# **Assemble a CDS Implementation Team**

# Why an Effective Implementation Team is Necessary

After careful planning and assessment of readiness for CDS, the next step is to form the CDS implementation team. The stakeholders engaged in the initial planning efforts and starter conversations about CDS may not necessarily be part of the implementation team. The implementation team helps to align stakeholder expectations with the objectives of the CDS intervention. The team manages the roll-out, training, ongoing support, routine feedback, and knowledge management. The implementation team facilitates open communication with endusers. Aside from driving the execution of steps to implement CDS, an effective implementation team builds a culture of acceptance for CDS as an effective tool to improve care processes and clinical outcomes.

This how-to guide will help your organization:

- Know the types of people within your organization who can fill key roles in implementing a CDS initiative
- Understand where "gaps" in the implementation team reside and identify where outsourcing can fill these
- Understand the role of CDS champions and how these team members can be instrumental to a successful implementation

	Signs of an Effective Implementation Team
$\checkmark$	Commitment to improving care processes and outcomes using CDS
$\checkmark$	Openness and capacity to transform care processes using CDS
$\checkmark$	Willingness to learn about CDS interventions and their relationship to clinical goals
$\checkmark$	Familiarity with CDS program goals and implementation objectives
$\checkmark$	Ability to articulate roles and responsibilities to individual team members
$\checkmark$	Understanding by all team members how a given CDS intervention contributes to a
	clinical goal

# Key Steps to Assembling an Implementation Team

The following practical steps will help your organization consider personnel and roles for assembling an effective CDS implementation team of stakeholders. Within each step, tools and links to other resources are provided that can guide your organization towards selecting the right people to lead the implementation.

#### Step 1: Understand the stakeholder roles required for successful implementation

The stakeholders, or team members, will help ensure that the CDS is successful by fostering:

- committed and effective leadership
- clear and obtainable goals
- knowledgeable clinical and technical staff
- adequate time for planning, testing and deployment
- · active involvement of clinician end-users

Much of the material in this "How-To" guide was based on the collaborative development of and use of content in a 2011 book published by the Healthcare Information and Management Systems Society (HIMSS) entitled "Improving Outcomes with Clinical Decision Support: An Implementer's Guide, Second Edition."

- clear and consistent communications with system developers, implementation staff and end users
- CDS interventions that are both usable and useful

The first step to selecting an implementation team is to understand what roles are necessary for a successful implementation.



**To-Do:** Understand responsibilities to be carried out by the implementation team and reach out to potential implementation members to gauge fit and interest in supporting a CDS program.

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# Resources and Tools

**Stakeholder Responsibilities and Role Descriptions (Resource #14)** — The Stakeholder Responsibility and Role Description tool identifies key CDS stakeholders and describes their responsibilities and roles.

Stakeholder team members may fulfill one or more of these roles. To avoid potential conflicts as implementation progresses, it is important to ensure that certain roles are not combined for the same person. For instance, the CEO of a clinical care setting should not also be a clinical champion. Beyond this organizational job title, clinical champions must be in a position to work alongside their colleagues and empathize with their concerns. The result will be trust, a willingness to work through inevitable challenges, and, ideally a trial and error culture, so that CDS can flourish and succeed.

#### Step 2: Recruit Implementation Team Members and Cultivate Clinical Champions

Once specific individuals have been identified to fulfill the roles on the implementation team, discussions of their roles, responsibilities, and expectations of time and effort should follow. The level of commitment is critical to assess and communicate, as it will set the expectations of team members moving forward. Such estimates may need to be formally developed by the Implementation Manager as part of developing an implementation project plan.

The clinical champion is a critical member of the implementation team. Champions help to achieve clinician acceptance of the CDS initiative and also to act as a bridge between organizational leadership and clinical end-users. A champion is usually a clinician who is interested in participating in a CDS initiative, and has the respect of his or her colleagues. If a care setting has little experience with EMRs and CDS, then clinical champions may need to be cultivated. The following is a set of responsibilities of effective clinical champions:

	Responsibilities of Effective Clinical Champions
~	Remind the general users of the benefits of CDS, encouraging them to see beyond the immediate challenges
✓	Stay proficient in computer skills and teach those who are not
✓	Provide leadership and influence peershave clinical credibility, domain expertise
$\checkmark$	Understand the work practices and professional standards of other clinicians

✓	Act as opinion leaders
~	Provide a balanced view –articulate the benefits and challenges of CDS
✓	Use political skills and effective negotiation skills to make difficult decisions and help
	the team come to a consensus
✓	Occupy both leadership and support positions (already on organization committees
	overseeing CDS or Quality Improvement (QI) in the organization.
✓	Maintain a high level of respect among colleagues



**To-Do:** From within your organization seek a clinical champion who possesses a good balance of these characteristics.

Occasionally organizations will choose physicians as clinical champions who are not fully convinced of using CDS for quality improvement. This gives these physicians an opportunity to participate and have a say in the implementation process.

