



COMMUNITY
HEALTH CARE
ASSOCIATION
of New York State

Optimizing the EHR Using the KLAS EHR Experience Survey: An EHR- Agnostic Training Series

Session 2- January 31, 2023

Agenda

1. KLAS EHR Experience Survey Results- EHR Training
2. KLAS Arch Collaborative Conference- EHR Training Formats + Promising Practices
3. Tiffany Korn, Initial EHR Training Workflows, Neighborhood Health Center



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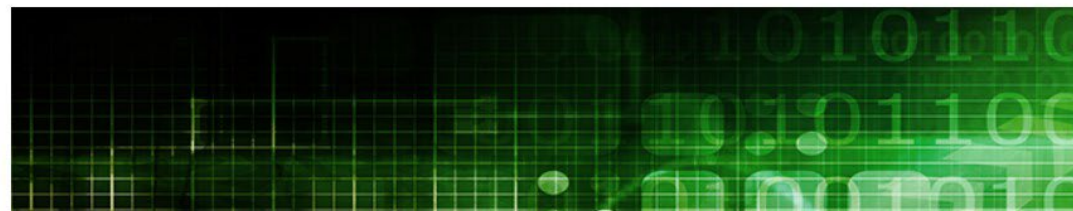


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USE & OPTIMIZATION NEWS

KLAS: Improved EHR Efficiency Can Mitigate Early-Stage Clinician Burnout

To help address clinician burnout in its early stages, organizations can focus on EHR efficiency by providing additional EHR training, KLAS authors said.



KLAS EHR Experience Survey Results- EHR Training

7 Questions on the EHR Experience Survey that highlighted EHR training:

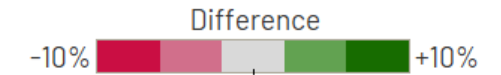
Do you agree that at your health center...

1. Initial training is sufficient
2. Ongoing training is sufficient
3. Training was workflow-specific
4. Virtual training met my needs
5. Telehealth training was sufficient
6. Tip sheets and online training is effective
7. In-person training is helpful and effective



Training Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22

Included Clinical Backgrounds: **Repeat respondents only**



	Current Percent Agree	Previous Percent Agree	Change
Initial Training Was Sufficient	66% (n=44)	65% (n=43)	+1%
Ongoing Training Is Sufficient	68% (n=40)	85% (n=41)	-17%
Training Was Workflow-Specific	74% (n=43)	78% (n=45)	-4%
Virtual Training Met My Needs	55% (n=38)	53% (n=36)	+2%
Telehealth Training Was Sufficient	62% (n=37)	55% (n=42)	+7%
Tip sheets and online training are effective	67% (n=42)	73% (n=44)	-6%
In-person training is helpful and effective	87% (n=39)	91% (n=43)	-4%

Training Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22

Included Clinical Backgrounds: **All respondents**



	Current Percent Agree	Previous Percent Agree	Change
Initial Training Was Sufficient	52% (n=276)	51% (n=525)	+1%
Ongoing Training Is Sufficient	63% (n=257)	68% (n=505)	-5%
Training Was Workflow-Specific	67% (n=271)	63% (n=523)	+4%
Virtual Training Met My Needs	46% (n=233)	37% (n=478)	+9%
Telehealth Training Was Sufficient	48% (n=233)	45% (n=495)	+3%
Tip sheets and online training are effective	59% (n=235)	59% (n=496)	+0%
In-person training is helpful and effective	72% (n=230)	80% (n=499)	-8%

Overall Benchmark Training Metrics CHCANYS 23
 Included Clinical Backgrounds: **All respondents at 178 Organizations**
 Similar Organizations: **15 HCCNs**



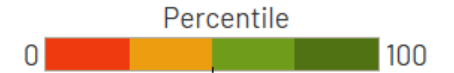
	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Initial Training Was Sufficient	52% (n=276)	40th Percentile	64th Percentile
Ongoing Training Is Sufficient	63% (n=257)	76th Percentile	50th Percentile
Training Was Workflow-Specific	67% (n=271)	74th Percentile	69th Percentile
Virtual Training Met My Needs	46% (n=233)	67th Percentile	67th Percentile
Telehealth Training Was Sufficient	48% (n=233)	91st Percentile	92nd Percentile
Tip sheets and online training are effective	59% (n=235)	61st Percentile	67th Percentile
In-person training is helpful and effective	72% (n=230)	20th Percentile	23rd Percentile

Training Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22
 Included Clinical Backgrounds: **Physicians only**



	Current Percent Agree	Previous Percent Agree	Change
Initial Training Was Sufficient	55% (n=67)	46% (n=169)	+9%
Ongoing Training Is Sufficient	53% (n=62)	66% (n=158)	-13%
Training Was Workflow-Specific	66% (n=64)	53% (n=167)	+13%
Virtual Training Met My Needs	46% (n=50)	27% (n=147)	+19%
Telehealth Training Was Sufficient	43% (n=58)	42% (n=159)	+1%
Tip sheets and online training are effective	52% (n=54)	49% (n=157)	+3%
In-person training is helpful and effective	79% (n=53)	77% (n=163)	+2%

Overall Benchmark Training Metrics CHCANYS 23
 Included Clinical Backgrounds: **Physicians only at 178 Organizations**
 Similar Organizations: **15 HCCNs**



	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Initial Training Was Sufficient	55% (n=67)	73rd Percentile	77th Percentile
Ongoing Training Is Sufficient	53% (n=62)	64th Percentile	38th Percentile
Training Was Workflow-Specific	66% (n=64)	83rd Percentile	58th Percentile
Virtual Training Met My Needs	46% (n=50)	87th Percentile	91st Percentile
Telehealth Training Was Sufficient	43% (n=58)	80th Percentile	75th Percentile
Tip sheets and online training are effective	52% (n=54)	76th Percentile	50th Percentile
In-person training is helpful and effective	79% (n=53)	71st Percentile	33rd Percentile

Training Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22
 Included Clinical Backgrounds: **Nurses only**



	Current Percent Agree	Previous Percent Agree	Change
Initial Training Was Sufficient	39% (n=41)	50% (n=62)	-11%
Ongoing Training Is Sufficient	54% (n=35)	65% (n=62)	-11%
Training Was Workflow-Specific	66% (n=41)	67% (n=63)	-1%
Virtual Training Met My Needs	47% (n=38)	44% (n=59)	+3%
Telehealth Training Was Sufficient	33% (n=30)	33% (n=55)	+0%
Tip sheets and online training are effective	58% (n=36)	60% (n=60)	-2%
In-person training is helpful and effective	70% (n=33)	85% (n=61)	-15%

