

## Success Factor Assessment Guide

1 – Optimal	2 – Moderate Risk	3 - High Risk	N/A
<ul style="list-style-type: none"> <li>❖ Clinic fully meets criteria</li> <li>❖ No further intervention is needed</li> <li>❖ Confident this criteria is fulfilled</li> </ul>	<ul style="list-style-type: none"> <li>❖ Clinic meets parts of the criteria</li> <li>❖ Minor intervention is needed</li> <li>❖ Clinic needs to take actions outlined to increase confidence</li> </ul>	<ul style="list-style-type: none"> <li>❖ Clinic minimally meets parts or does not meet the criteria adequately</li> <li>❖ Important intervention is required</li> <li>❖ Clinic should not proceed without implementing recommended plan</li> </ul>	<ul style="list-style-type: none"> <li>❖ Not enough information to assess/unsure</li> </ul>

Factor	Criteria	Decision Criteria	Score
<b>Practice</b>			
Benefit Evaluation	The clinic setting and MD expectations are likely to achieve what they are looking for? Is it all going to be worth it?	<ul style="list-style-type: none"> <li>✓ The expectations for how the EMR will enable improved care and efficiency are valid and are realistic</li> </ul>	
<b>Business Impacts</b>			
Workflow	Impact from current to future state is well understood and planned for	<ul style="list-style-type: none"> <li>✓ Practice has a sufficient understanding of how their workflow will be impacted by the change. They have considered any process and role changes understand how the EMR needs to function to meet their critical needs</li> <li>✓ EMR vendor has provided input relative to the clinics desired workflow and has either a commitment to configure the system or recommended workarounds that are agreeable to the clinic Mitigation plan</li> </ul>	
Business Policies	Understands and prepared for changes to practice and policy as a result of EMR adoption	<ul style="list-style-type: none"> <li>✓ Privacy implications are clear to the practice– storage, security and roles based access</li> <li>✓ Practice has an appropriate exit agreement that considers vendor costs and clinic policy for record retention</li> </ul>	
Requirements	Critical go-live requirements as well as desired functions have been identified and clarified with the vendor in writing; training and configuration plan is tailored to clinics needs	<ul style="list-style-type: none"> <li>✓ Transition Plan acknowledges key requirements and re-design needs where the EMR functionality or IT set-up is impacted</li> <li>✓ Contract reflects requirements and selection criteria and contains extra services in detail as well as travel costs</li> <li>✓ Acceptance and scope of the MSA is clear related to PITO basic functionality</li> </ul>	
Conversions	Conversion plan with minimized risks to workflow	<ul style="list-style-type: none"> <li>✓ Archiving plan is in place aligned with college requirements and retaining business continuity</li> <li>✓ Workflow Gap analysis is complete with communication on changes to practice (what will and will not be converted is clear to all)</li> <li>✓ Rigid Plan and timeline is created, with key check points and sign-off process established related to data conversion</li> <li>✓ Framework needed –to reduce risk</li> </ul>	

<b>People</b>			
Clinical Leadership	<u>Effective</u> leadership in place	<ul style="list-style-type: none"> <li>✓ Co-leadership if needed in larger clinic</li> <li>✓ Leadership represents the interests of the entire practice Understands and is committed to all responsibilities</li> <li>✓ Clinical and Administrative Leadership who</li> <li>✓ Site Leads effectively engage the entire practice</li> <li>✓ Has time availability</li> <li>✓ Has a realistic expectation for the change initiative and impact on team through CRW/LPC</li> </ul>	
Commitment/Dedication and Engagement Availability	<p>The <b>individuals are</b> committed to the project and understand the value of PITO's services-</p> <p>The <b>clinic</b> understands and is committed to the Investment (soft and hard costs) of the implementation</p>	<ul style="list-style-type: none"> <li>✓ The <u>majority</u> of practice staff are enthusiastic about the project :</li> <li>✓ Can understand why the project is valuable for the practice and can see how it will benefit them (what's in it for me)</li> <li>✓ Understand the value of PITO ITSP – show up to meetings</li> <li>✓ All staff have realistic expectations for the time commitment/effort required for the project</li> <li>✓ Clinic has solid understanding of the EMR, HW and network costs. Its our job to outline the cost of the projects.</li> <li>✓ Has appropriately prepared for and communicated financial impacts of transition and long term operating costs of EMR.</li> </ul>	
Drivers for Change	Practice has consensus on its practice goals, they are realistic and are articulated through success indicators that can be measured early	<ul style="list-style-type: none"> <li>✓ Physicians and staff have discussed and developed their drivers for change</li> <li>✓ Goals are focused on clinical and practice motivators for change <u>are not</u> focused on external (monetary) value drivers</li> <li>✓ Desires focus on a work life balance, changing the <u>work</u>, rather than reducing time, money</li> <li>✓ LPC has been engaged as an educator to demonstrate or show benefits where needed</li> <li>✓ Everyone has had input – either in creation or discussion</li> <li>✓ Goals and success indicators are documented and easy to understand. Understanding of how EMR will support practice goals</li> <li>✓ Vendor understands clinics goals to achieve its vision</li> </ul>	
Group Dynamics	Clinic staff work effectively as a team and dynamics will likely positively impact the project	<ul style="list-style-type: none"> <li>✓ Workshops reveal a cohesive, respectful, practice approach to change –across all roles</li> <li>✓ Regular meetings scheduled</li> </ul>	
<b>Project</b>			
Communications	Clinic has initiated a communication plan for the project including in person meetings, email and identified audiences; key messages	<ul style="list-style-type: none"> <li>✓ Clinic fully understands importance of having a plan and key messages</li> <li>✓ Set up regular meetings and has identified the communication needs of all members (ITSP plan and needs appropriate to the practice) (Each practice will be different)</li> <li>✓ Have effective means of engaging the practice on the progress of the project and a clinic lead responsible for this</li> </ul>	
EMR Solution (IT	IT support and hardware solution is	<ul style="list-style-type: none"> <li>✓ Physicians and decision makers understand the importance and reasoning for IT</li> </ul>	

