



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

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Date: July 31, 2016

System Memo: # 359

To: Chiefs, Provider EMSCs, CARS members; hospital EMSCs

From: Connie J. Mattera, MS, RN, EMT-P
EMS Administrative Director

RE: **CARS Superusers/Elite Educators**

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|--|---|--------------------|-----------|--------------------|--|-----------|--------------------|-----------------|-----------|--------------------|--|-----------|--------------------|
| <p>Situation</p> <p>This transition has been discussed for several years with the Chiefs and System committees.</p> <p>We are nearing the end of action planning for Go-live.</p> | <p>The NWC EMSS is transitioning to the ImageTrend™ Elite platform using an updated NWC EMSS template to complete patient care reports. For more information on ImageTrend Elite, go to: www.imagetrend.com .</p> <p>The new software incorporates the National EMS Information System (NEMIS v3) dataset with a much wider range of data elements from which to choose. For more information on NEMSIS, go to: www.nemsis.org</p> <p>IDPH will no longer accept data using the NEMSIS 2 dataset after 11-30-16.</p> <p>A top-notch project management team, consisting of members from the CARS and PBPI Committees, has been creating the template, prioritizing the lists, creating new Power Tools, user guides and the System-wide CE module.</p> <p>Rocky roll-outs of new electronic health records aren't related to the software nearly as much as to user support before and during the implementation. Thus, all end users need to be oriented to the new processes and template before go-live.</p> <p>System-wide education will occur during the September In-station classes to be conducted by agency *Superusers.</p> <p>Superusers should be qualified staff that would be intermittently relieved of their normal duties to provide education to and go-live support for end-users at their agency relative to the new ImageTrend platform and template.</p> | | | | | | | | | | | | |
| <p>ACTION Needed NOW</p> | <p>Identify and submit the names of your agency Superusers as soon as possible via e-mail to me (cmattera@nch.org) - no later than August 10th</p> <p>For an explanation of Superuser (SU) qualifications and duties please see below.</p> | | | | | | | | | | | | |
| <p>Superuser education classes</p> <p>Attend 1 class</p> | <table border="0"> <tr> <td>August 29, 2016</td> <td>0900-1200</td> <td>NCH rooms LC 3 & 4</td> </tr> <tr> <td></td> <td>1300-1600</td> <td>NCH rooms LC 3 & 4</td> </tr> <tr> <td>August 30, 2016</td> <td>0900-1200</td> <td>NCH rooms LC 3 & 4</td> </tr> <tr> <td></td> <td>1300-1600</td> <td>NCH rooms LC 3 & 4</td> </tr> </table> <p>RSVP to Kathy Fitzpatrick: kfitzpatri@nch.org</p> | August 29, 2016 | 0900-1200 | NCH rooms LC 3 & 4 | | 1300-1600 | NCH rooms LC 3 & 4 | August 30, 2016 | 0900-1200 | NCH rooms LC 3 & 4 | | 1300-1600 | NCH rooms LC 3 & 4 |
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| <p>Financial impact</p> | <p>The temporary reassignment of Superusers may require alternative coverage to backfill the clinical time that would normally be worked by the Superusers during their own education and the agency In-station CE classes they teach.</p> | | | | | | | | | | | | |
| <p>No internal Superuser?</p> | <p>The System will endeavor to make a list of contract Superusers that you can contact to conduct your classes. This premium labor resource will increase hard costs such as labor expense, but may also increase soft costs in the form of employee dissatisfaction due to lack of internal support, longer learning curves, increased time at the hospital to complete reports, and increased time to complete addendums when reports are found to be incomplete or inaccurately documented.</p> | | | | | | | | | | | | |
| <p>Elite Go live</p> | <p>October 3, 2016 at your agency shift change.</p> | | | | | | | | | | | | |

CONTINUE READING

***Superusers (SUs)** "are clinicians who are provided with extensive training on a clinical information system (CIS) in order to assist the end user" (Simmons, 2013, p. 53). In addition to facilitating end-user skills development, SUs may also impact other employees' attitudes toward the new technology.

Qualifications:

SUs need to be well informed about the Image Trend Elite platform and new NWC EMSS template. CARS committee members who have been attending the CARS meetings ramping up to the new processes would be ideal candidates as would others who are digital natives or digital immigrants who well understand computer data entry and the current ImageTrend software and can serve as .role models and enablers to their peers.

Duties and time commitment for Superusers:

August: The System encourages Superusers log into Elite and explore the changes. It might also be helpful if they start spreading the word to the end users that Elite is coming and consider giving sneak peaks of the interface to the end users.
Attend one SU education class (3 hours)

September: Conduct agency In-station classes to introduce the new platform and template plus any needed make-up classes. In the time leading up to go-live, SUs would also assist end-users as they learn the software.

In the 2 weeks immediately preceding go-live, SUs should validate operational readiness. This may include participating in dress rehearsals to test your User-defined questions, ensure that all agency hardware is capable of running the new software and printing reports at the receiving hospitals. These duties could be assumed by others, such as the Provider EMSC, based on agency direction.

October: Serve in an on-call support role for your members for at least one week after go-live.

References

Extensive evidence supports the SU model for Electronic health record (HER) implementation (Bornstein, 2012; Simmons, 2013). A study of EHR implementations in nine hospitals in the US identified adequacy of training as a key success factor (Silow-Carroll et al, 2012). Other studies reported product ease of use and adequate hands-on support by peer experts were important drivers of end-user acceptance (Gagnon et al., 2012; Granlien & Hertzum, 2012). One study of clinicians during and after EHR implementation concluded positive super-user attitudes enhanced end-users' perceptions of EHR ease of use and general usefulness (Halbesleben et al, 2009).

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