# Use of Super Users to Support an Electronic Health Record

# Laura Ritter-Cox, MSN, RN-BC, Robert Lombardo, BS, RN, CCRN, Sharon O'Donoghue, MS, RN

Beth Israel Deaconess Medical Center, Boston, MA

Keywords: Clinical Documentation, EHR, Clinical Decision Support, Super Users

### Introduction/Background

In 2008, Beth Israel Deaconess Medical Center (BIDMC) implemented a new electronic health record (EHR) for critical care. Nursing staff members were recruited and trained to act as Super Users to support the implementation. The nursing staff raised some concerns around redundancy, workflow issues, and how information around changes to the current EHR were going to be communicated.

### Methods

We developed a proposal and were awarded funding to formalize an EHR Super User group to assist in improving our system.<sup>1</sup> In 2010, the EHR Super User group was established and consisted of an Informatics Nurse Specialist, Clinical Nurse Specialist, Critical Care Nurse Informatics Liaison and one Super User from each of the critical care units. Utilizing Lean methodology, we developed a mission statement with short and long term goals. The workgroup continues to meet for an eight hour day, six times a year to meet our objectives.

### Results

Areas improved upon include: enhanced functionality of our flowsheets by reorganizing the layout; redesigned the nursing progress note; developed tutorials for newer staff members to critical care; implemented a popular frequently asked questions (FAQ) tab to support staff; provided downtime support to staff during implementation of database upgrade/service pack; redesigned our downtime forms; and all documentation guidelines were reviewed, simplified, and accepted by all committees.

#### **Lessons Learned**

We have learned many lessons on our quest to improve our EHR. Users need frequent re-education on the functionalities within the EHR. Constant reviewing and monitoring of the system is required as end users find workarounds in order to reduce their time documentating. We must minimize unnecessary documentation and reduce redundancy so that the end user has more time to spend at the bedside. Workflow must be considered when changes to the flowsheets are requested.<sup>2</sup> Finally, documentation should reflect standards of care as well as an accurate assessment of the patient's course.

# **Discussion/Conclusion**

Our Super User group has made substantial improvements to our EHR. We will continue to standardize our EHR using a Lean methodology with an overarching goal to improve efficiency.<sup>3</sup> We are planning on exploring other ways to develop tutorials to further educate the end users of our system. We will continue to add to our FAQ tab to support staff in the use of our EHR.

# References

- 1. Simmons, N. A super user group for your electronic health record! CIN: Computers, Informatics, Nursing, *CIN*, 2013; 31:2; 53-56.
- Halbesleben J, Wakefield D, Ward M, Brokel J, Crandall D. The relationship between superusers' attitudes and employee experiences with clinical information systems. Med Care Res Rev. 2009; 66 (1): 8296.
- 3. Keshavjee K, Bosomworth J, Copen J, et al. Best practices in EMR implementation: a systematic review. AMIA Annu Symp Proc. 2006; 982.