Project Plan:
Practice Fusion EHR Implementation

Document Control Document Information

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Project Sponsor	Prof. Tennille Gifford Dr. Waverly, A. B.
Project Manager	Vidhi Patel

Practice Fusion EHR implementation for Waverly Family Health services
Project Charter Template

A.	**General Information**

Project Sponsor: Tennille Gifford

Project Manager: Vidhi Patel

Prepared by: Vidhi Patel

Date: 05/10/2022

B.	**Purpose**

- **Purpose**- Waverly Family Health Services has made the decision to use an electronic health record (EHR). They've opted to go with Practice Fusion, a web based EHR. Fusion affords Customize your chart notes to fit your processes. Medical charting templates can be found in a library. Create your own shortcuts to help you finish encounters faster. Manage medicine orders in the EHR from anywhere, at any time. Exchange information with local pharmacies, laboratories, imaging facilities, and other EHR platform features in real time. With industry-leading partners who help you get paid faster; you have a variety of billing alternatives.
- **Goal**- The goal is to figure out what the project's outcome will be, how it will be done, who will be engaged, and how the project will be measured and reported. Also, calculating the project's prospective results and required actions.
- **Overall**- Within the allotted budget, this project must be finished, or the practice fusion HER implemented for Waverly Family Health Services in 6 months.

C.	**Constraints and Assumptions**

Constraints-

- Because of the slow rate of acceptance, there must be significant resistance among physicians.
- Miscommunication, disinformation, and misinterpretation among suppliers, clinic executives, and end-users (physicians and employees) have hampered EMR adoption and use.
- Some health insurance plans may not be compatible with Practice Fusion.

Assumption-

- Even though others have committed time, physicians will not take the effort to get familiar with the available technologies, pick an EMR, deploy it, and then train to use it.
- • Providers will need to be able to listen to patients' complaints, assess medical relevance, consider treatments, and take notes all while maintaining a high degree of focus, typing skills, and familiarity with the application's user interface.
- • Purchase price, coordination expenses, monitoring costs, negotiation costs, upgrading costs, and governance costs are all possible additional costs or financial surprises.

D.	**Project Scope Statement**

- **Scope-** The implementation of new EHR Practice fusion at the Waverly Family Health clinic.
- **Cost-** The clinic acquired a small business development loan on their American Express Card business account in the amount of $40,000.00 for the entire project. Practice Fusion is $149.00 per month for each licensed provider.
- **Timeline-** the total of 6 month is estimated for the full implementation of this project. The actual implementation of the software and hardware set up is estimated to take about 20-30days. The completed training of the all staff with initially implementation/ working on

the software, transferring all the paper records will estimated about 90 days. Setting all the customized templated and billing packages 30 days. Performance analyzing for all department after 30 days of completed transition to Practice Fusion.

E.	Resource Requirements

- **Technical-** The clinic includes a high-speed T-line that allows for internet connection as well as Wi-Fi throughout the facility. A Dell "all-in-one" desktop with 8GB of RAM and an Intel i7 CPU, as well as a 23-inch screen, make up this workstation. The monitor is positioned on an adjustable arm, allowing the patient to see the screen when the physician wishes to transmit information.
- **Financial-** the project has a good financial funding with $40,000.00 and with monthly fee of $149.00 the annua cost will be approximately $6000.00 for all licensed provider.

F.	Risks

Positive Risks-
- Gradual EHR implementation may help support the development of beneficial physician and staff adaptations, while maintaining positive patient-physician relationships and fostering the sharing of medical information.
- With more comprehensive health information, you can make better testing, diagnostic, and treatment decisions.
- Monitor your progress with insightful dashboards and submit reporting data to CMS directly through your EHR
- Flexible billing options with industry-leading partners who help you get paid faster.