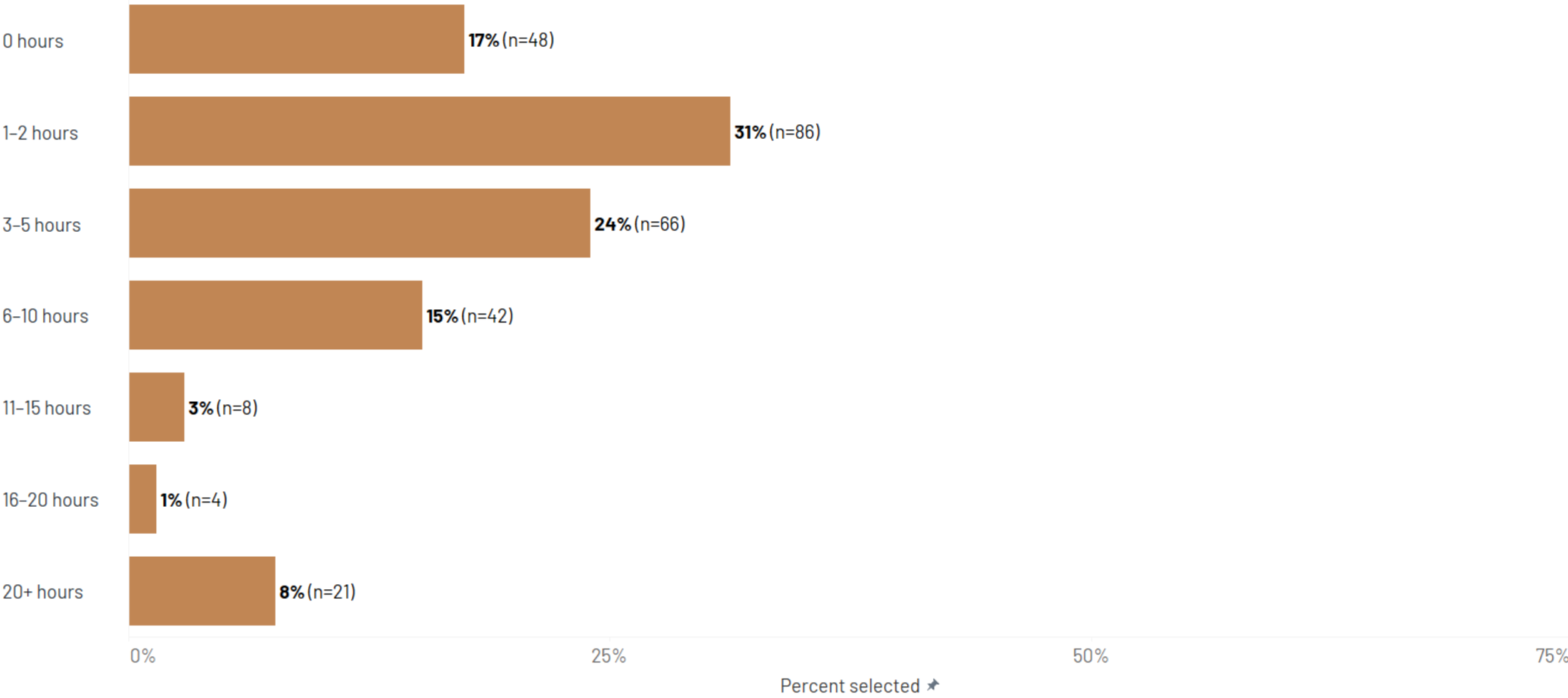
Overall Benchmark Training Metrics CHCANYS 23
 Included Clinical Backgrounds: **Nurses only at 178 Organizations**
 Similar Organizations: **15 HCCNs**



	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Initial Training Was Sufficient	39% (n=41)	11th Percentile	45th Percentile
Ongoing Training Is Sufficient	54% (n=35)	30th Percentile	27th Percentile
Training Was Workflow-Specific	66% (n=41)	39th Percentile	45th Percentile
Virtual Training Met My Needs	47% (n=38)	60th Percentile	80th Percentile
Telehealth Training Was Sufficient	33% (n=30)	58th Percentile	64th Percentile
Tip sheets and online training are effective	58% (n=36)	39th Percentile	70th Percentile
In-person training is helpful and effective	70% (n=33)	11th Percentile	20th Percentile

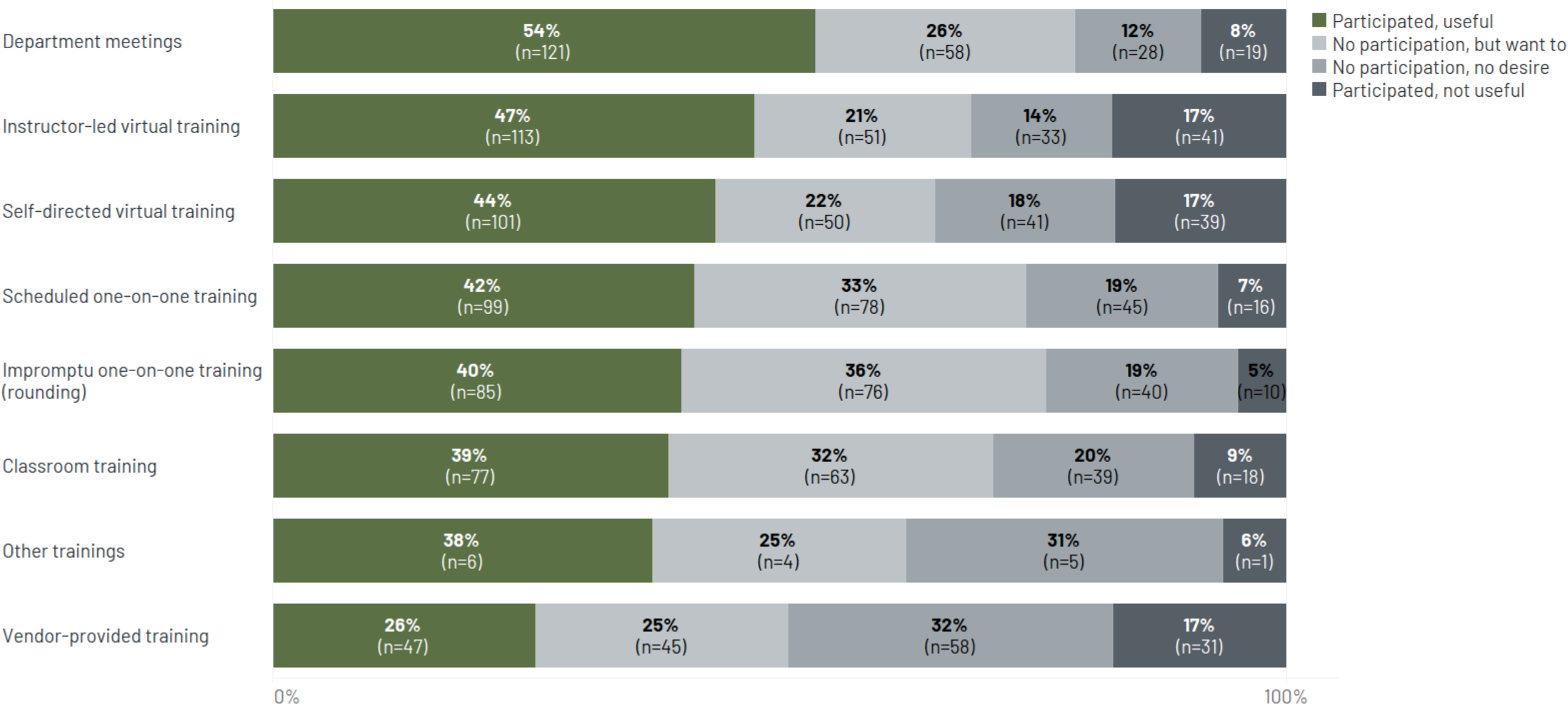
Percent Selected as Average Hours of Follow-up EHR Education per Year

