CONFERENECE ABSTRACT

New and useful, but is it utilized? Experiences with implementation of Lifecare eRoom in Norwegian municipalities

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Introduction: Lifecare eRoom is a module in the electronic medical record solution Gerica from the company Tieto. The purpose of eRoom is to provide quick access to a patient’s treatment plan, as well as the possibility to create documentation on touch screens site in the patient’s room. Many Norwegian municipalities have purchased and even installed this solution; however, after several months we found that the system were not in use. Furthermore, we were under the impression that there had been some challenges with the implementation. Based on this, we formulated the following issue for exploration: What success factors and barriers have municipalities experienced during eRoom implementation?

Methods: To explore the above issue, we have used a qualitative method consisting of individual interviews of 8 key personnel (project managers and nurses), across 5 municipalities, which have all procured eRoom. The sample of informants is small due to the limited number of municipalities that got eRom.

We chose the Normalization Process Theory (NPT) and Fit Between Individuals, Tasks and Technology model (FITT) to highlight our findings. These two models frame our main findings that a successful implementation is complicated and they focuse on the human processes more than the technology.

The fact that we have the same position as several of our informants can have affected the answers and been a method bias. It might have prevent the informants from being honest in the fair of appering unsuccessful.

Conclusions and discussion: We have uncovered both success factors and barriers for implementation of eRoom in our findings. Some of the success factors identified include leveraging
enthusiasts during the implementation phase, management commitment, early involvement of stakeholders, proper planning, and sufficient resources. Barriers identified include reluctance to let go of old systems, insufficient skills in basic medical record documentation, resistance to change and insufficient buy-in. In addition to the above, all municipalities had experienced technical challenges during launch, such as unstable networks, login problems and terminals installed in a way that complicates the use.

We want to be clear that our conclusions are not to be considered as a complete plan for implementation. However, we do take the liberty of providing some concrete advice for other municipalities about to implement information systems. It is imperative to map out which needs the system should address, and allocate time and resources for implementation. Furthermore, we have found that project plans have to be targeted and systematic, while also including strategies for embedding the new system in processes and practical use. Hence, it is important that project managers are skilled in both project management and implementation.

References:


**Keywords:** implementation; barriers; success; failure; electronic health record; information system