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## EMR in rural hospitals: The role of benefits management in progressing in EMR implementation

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**Background:** Electronic Medical Record Systems (EMR) has been implemented in different Saudi Hospitals with level of variations with no clear reasons.

**Objective:** The aim of this research is to investigate the role of benefits management in progressing and sustaining the implementation process of EMR systems in rural areas.

**Methodology:** This is a case study research conducted in one of Saudi hospitals in an isolated location. Mixed research methods are adopted having 69 questionnaires analyzed, 6 in-depth interviews with decision makers, and 2 focus groups.

**Results:** This case had achieved most of the requirements of stage 3 and stage 4 as six systems of EMR were installed and running at the time of the study. Since this case was superior in terms of its achieving a high level of EMR implementation than the average hospital in Saudi Arabia, it was interesting to explore why this case had been able to achieve this even when facing the same financial and governmental conditions due to its location in a rural area. The top management was well motivated before, after and during the EMR implementation. Doctors and nurses “owned” the benefits of the systems. They have plans towards delivering the expected benefits from the system, which are called benefits realization plans. The benefits were reviewed periodically with punishment and rewarding system was supporting the review process. All of that improved the engagement and the desire to continuous as the doctors and nurses perceived the benefits of EMR and believed to improve the productivity, integrated in the daily practices, and source of value and power for to outperform their former performance.

There were three frustrating and uncontrollable technical hindrances: IT problems (hardware and software), a lack of IT human resources and improper service level agreements between the case and the vendor to ensure the quality of EMR.

The perceived outcomes are quality of data benefits (improved communications, reliability of data, and availability of data in timely and convenient ways). These outcomes lead to different capabilities: Decision making capabilities (i.e. controllability of the process) and process competence capabilities (i.e. preventing errors and eliminating non-added value activities). These capabilities created patient related benefits (i.e. improved responsiveness and improved patient safety).

### Biography

Amal Al Asswad has done Doctor of Philosophy from the the university of Sheffield and currently she is Assistant Hospital Director for Patient Service at Dammam Medical Complex.

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