CHCANYS 23; all respondents



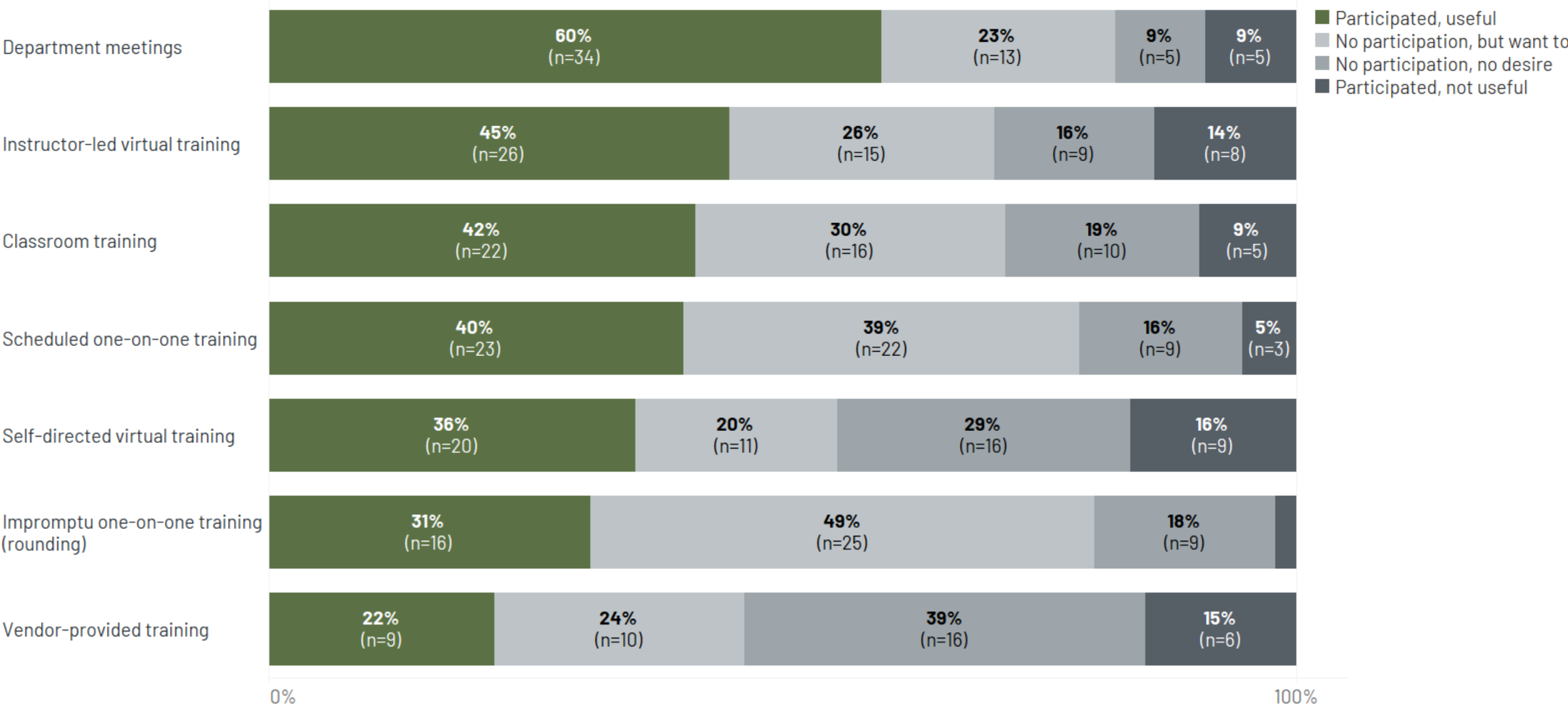
Participation In and Usefulness of EHR Trainings

CHCANYS 23; all respondents



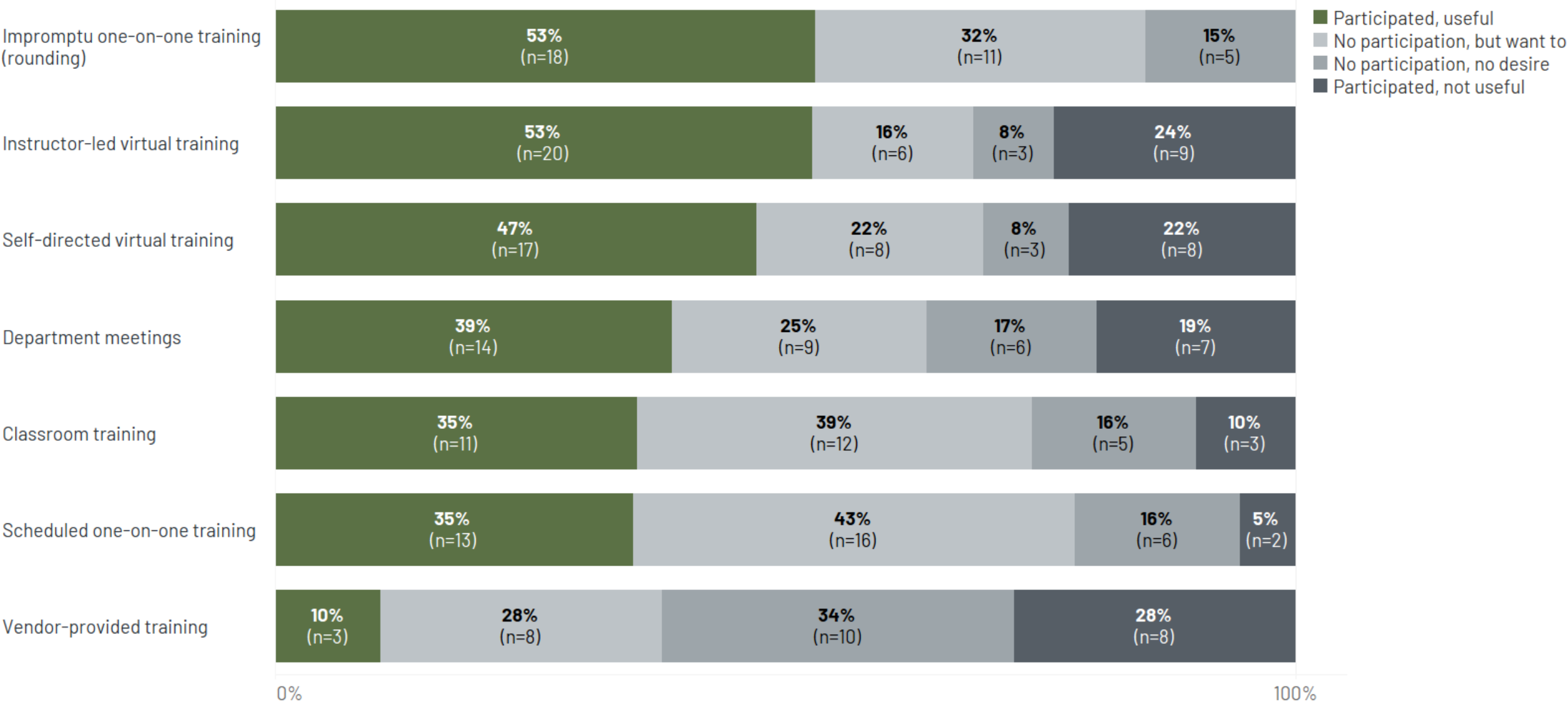
Participation In and Usefulness of EHR Trainings