Negative Risks-
- Despite the fact that most EHR systems are safe and secure, doctors and practice managers are nevertheless concerned about data breaches caused by ransomware and other cyber security breaches.
- Some medical practices may find it challenging to understand how to use the EHR system without sufficient training. Sometimes the issue isn't with the user, but with the system itself, which may have a clumsy interface with difficult-to-find features.
- You'll have a lot of patient records on paper when you install the EHR software, which you'll have to import into the system. It might take a long time to transcribe paper records into an EHR system.

G.	Success Metrics: Criteria for Evaluating Project Success and Milestones

Milestone	Status	Due Date	Completion Date
Project concept developed		05/10/2022	
Key Stakeholder project presentation		05/10/2022	
Project analysis & revisions		05/15/2022	
Key Stakeholder project approval*		05/15/2022	
Practice Fusion software purchase		06/01/2022	
Practice Fusion software installation		06/01/2022	
Technical training completed for basic function*		09/05/2022	
Advanced training completed		09/05/2022	
Billing and Medical coding proficiency		10/10/2022	

Clinical performance analysis	10/10/2022	

F.   Key Stake Holders

Key Stakeholder-
- Dr. Waverly, clinic owner and medical director
- Dr. Jones, physician and clinic partner
- Mrs. Jones, clinic director

Team Members-
- Vidhi Patel Project manager
- Mrs. Johnson, physician's assistant
- Mrs. Wright, MSN, NP, nurse practitioner (has previous EHR install experience)
- Ms. Felps, front office clerk
- Ms. Smith MA, back office medical assistant
- Mr. Lawrence, clinic accounts and billing (has I.T experience)

F.   Executive Summary

The goal of Project Practice Fusion is to move the Waverly Family Health Clinic to a fully web-enabled cloud-based EHR. This change is being made to improve billing accuracy and patient care capabilities. The finished product will be used regularly by the medical staff at Waverly Family Health. This initiative will have an impact on every employee, patient, connected health insurer, and information technology professional. Key milestones have been specified in the milestones mapping, and the project's completion date is 10/10/2022. During the software migration, there won't be any expected system failures or downtimes. According to a risk-benefit analysis, all dangers are offset by the short- and long-term advantages. The project's stated budget is $40,000.00, of which $6,000.00 is expected to be spent on software migration. At this time, no further expenditures are foreseen.

Work Break Down Structure

Milestone	Description	Delivery Date
Charter approved	The Business Case has been documented and was approved by the Project Sponsor.	05/15/2022
Work Break Down Structure(WBS)	WBS approved	05/20/2022
Software Installation	Purchasing and installing practice fusion software	06/01/2022
Training	Staff training completed and updated prior to "Go Live'	09/05/2022
Proficiency and Performance analysis	Billing and medical coding proficiency and clinical performance analysis	10/10/2022

B. Phases

Phase	Description©	Sequence
Project Initiation	Defining the project by developing a Project Charter as well as recruiting the project team.	Phase # 1
Project Planning	Operational team and functions eg: presentation, approvals, purchasing software etc. Technical term and function eg: software installation	Phase #2
Project Execution	Installation of Practice fusion and staff training	Phase # 3
Project closure	Go Live with software, coding proficiency and performance analysis	Phase# 4

C. Activities

Phase	Activity	Description©	Sequence
Project Planning	Develop Quality Plan	Produce a document describing Quality Assurance and Quality Control and process review activities to be undertaken.	After the Project Plan but before the formulation of supplier contracts
Project Execution	Formulate supplier Contract	Acquiring stakeholder approval , purchasing practice fusion software, installing software and starting staff training, testing EHR	After project execution with staff training begins the Project closure begins
Project Closure	Perform Project Closure	Finishing staff training getting ready for Go live, coding proficiency and Clinical performance analysis	Finishing training with coding proficiency going live followed by performance analysis

