

Post Implementation Review

Go-Live date:	
PIR date:	
Clinic Name:	
PITO Group/COP Name:	

Local Relationship Manager:	
Local Physician Champion:	
Field Resource(s):	

EMR Vendor:	
Other Vendor:	

Respondent Name:	
Title/Role:	
Project Role:	Physician Lead, Group Lead, MOA Lead, Nursing Lead, other: _____

Please answer using the following scale:

1 – Strongly Disagree 2 – Disagree 3 – Agree 4 – Strongly Agree

EMR Vendor Services

- My experience with the vendor representatives has been satisfactory. 1 2 3 4
- EMR training was delivered to our satisfaction. 1 2 3 4
- My vendor representative was professional, helpful and competent. 1 2 3 4
- Workflow analysis was a priority focus of the EMR implementation. 1 2 3 4
- People were involved in changes that would affect them. 1 2 3 4
- Changes to roles, workflow, physical space were well managed. 1 2 3 4
- I feel confident that we will benefit from our new EMR because we have been well prepared and any issues are being managed. 1 2 3 4

PITO Services

- My experience with PITO administrative services has been excellent. 1 2 3 4
- I found the PITO website, online and print materials helpful. 1 2 3 4
- My LRM was knowledgeable, confident and professional. 1 2 3 4
- My LRM was flexible, available and responsive. 1 2 3 4
- My LRM prepared me for what to expect when implementing an EMR. 1 2 3 4
- I had a meaningful role in the success of a complex project. 1 2 3 4
- Local Physician Champions I met were supportive and helpful. 1 2 3 4
- The PITO program and services has met or exceeded my expectations. 1 2 3 4

Please rate the PITO ITSP tools using the following scale:

1 – No value 2 – Minimal value 3 – Moderate value 4 – Valuable

- Orientation Meeting (presentation) 1 2 3 4
- Readiness Assessment (interview) 1 2 3 4
- Action Plan 1 2 3 4
- Weekly Status Meetings 1 2 3 4
- Needs Assessment 1 2 3 4
- Needs Assessment Process Guide 1 2 3 4
- Kick-Off Meeting (presentation) 1 2 3 4
- Budget Tool 1 2 3 4
- Privacy Guide 1 2 3 4
- CMA Privacy Wizard 1 2 3 4
- Procurement Guide 1 2 3 4

- Vendor Assessment Tool 1 2 3 4
- Go-Live Acceptance Check List 1 2 3 4
- Post Implementation Review 1 2 3 4
- Other: _____ 1 2 3 4

Please share your comments regarding any of the and suggested improvements:

Interview Questions:

1. Today, I am feeling _____ about my new EMR.
 2. The biggest challenge we faced during implementation was _____

 3. The biggest surprise was _____
 4. The degree of change has been _____
 5. So far, the response from staff has been _____
 6. So far, the response from the physicians has been _____
 7. So far, the response from patients has been _____
 8. As of today, I/we still need help with _____
 9. Right now I'm worried about _____
 10. Right now I'm excited about _____
- I would like more information about the Practice Support Program
- I would like to be a reference site / PITO champion