CHCANYS 23; physicians only



Participation In and Usefulness of EHR Trainings

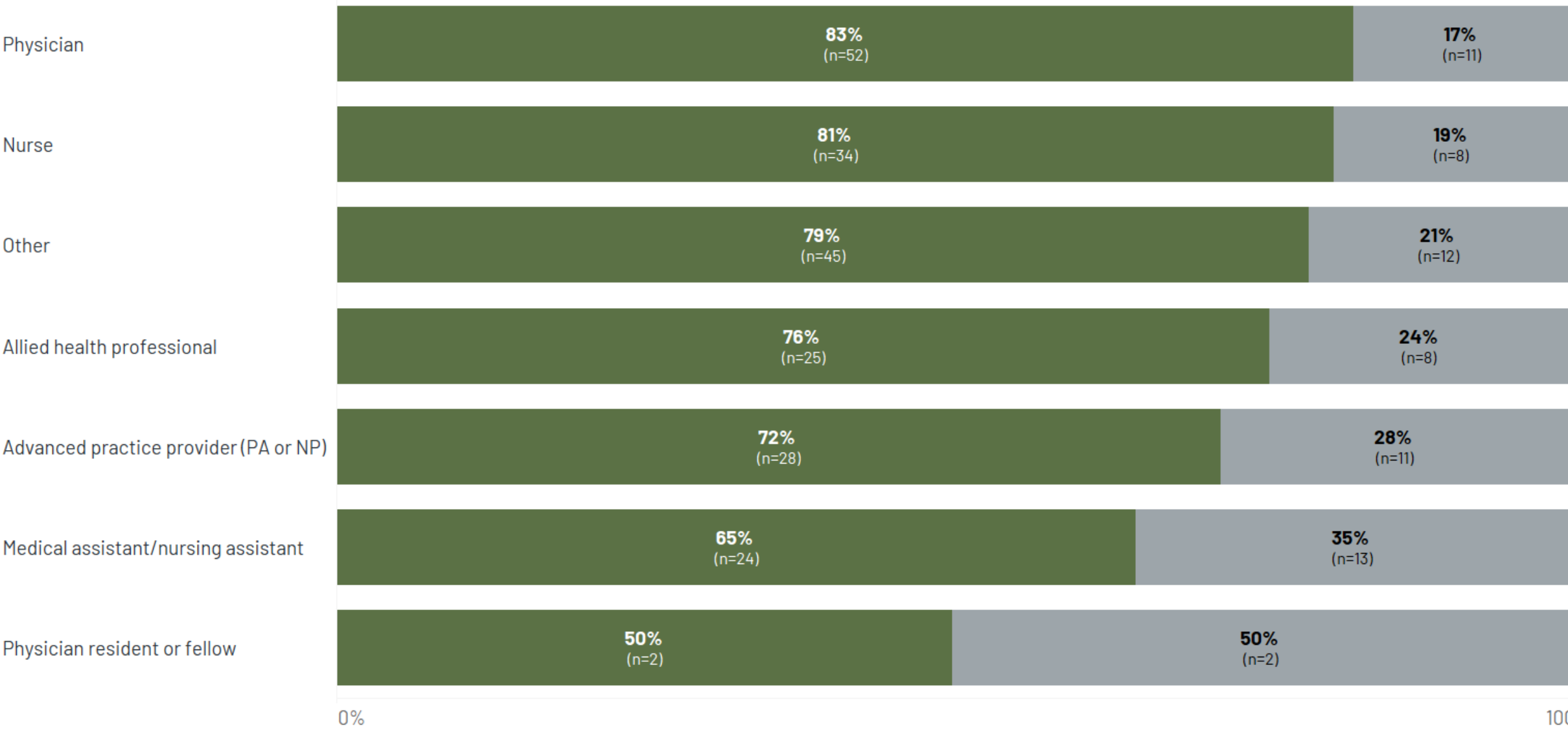
CHCANYS 23; nurses only



Would You Like More EHR Education?