Support),	aligned well to the goals, clinic workflow and scope of the project	<p>support</p> <ul style="list-style-type: none"> <li>✓ Exiting Server and LAN as well as other local business services are acknowledged and impact for ASP is planned for.</li> <li>✓ Appropriate knowledge about the ASP and PPN environment</li> <li>✓ A good understanding of practice workflow needs</li> <li>✓ Understands how the HW selected will enhance the use of the EMR (type, placement, fax set-up etc)</li> <li>✓ Capacity and skills to complete the work without risk to the clinic</li> </ul>	
Data Input Method	Business impacts?	<ul style="list-style-type: none"> <li>✓ Physicians have sufficient data entry skills</li> <li>✓ Physicians are appropriately prepared for the change in their visit workflows</li> <li>✓ Clinic plans to use wired network and the use of voice recognition software -if considered – will only be used by experience users</li> </ul>	
Written Project Plan in place	Suitable to project and realistic and includes all Stakeholders Timelines, Goals, Deliverables, Responsibilities of all parties involved	<ul style="list-style-type: none"> <li>✓ Clinic Understands all timelines and critical “check points”</li> <li>✓ Timeline is reasonable and achievable</li> </ul>	
Go-Live Ready	Change Management components have been covered – clinic is adequately prepared for changes (emotional and logistics)	<ul style="list-style-type: none"> <li>✓ Understand the importance of “Reduced Service Levels”. (Fewer patients per day, cancel unnecessary meetings, defer appointments that can be deferred, short week, etc.)</li> <li>✓ Understand any new features such as the BCC – back up copy.</li> <li>✓ Everyone understands what an ASP model is and how it will change their access to the EMR</li> <li>✓ Have had all equipment assessed and ready for go live.</li> <li>✓ Every office member is aware of “how to report issues” (use of the helpdesks) and the importance of logging calls.</li> <li>✓ Have investigated and communicated to everyone the privacy impacts of the change (e.g. roles based access, remote access, log-in)</li> <li>✓ Are aware of the “trough of despair” and have made plans to mitigate this issue. (how to resolve issues, how to contact the help desk, reduced service levels, stress management, pt education, etc.)</li> <li>✓ Appropriate testing of the EMR and new functionality is complete</li> <li>✓ Practice understands the purpose and scope of Acceptance</li> <li>✓ Conversion data has been tested and accepted by the practice</li> </ul>	

For the following, when scored High Risk please enter the details of the risk in the Transition Plan under **7. Project Risks & Challenges**.

<b>Practice Characteristics</b>		<b>Score</b>
1. Physical Location	Clinic is at single site and can make changes to electrical and network Simple network configuration and easy access to site demarcation	
2. Staff Turnover	Good history of stability of physicians and staff Limited number of locums, students	
3. Homogeneity	Clinic has a "common culture" in that staff share common workflows and/or staff Physicians and staff do relatively the same work in the same way	
4. Clinic Identified Risks	No clinic identified risks	
5. Size	1-2 doctor practice	
6. Conversion	Paper or B&S to EMR ; Conversion of EMR with similar approaches to workflow with archiving approach well defined and communicated; clinical data conversion is not being considered	
7. Complex Network	Net new set-up with straightforward set-up – no existing LAN, or business dependency on local network	