# Clinical Software Readiness Assessment

### Overview

How ready are you to implement new clinical software? Use this tool to ensure the important aspects of implementation are not forgotten when answering this question. With a more accurate portrait of your readiness, you will be more effective in considering your needs.

Note: For brevity’s sake, the term ‘clinical software’ is replaced with EMR (or Electronic Medical Record).

### Instructions

1. The Readiness Assessment can be completed by the leadership team or key staff in the clinic.

Each area is divided into 3 stages of readiness. For each element, identify which best describes your practice’s current status, and record whether you are “red”, “orange” or “green”. An example answer is circled below:

| **Readiness Component** | **Not prepared** | **Moderately prepared** | **Highly prepared** | **Score** |
| --- | --- | --- | --- | --- |
| **Staff involvement** | Driven by one staff member – office management and clinician leadership | Small committee driving EMR decisions and organizing staff | All staff have a role in the project, and each person’s input is considered in goal development | Orange |

There are 4 aspects of the clinic to assess: Organisational Culture, Management & Leadership, Operational and Technical.

1. Interpret and review results (an interpretation guide is at the end of the document).

# Clinical Software Readiness Assessment for [your clinic name]

| 1. Organisational Culture | **Readiness Component** | **Not prepared** | **Moderately prepared** | **Highly prepared** | **Score** |
| --- | --- | --- | --- | --- | --- |
| **Overall perception of EMR** | Viewed merely as a requirement by government or accreditation body. | Seen as a technology to achieve workflow efficiencies | Primarily a technology to enable healthcare quality improvement and strategic business goals |  |
| **Clinician involvement** | Limited clinician involvement in EMR decision-making | Clinic principal(s) approve need for EMR, and will attend product demonstration/s | Clinic principal(s) is/are active in EMR planning and acquisition; clinician “champion” is identified. |  |
| **Staff involvement** | Driven by one staff member – office management and clinician leadership | Small committee driving EMR decisions and organizing staff | All staff have a role in the project, and each person’s input is considered in goal development |  |
| **Patient involvement** | Not discussed | Considered, but there is no documented strategy for improving the patient experience | Clinic includes patient experience as part of primary goals – including patient feedback in planning process (e.g. a survey or focus group) |  |
| **Project plan** | Not established or assigned; not planning to use a project plan | Planning principles are generally understood, and have been developed, prioritised, and assigned; a project plan template will be used | * Clinic is committed to completing a project plan template and comprehensively abiding by it. * Deviations to the plan will be documented by updating the existing plan. |  |
| **ORGANISATIONAL CULTURE COMMENTS:** | | | | | |

| 2. Management & Leadership | **Readiness Component** | **Not prepared** | **Moderately prepared** | **Highly prepared** | **Score** |
| --- | --- | --- | --- | --- | --- |
| **The Executive Team** | Relies on vendor information for product choice | Planning delegated to managers or a specific team | Sufficient time is allocated to planning for quality improvement using an EMR |  |
| **The Executive Team** | Interested in exploring a new or improved EMR, but having trouble justifying cost and committing to purchase | Studied the cost/benefits of implementing a new or improved EMR and can justify the investment | * Leadership links EMR investment to the clinic’s business strategy, mission, and vision and finds ways for the EMR to support them. * Leadership believes that an EMR has a positive ROI |  |
| **Financial** | EMR is seen as an expense and not as an investment – ROI not discussed | EMR is believed to be an investment and a positive ROI is expected within an appropriate timeframe. | EMR is an investment and over a longer timeframe, incorporates non-quantifiable returns such as efficiency, increase in staff personal time, and better patient experience |  |
| **Financial** | EMR budget not identified or discussed | EMR budget funded using flexible funds | Annual budget addresses capital earmarked for EMR acquisition and ongoing maintenance |  |
| **Strategic plan** | No specific strategic plan; projects viewed as individual efforts | Strategic planning process separate part of overall clinic planning and has identified need for IT reach goals | Strategic planning process has been an integral part of the organisation and has resulted in a strategic plan that guides EMR procurement |  |
| **Quality improvement (QI)** | No clear objectives and not connected to use of EMR | QI for care management goals established, but not clearly defined | QI documented in the strategic plan and includes measurement of clinical metrics over a defined timeframe |  |
| **Care Management (CM)** | * No clear understanding of how CM may benefit clinic or immediate area for focus * Clinical practice champion not identified * Staff not assigned to QI assurance process | * Clinical practice champion identified * Incorporation of CM strategies at key meetings (e.g. staff, EMR, QI) viewed as important * Identified potential area of focus for initial CM strategies | * Identified specific committee/meeting with CM oversight responsibility (includes clinical practice champion) |  |
| **MANAGEMENT & LEADERSHIP COMMENTS:** | | | | | |