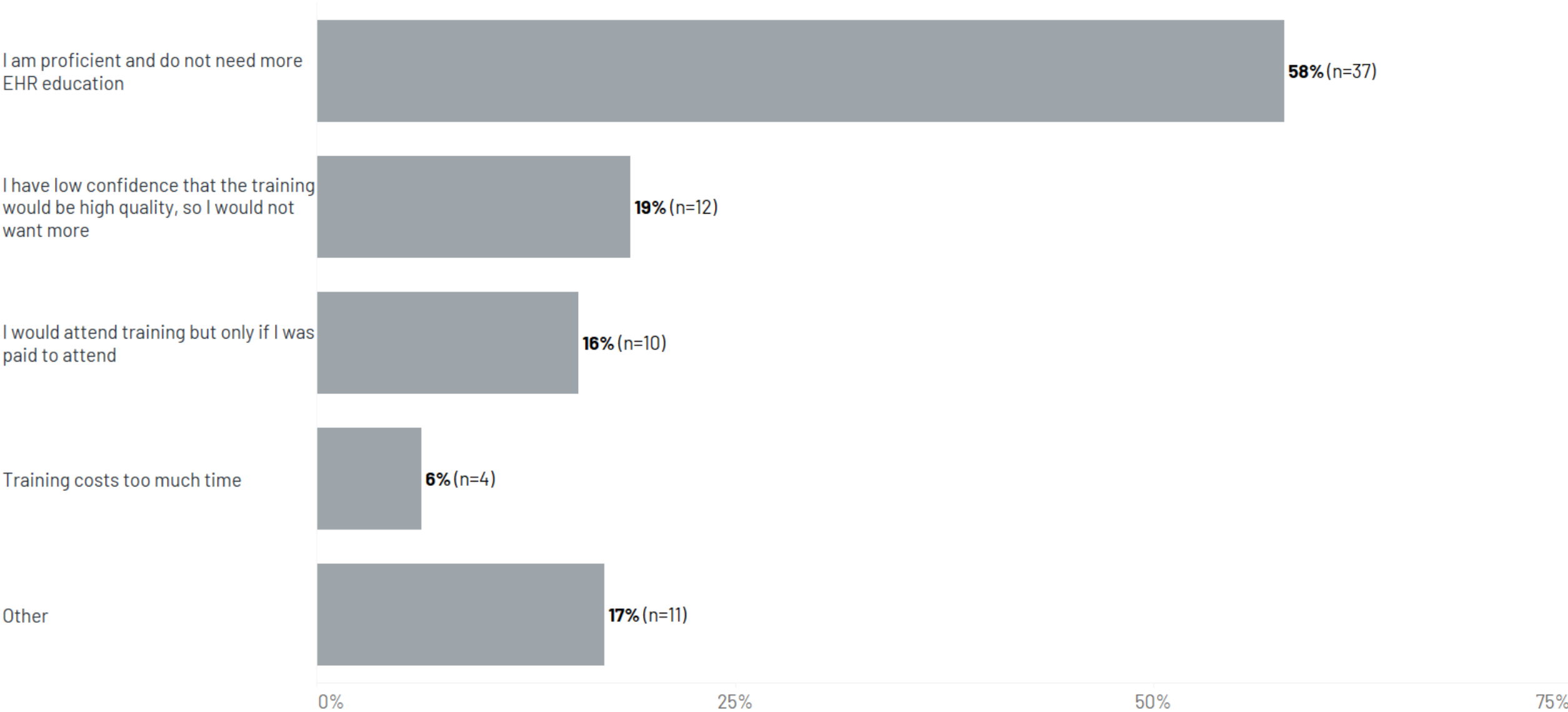
CHCANYS 23

■ Want more training
■ Had enough training



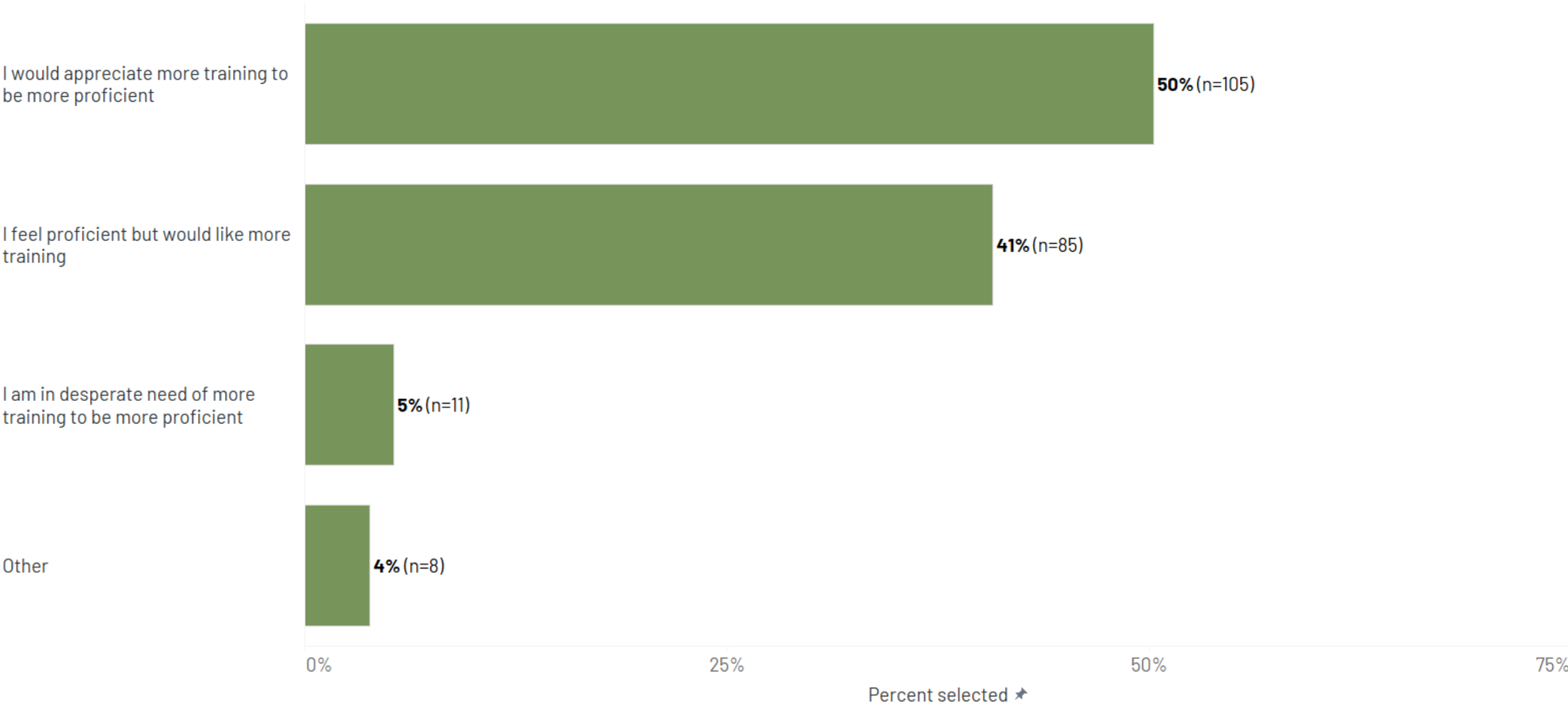
Percent Selected As Reasons Why You Do Not Want More EHR Education

CHCANYS 23; all respondents; multiple responses possible



Percent Selected As Reasons Why You Want More EHR Education

CHCANYS 23; all respondents



Training Model I – Harris Health System

- Initial 1:1 EHR training (Onboarding varies from 8 hours to 3 days)
- Unit orientation and unit based EHR training
- Online training models within 30 days of onboarding
- Informatics team available for ED, CC and Med Surg
- Use EHR data to identify and reach out to nurses who need additional training

Challenges:

- Smaller depts like Women care or infant care do not have an informatics team
- No timely EHR support ~ 4-5 days to hear back
- IT help desk are NOT clinicians and are unable to assist because they do not know the workflows
- "protect your license" results in overdocumentation and burnout



Training Model II

- More training in the first 3 months --> More provider satisfaction
- "Context" of training matters
- Usefulness of the education is more important than type of education
- Have a minimum number of hours to get access EHR vs hours required to get comfortable with the EHR
- Longer charts are open --> Lesser efficiency
- Personalizing the EHR:
 - Templates
 - Level of personalization changes our interaction with the system



Training Model III – UNC Health

- Short workshops or focusing on a specific topics for a month
- Training team
 - Online courses, hybrid thrive after go- lives & test outs
- Epic training called “Playground” for multiple choice type questions for the end user
- Assisting with personalization needs of provider: Inpatient and ambulatory support
- PEC sessions (Provider Engagement Coaching) to manage in-basket efficiently
- Provider coaching request form linked in EPIC – Goes to a queue once submitted then scheduling for 1:1 reminders for additional coaching sessions if necessary
- 2 upgrades per year + 2 optimization sessions



Training Model IV - Ohio State University Medical Center

- Low-cost implementation
- 1 week for onboarding new hire nurses
- Previously onboarding included self-paced e-Learning modules (~10 hours)
- Dedicated block for revised e-learning modules and remaining time for skills needed for first shift
- Emphasis on medication documentation
- Key to success:
 - Focus on getting through basics
 - Going over real-life scenarios for documentation (clinical skills and documentation go hand in hand)



Training Model V – Renown Health (Ongoing training)