Depending on the resources of the organization, the physician in the role of the clinical champion may be a volunteer or may be compensated for the time involved. It should be noted that a lack in funding to support the extra effort required of clinical champions will diminish the impact of this important role. Some organizations can support the clinical champion by providing time and financial compensation for attending meetings and participating in the implementation planning efforts.

Clinical champions should be involved in many facets of the implementation. Even though they are busy delivering care, they need to be available to provide assistance and encourage support for CDS. Clinical champions should also assist in and discuss with leadership, progress in CDS planning, roll-out, training and maintenance. They should consistently gauge the viewpoints of other members of the practice. Above all, champions should see themselves and be viewed by others as advocates for the patients and the quality of their care.

**To-Do:** Think about how to fill gaps in the implementation team—use outside experts to identify or help fill these gaps.

# Step 3: Collaborate with outside sources to fill gaps in the implementation team

Outside sources may be able to assist in the implementation of CDS and help to fill gaps in expertise. Vendors, consultants, and other outside resources can assist in change management; workflow assessment and reconfiguration; content and software customization; training; and other areas. Roles such as the clinical champion and implementation manager should not be outsourced however, because their continued involvement is essential to a successful implementation.



**Resources and Tools** 

**Organizations to Support Use of Health IT (Resource #3)** – This list, organized by state, lists some programs that can provide support for the CDS implementation. This includes Regional Extension Centers, consultancies, and other educational programs.

#### Step 4: Convene the implementation team to begin planning

Once the implementation team is identified and recruited, the Implementation Manager should hold a kick-off meeting to convene all team members and begin the process of implementation planning. The initial implementation team meetings should include a discussion of the goals for CDS implementation; the team members' roles and responsibilities; and begin to specify implementation phases, tasks within phases, and team members responsible for those tasks.

# Sample Implementation Plan Outline (See How-To Guide #3 for details)

- 1. Based on baseline measurement, select a clinical goal where CDS could improve processes
- 2. Determine CDS interventions that are suited to achieving process goals
- 3. Consider how workflow will change when CDS functionality is turned on or implemented
- 4. Design or configure usable interventions so that knowledge management, measurement, and feedback mechanisms are considered.
- 5. Create a plan to roll-out interventions
- 6. Communicate the roll-out plan and train end-users
- 7. Carefully test and observe CDS functions before and immediately after it goes "live."
- 8. Continuously improve the interventions by responding to clinician feedback and ensuring interventions are up-to-date.



**To-Do:** In a meeting of the implementation team, survey all the potential steps to begin your own plan for CDS.



# **Resources and Tools**

**Tasks for CDS Implementation (Resource #2)** – The following list of project steps created by HIMSS was vetted by multiple experts working with CDS who work in settings ranging from a small practice to a national health network.



#### **Small Practice/Outpatient Practice Considerations:**

While considerations around formal structure and activities for CDS implementation may seem unnecessary and unrealistic for a small office, most of the precautions and suggestions discussed in this guide are important and relevant to small practices.

Outside sources can help the practice achieve its goals. Vendors, vendor user-groups, CDS collaboratives, RECs, other successful practices similar to yours are some of the many resources available.

- While external support, such as from a REC, consultant, or EHR vendor may be available, there should be at least one individual within the practice who has 'ownership' of the CDSrelated activities. This person should oversee and coordinate the external support that is needed, and ensure that all the activities support the practice's performance improvement goals.
- Small practices often have limited time and resources. This must be taken into account when implementing the CDS. A member of the implementation team should ensure that workflow changes are not adversely affecting the normal operation of the practice.
- The leader of the CDS initiative must be willing to continuously sell and convince all other members of the value of CDS. This is important to creating the right culture for a CDS program.
- It is important to not limit champions to the clinician-owners of the practice, especially in
  private practices. The multiple roles of the clinician-owner may lead to the staff accepting a
  system that fits the practice poorly because "that's what the boss wanted." Successful
  practices often recruit champions to represent the ancillary staff and other office staff
  members. Some practices even instruct staff members to voice their opinions about the CDS
  without regard to what the clinician-owners might prefer in order to ensure that all critiques
  are heard.