| 3. Operational | **Readiness Component** | **Not prepared** | **Moderately prepared** | **Highly prepared** | **Score** |
| --- | --- | --- | --- | --- | --- |
| **Workflow redesign** | Not discussed | Areas for potential redesign discussed and identified | Redesign areas identified and prioritised; “quick win” issues resolved prior to EMR installation; planning process in place for workflow redesign and change management approaches |  |
| **Workflow redesign** | Current and proposed processes not developed | Current and proposed processes generally understood and incorporated into product evaluation | Existing and future processes documented in process maps or procedures manuals and requirements are included in product evaluation process; EMR to complement processes. |  |
| **Care management** | * Inventory of current CM tools and strategies not completed * Current paper CM processes not identified, minimally effective, or small scale * Staff minimally engaged in CM processes | * Patient population identified for CM strategy deployment * EMR seen as a means to further identify CM strategies * Paper CM strategies somewhat effective * Staff moderately engaged in CM processes | * CM priorities identified and goals set * EMR seen as an enabler to more efficient means for providing CM * Staff identify their role(s) in improving patient outcomes through CM processes |  |
| **EMR policies, procedures and protocols** | Policies for security and use have been considered but not directly addressed | Policies for security and use addressed; plan in place for development | Developed protocols for security access rights, medical record correction, system downtime and contingency, data ownership, storage requirements, and use |  |
| **Training plan** | Training will be vendor-directed | * Gaps in staff skill-set will be included in planning process * Staff will discuss training schedule with chosen vendor | * Practice-directed EHR implementation and training plan (designed to complement dips in productivity and staff knowledge gaps) developed and placed within contract as addendum * Training needs communicated to vendor and built into training plans |  |
| **OPERATIONAL COMMENTS:** | | | | | |

| 4. Technical | **Readiness Component** | **Not prepared** | **Moderately prepared** | **Highly prepared** | **Score** |
| --- | --- | --- | --- | --- | --- |
| **Use of existing technology** | Practice management system (PMS) used only for scheduling and billing | PMS is utilized for general practice management, including productivity reporting and efforts to improve patient access | PMS fully optimized and updated; additional modules and updates that support patient management purchased; reports generated on patient populations; probably converting from previous EMR |  |
| **Hardware needs assessment** | Need for new hardware is understood | Clinic has some idea of the hardware that may need replacing/upgrading | The clinic will not sign a contract without a signed statement from the vendor of the hardware requirements |  |
| **IT management** | Relies heavily on external resources for IT knowledge, planning, decision-making, and implementation of hardware and software | * Clinic staff member has informal role to manage IT, but relies on vendors/suppliers to detail the project milestones and tasks * There is general computer awareness amongst staff and computer skills assessments are completed for all staff | * Clinic has a nominated staff member to undertake IT management, and takes responsibility for implementation planning. * IT systems are monitored and a formal process exists for identified flaws to be addressed * Developing IT and EMR “super users” to consolidate expertise in the practice |  |
| **TECHNICAL COMMENTS:** | | | | | |

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| --- | --- |
| **INTERPRETATION AND ANALYSIS** | How did your clinic score? Review the number of reds, oranges and greens. A preponderance of reds reduces the likelihood that you would be successful in implementing an EMR (all reds should be addressed before proceeding). On the other hand, a majority of greens indicates you are ready to go ahead. If there is an even balance of orange and green, or a large proportion of oranges, you will need to think carefully about how to proceed. In this case, you will likely need to address a few priority issues.  In this space, you may wish to enter a brief report of your findings and analysis. |