- Key to Success:
 - Listen to what your organization needs when it comes to training. The labs were successful, but that was only because the EHR training team was willing to listen to clinicians' needs and try something new.
 - Get involved in changes early. When the training team is aware of changes before they happen, they have time to figure out the best ways of introducing the changes to clinicians.
- Meetings for every time there are major changes within EHR
- Training team discusses how they want to approach the ongoing training
- Optimizing projects: For example – they consolidated all the nursing templates
 - EHR training team and steering committee evaluate what projects will be helpful



Training Model VI – Deaconess (EHR governance)

- Physician leadership needs to remain engaged, and with nursing leadership taking on such a large role, it is possible that physician leadership disengages.
- Having the same group be responsible for both the direction of the EHR and for the ongoing training allows this group to be accountable for the overall success of the EHR for nurses.
- EHR governance and training so that it is led by nursing operations on the inpatient side with the support of a physician subcommittee
- While the overall committee agrees on the direction of the EHR, the primary burden of EHR communication, follow-up training, and clinician feedback collection is on the shoulder of the Deaconess nursing informatics operations group.
- Low cost and 0–6-month implementation time



Health Center Spotlight:

Neighborhood Health Center

Tiffany Korn

David Parisi



Role-Based EHR Training: Challenges and Successes

Tiffany Korn, Project Manager

Melissa Mosko, Director of Training and Development



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Our presentation today:

- Who we are and what we do
- Upfront challenges to an EHR transition
- How we met these challenges
- What we learned along the way
- Time for questions and answers



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Who we are:

- Neighborhood Health Center is the oldest and largest FQHC in Western New York, including:
 - 6 fixed sites and a mobile unit
 - Over 350 staff
 - 85 providers
 - Serving nearly 30,000 patients each year
- We have primary care and integrated services including:
 - Adult Medicine & Pediatrics
 - Obstetrics & Gynecology
 - Podiatry
 - Dental
 - Behavioral Health
 - Wellness (Nutrition)
 - Pharmacy Services
 - *Adding Vision Care (Optometry) in 2024*



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Up-front Challenges

- All 350+ staff – across providers, nursing, operations, billing, and administration – spread across different sites made in-person training impossible
- We provide care to a medically underserved population that needed preventative care and same-day access while we were in the process of training and go-live
- Hundreds of workflows and templates needed to be created to provide care across all sites and specialties in advance of go-live
- Staff comfortability with the old system (even with its own challenges!)



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How we met these challenges:

1. All employees were assigned a self-paced, role-based training curriculum in the new EHR's training system
2. We coordinated end-user training for all employees over the course of one week (Dental was separate) by group and specialty, to minimize disruption to patient access and care
3. Superusers in each department built workflows and templates for each task and appointment type in advance of go-live
4. We conducted a number of patient experience walk-throughs using screen-sharing to show the patient visit from registration through billing -- this allowed each department to see how their work in the EHR affected and impacted other departments and the clinical flow
5. Optimization includes continuous role-based training in monthly All Staff meetings and Department Breakouts



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What we learned:

1. Principles of adult learning theory (experiential learning, spiral-theory) helped to structure training

We communicated important organization-wide updates to all employees, then reinforced with role-based implications in department breakouts, and created test patients and test schedules for employees to practice skills

2. Balancing the number and variety of “roles” for role-based training against time and effort coordinating training

We were given five roles by the EHR, and not everyone fit into these roles. More roles would mean more building and coordination on our end, fewer roles meant that employees’ training could be less relevant to their work



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What we learned (cont'd):

4. Translation \neq Fluency

In the beginning, users were “translating” from one EHR to the other, trying to recreate the functions of the old EHR. Fluency comes with embracing the structure and processes of the new EHR and not trying to recreate the old one.

5. Communicating success was important for users to step back and recognize their progress

Training, go-live, implementation, and optimization are a rough and rocky road – use data tools or metrics to help users step back and see their progress.



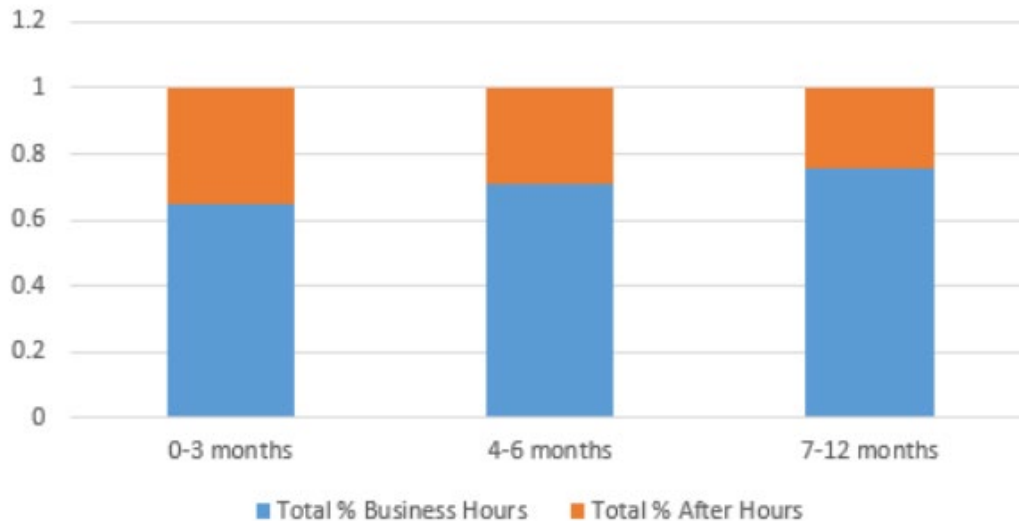
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What we learned (cont'd):

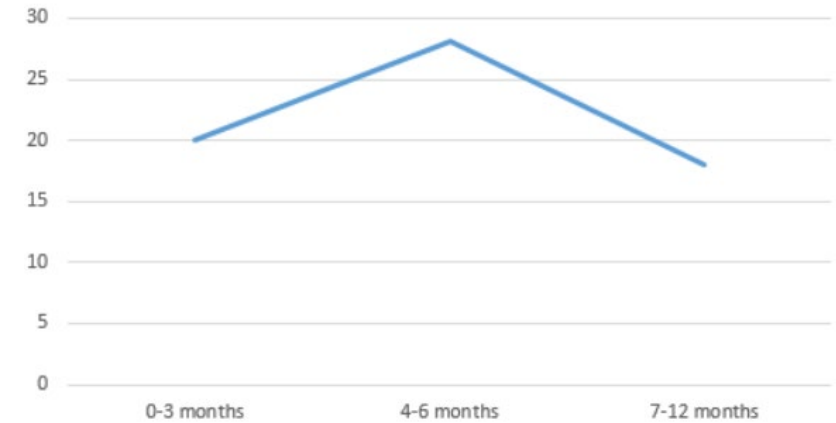
6. Patience

We saw that it took about six months to really see efficiencies – this is an important measure for us, as one of the drivers of transitioning EHRs was to mitigate provider burnout

