

Chapter 4.1

Successful Health Information System Implementation

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INTRODUCTION

A Standish Group (1994) study showed that only 16% of all information technology projects come in on time and within budget. The situation is not better concerning health information systems. Many health information system implementations are less than completely successful (Berg, 2001; Giuse & Kuhn, 2003; Lorenzi & Riley, 2003). In this article, the health information system means “a system, whether automated or manual, that comprises people, machines and /or methods organized to collect, process, transmit, and disseminate” data that represent user information in healthcare (Kuhn & Giuse, 2001, pp. 275). What is successful implementation and whose success is measured? Successes can be measured in many ways. Delone and McLean have been finding out the success factors of management information system which are also applicable to health information system. The success factors

are: system qualities, *e.g.*, the ease of use or time savings, information quality, *e.g.*, completeness or data accuracy, usage, *e.g.*, the frequency of use or the number of entries, user satisfaction, *e.g.*, user-friendliness or overall satisfaction, individual impact, *e.g.*, changed work practices or direct benefits and organizational impact, *e.g.*, communication and collaboration or impact on patient care. Furthermore, user involvement during system development, implementation and organizational culture have been identified as possible factors measuring the success. However, the need for further research to determine which attributes are the most useful ones in measuring success has also been revealed. (van der Meijden, Tange, Troost & Hashman, 2003).

The different phases in implementation process are, in general, user needs and requirements analysis (specification), system design, initial system implementation and testing (Ahmad, Teater, Bentley, Kuehn, Kumar, Thomas & Me-

khjian, 2002; Schuster, Hall, Couse, Swayngim & Kohatsu, 2003; Souther, 2001). The system requirements analysis includes workflow analysis, and the initial system implementation includes the technical installation of the information system, integration of the information system to other information systems and users' training. Project management is an important factor in every phase of the implementation project.

The purpose of this article is to highlight the health information system implementation process from end-user perspective. Which factors are crucial in the implementation process from the point of view of the end-users? How does project management contribute to the implementation process, what is the role of the end-user in system designing and how does training effect the information system implementation?

BACKGROUND

The lack of financial support was the most significant barrier to successfully implementing information technology in healthcare from both clients' and vendors' perspective. The vendors' inability to deliver products, and difficulties in achieving end-user acceptance or use were the other barriers from the point of view of the clients. (HIMSS, 2002.) Costs are often underestimated because the cost of the software is only the beginning of other expenditures, *e.g.*, person-hours for training and support have been forgotten (Ash, Stavri & Kuperman, 2003).

The social and organizational issues, not only the technical ones, are the critical issues in the implementation of information systems. The health information systems do not effectively support the health processes, and terminology for the healthcare environment is needed. (Ahmad et al., 2002; Berg & Toussaint, 2003; Berg, 2001; Giuse & Kuhn, 2003; Kuhn & Giuse, 2001; Littlejohns, Wyatt & Garvican, 2003).

Human-computer interaction is also perceived as unsatisfactory. The human-computer interaction indicates the means by which humans interact with computers, *e.g.*, users enter and retrieve data. To optimize the design of the human-computer interaction, concepts are needed (Berg, 2001; Kuhn & Giuse, 2001). Technical issues, *e.g.*, integration with other information systems and the need for open systems are also issues which must be solved (Giuse & Kuhn, 2003; Kuhn & Giuse, 2001).

The reasons for failures were that the complexity of healthcare tasks and social and professional cultures of healthcare organizations was not taken into account and, furthermore, the education of the users was insufficient and the timing of the education was wrong (Littlejohns, Wyatt & Garvican, 2003). Lorenzi and Riley (2003) report that the failures of the implementation of the health information system can be classified into four categories: technical shortcomings, project management shortcomings, organizational issues and information explosion. The technical failures contain, *e.g.*, the old system maintenance and staff training. Project management issues are, *e.g.*, project management skills. Organizational issues are concerned with constant changes. Information explosion means that knowledge has increased exponentially and new technical tools have been developed to cope with the information. Berg (2001) notes that it is important to notice that the implementation is not only a technical installation, and also that the project is not only a technical project but also an organizational development project.

The three major reasons that a project will succeed are user involvement, executive management support and the clear statement of requirements (Standish Group, 1994). Doolan, Bates and James (2003) reported that the factors associated with successful implementation are unusually strong leadership, a clearly defined long-term commitment, clear focus on improving clinical processes and gaining clinical involvement and support

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