT implementation teaches hard lessons

An ED's poor implementation of information technology (IT) several years ago was costly in more ways than one, when two valuable ED physicians resigned in frustration. However, the process yielded important lessons for **Joan Kolodzik**, MS, MD, FACEP, an attending emergency physician at Upper Valley Medical Center, Troy, OH, and director of education/EMS for Premier Health Care Services, Dayton, OH.

First, Kolodzik says, the people who are on the care delivery end of operations, such as doctors and nurses, need to have input on system components to make sure there are no missing pieces. This involvement is especially needed from physicians, she says.

"They've got to have early input from the get-go," Kolodzik says. "Physicians are not completely ignorant about IT, but they do not like to have something shoved down their throats."

In addition, she says, the staff should have the opportunity to ask questions of the vendor. In the aforementioned case, for example, the staff members weren't able to ask the vendor about the system's ability to generate certain profiles such as length of stay, throughput times, or door-to-doc or door-to-X-ray times.

"Had we been involved in the process, I assume we would have made sure the system could do those things, which it couldn't when we implemented it," says Kolodzik. "If you don't get 'invested' in the system, they're not really allowing you to manage your department."

In addition, she recommends that ED managers talk with people who are using the systems under consideration. "Go for a site visit and see them up and running, so you know what the nuances are," Kolodzik advises. "There's no reason you should make such decisions in a vacuum." ■