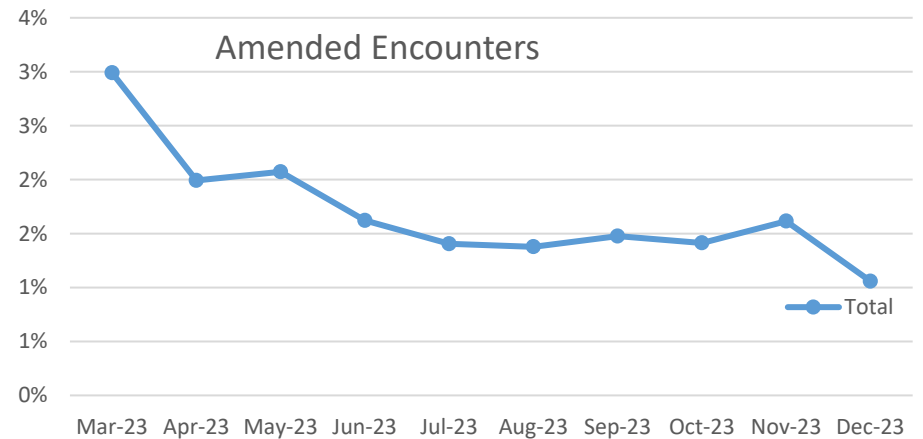
Business Hours Productivity



Avg Documentation Time



Amended Encounters



QUESTIONS?



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THANK YOU!

Blasdell

4233 Lake Avenue
Blasdell, NY 14219

Bridgeview

1050 Niagara Street
Buffalo, NY 14213

Mattina

300 Niagara Street
Buffalo, NY 14201

Northwest

155 Lawn Avenue
Buffalo, NY 14207

Riverway

1569 Niagara Street
Buffalo, NY 14213

Southtowns

151 Elmview Avenue
Hamburg, NY 14075

Session 4: Participants Choice

Please use the poll functionality to choose which topic you would like covered in the fourth session.



Upcoming EHR Agnostic Training Session





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Appendix

Additional KLAS EHR Experience Findings related to EHR training broken down by role: advanced practice providers, medical assistants/nursing assistants, allied health professionals



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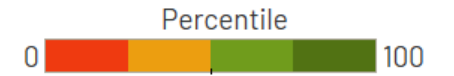
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Training Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22
 Included Clinical Backgrounds: **Advanced practice providers only**



	Current Percent Agree	Previous Percent Agree	Change
Initial Training Was Sufficient	48% (n=40)	43% (n=92)	+5%
Ongoing Training Is Sufficient	58% (n=38)	58% (n=89)	+0%
Training Was Workflow-Specific	64% (n=39)	56% (n=93)	+8%
Virtual Training Met My Needs	33% (n=36)	27% (n=83)	+6%
Telehealth Training Was Sufficient	46% (n=39)	39% (n=89)	+7%
Tip sheets and online training are effective	49% (n=35)	54% (n=83)	-5%
In-person training is helpful and effective	62% (n=34)	81% (n=83)	-19%

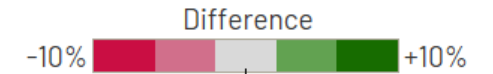
Overall Benchmark Training Metrics CHCANYS 23
 Included Clinical Backgrounds: **Advanced practice providers only at 178 Organizations**
 Similar Organizations: **15 HCCNs**



	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Initial Training Was Sufficient	48% (n=40)	43rd Percentile	55th Percentile
Ongoing Training Is Sufficient	58% (n=38)	58th Percentile	55th Percentile
Training Was Workflow-Specific	64% (n=39)	77th Percentile	70th Percentile
Virtual Training Met My Needs	33% (n=36)	35th Percentile	60th Percentile
Telehealth Training Was Sufficient	46% (n=39)	83rd Percentile	70th Percentile
Tip sheets and online training are effective	49% (n=35)	30th Percentile	40th Percentile
In-person training is helpful and effective	62% (n=34)	1st Percentile	0th Percentile

Training Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22

Included Clinical Backgrounds: **Medical assistants/nursing assistants only**

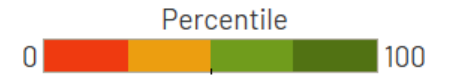


	Current Percent Agree	Previous Percent Agree	Change
Initial Training Was Sufficient	58% (n=36)	60% (n=45)	-2%
Ongoing Training Is Sufficient	71% (n=34)	82% (n=44)	-11%
Training Was Workflow-Specific	78% (n=37)	76% (n=45)	+2%
Virtual Training Met My Needs	41% (n=32)	63% (n=43)	-22%
Telehealth Training Was Sufficient	55% (n=29)	51% (n=43)	+4%
Tip sheets and online training are effective	60% (n=30)	64% (n=45)	-4%
In-person training is helpful and effective	82% (n=33)	87% (n=45)	-5%

Overall Benchmark Training Metrics CHCANYS 23

Included Clinical Backgrounds: **Medical assistants/nursing assistants only at 178 Organizations**

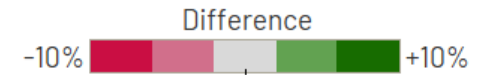
Similar Organizations: **15 HCCNs**



	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
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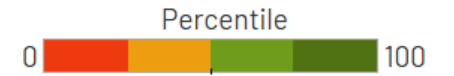
Training Metrics Measurement Comparison CHCANYS 23 vs. CHCANYS 22

Included Clinical Backgrounds: **Allied health professionals only**



	Current Percent Agree	Previous Percent Agree	Change
Initial Training Was Sufficient	61% (n=33)	51% (n=71)	+10%
Ongoing Training Is Sufficient	75% (n=32)	57% (n=68)	+18%
Training Was Workflow-Specific	75% (n=32)	74% (n=70)	+1%
Virtual Training Met My Needs	60% (n=25)	37% (n=65)	+23%
Telehealth Training Was Sufficient	69% (n=26)	51% (n=67)	+18%
Tip sheets and online training are effective	72% (n=29)	61% (n=66)	+11%
In-person training is helpful and effective	68% (n=31)	80% (n=65)	-12%

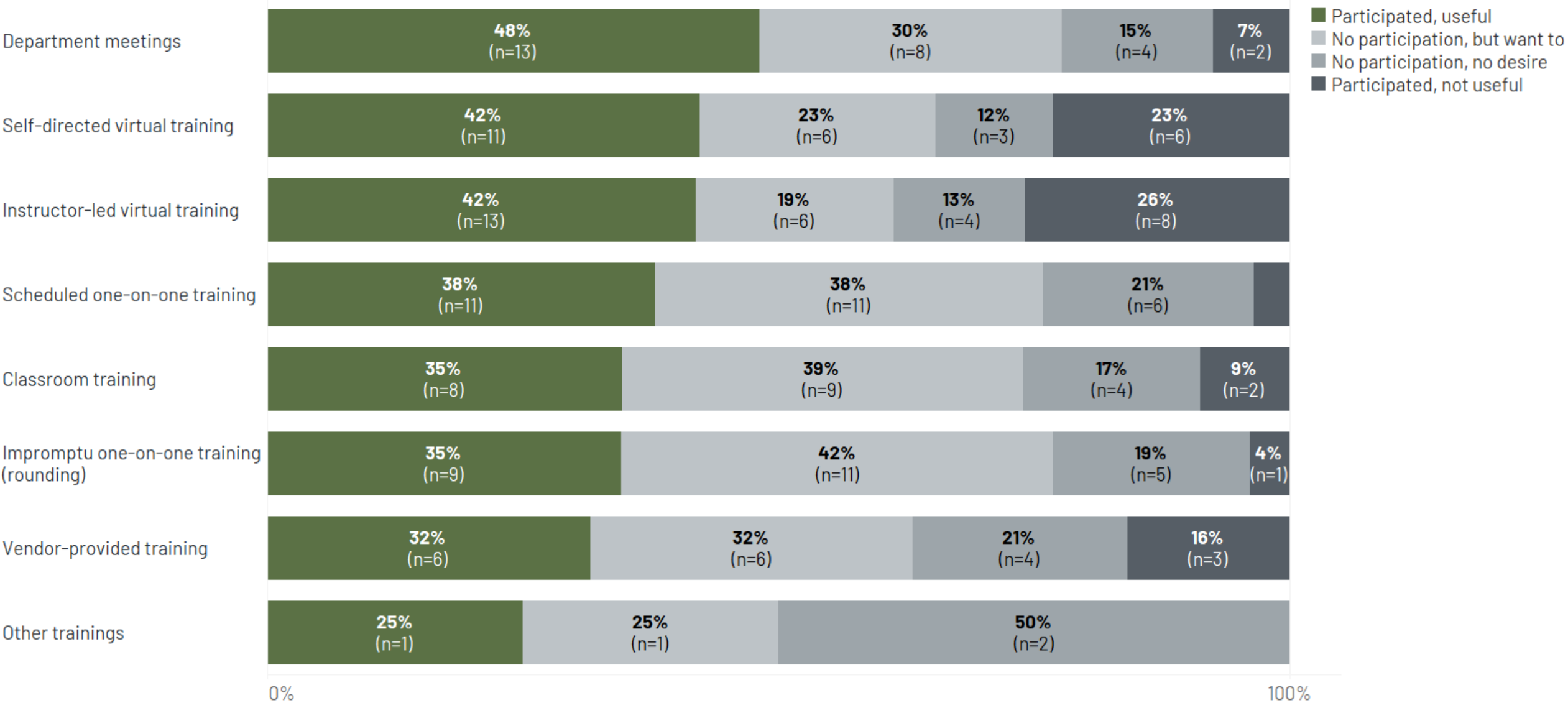
Overall Benchmark Training Metrics CHCANYS 23
 Included Clinical Backgrounds: **Allied health professionals only at 178 Organizations**
 Similar Organizations: **15 HCCNs**



	Percent Agree	Rank: Collaborative	Rank: Similar Organizations
Initial Training Was Sufficient	61% (n=33)	80th Percentile	92nd Percentile
Ongoing Training Is Sufficient	75% (n=32)	96th Percentile	92nd Percentile
Training Was Workflow-Specific	75% (n=32)	82nd Percentile	92nd Percentile
Virtual Training Met My Needs	60% (n=25)	94th Percentile	92nd Percentile
Telehealth Training Was Sufficient	69% (n=26)	100th Percentile	100th Percentile
Tip sheets and online training are effective	72% (n=29)	91st Percentile	91st Percentile
In-person training is helpful and effective	68% (n=31)	14th Percentile	9th Percentile

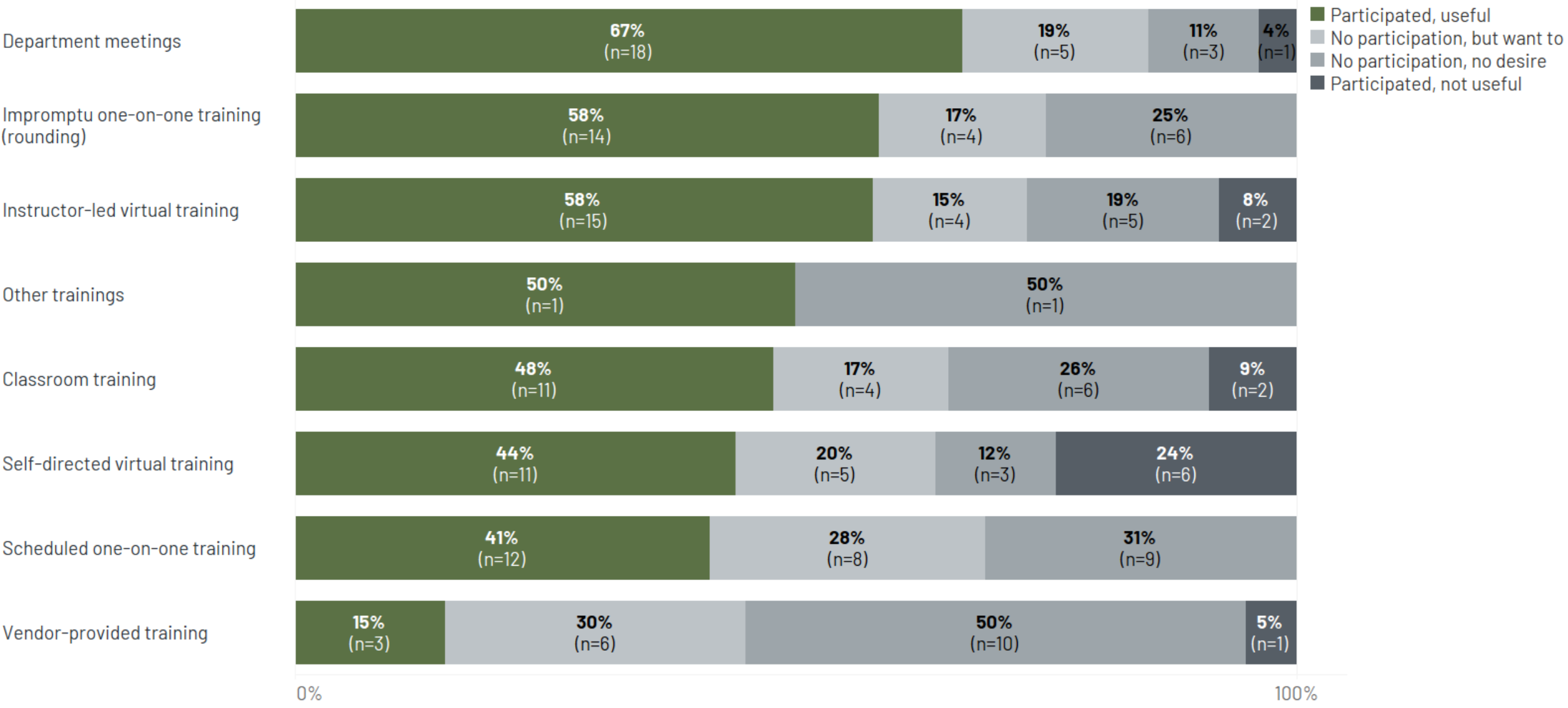
Participation In and Usefulness of EHR Trainings

CHCANYS 23; medical assistants/nursing assistants only



Participation In and Usefulness of EHR Trainings

CHCANYS 23; allied health professionals only



Participation In and Usefulness of EHR Trainings

CHCANYS 23; advanced practice providers only