D. Tasks

Phase	Activity	Task	Sequence
Project Planning	Develop Quality Plan	Identify Quality Targets Identify Quality Assurance Techniques Identify Quality Control Techniques Document Quality Plan	1st 2nd 3rd 4th
Implementation	Staff training	Technical training for basic function* Advanced training completed	5th 6th
	EHR Testing	Quality Control Billing and Medical coding proficiency	7th 8th
Closure	Performance	Clinical performance analysis	9th

E. Efforts

Task©	Effort
Identify Quality Targets Identify Quality Assurance Techniques Identify Quality Control Techniques Document Quality Plan	5 5 5 5
Technical training for basic function* Advanced training completed EHT testing Billing and Medical coding proficiency	30 30 10 30
Clinical performance analysis	30

F. Resources

Task©	Resource
Identify Quality Targets	Vidhi Patel
EHR purchasing	Dr. Waverly, Mrs. Jones
EHR installation	Mr. Lawrence
Staff Training	Mrs. Wright, MSN, NP
EHR testing	Mrs. Wright
Billing and Medical coding proficiency	Mr. Lawrence
Clinical performance analysis	Vidhi Patel

System Test Plan

| Test	Components	Date	Responsibility
Unit & Functional Testing	Each major function performs as specified in user manual.	06/01/2022	Mr Lawrence
	Design changes/customizations are present & work as requested. Document all changes for reference.	06/01/2022	Dr. Jones and Mrs. Wright
	Screens appear as expected (content and placement of fields, codes, drop down menus, and messages).	6/08/2022	Mr. Lawrence
	No spelling errors or color changes. Readable icons.	06/09/2022	Mrs, Wright
	Appropriate representation of content can be printed if necessary for legal purposes.	06/09/2022	Dr. Waverly and Dr. Jones
	Entries that have been corrected and their corrections are both displayed accurately.	06/09/2022	Mr. Lawrence
	Fields edits (e.g., valid values, options, defaults) function as expected.	06/10/2022	Mrs. Wright and Ms. smith
	Alerts and clinical decision support provides appropriate reminders and prompts. Use scripts to test various scenarios.	06/10/2022	Dr. Jones and Mrs. Wright
System Testing	Workflows send and/or receive data properly between systems (e.g., between EHR and pharmacy or billing, PMS messages and EHR). Use scripts to test various scenarios.	06/20/2022	Mr Lawrence
	Interfaces between applications move data correctly and completely. Test both sending and receiving when interfaces are bi-directional.	7/01/2022	Mr. Lawrence and Ms. Smith
	Connectivity with external organizations is accurate and complete as authorized (e.g., portal access to/from hospital/clinic, continuity of care record to referrals, personal health records for patients, disease management to/from health plan).	06/20/2022	Vidhi PATEL AND mRS.Wright
	System access is appropriate per assigned privileges. Test attempts to gain access when not authorized.	06/25/2022	Vidhi Patel and Mrs Wright
	Data are processed accurately, in graphs, tables, claims, client summaries, reports, etc.	07/01/2022	Mrs. Jones
	Data correctly populate registries, reporting warehouses, etc.	06/28/2022	Mrs. Jones

Test	Components	Date	Responsibility
Integrated Testing (simulates live environment)	Ensure all system components that share data or depend on other components work together properly.	07/07/2022	Vidhi Patel and Mr Lawrence
	Ensure that workflows reflect actual new processes and workflows.	07/20/2022	Mrs. Jones
	Ensure that usage is defined in and follows policies and procedures. Reinforce training as applicable.	07/01/2022	Mrs. Wright
	Ensure that help desk, support personnel, and other aids function properly.	07/01/2022	Vidhi Patel
	Ensure that EHR works with all forms of human-computer interface devices and modalities being used (e.g., tablets, PDAs, voice recognition, and speech commands as applicable).	06/09/2022	Mr. Lawrence
	Attempt to break the system by testing mission critical and high risk functions, such as situations requiring exception logic (e.g., overrides to clinical decision support), handoffs from one process to another, and when you may have a series of events over a period of time (e.g., assessments performed at designated intervals).	07/01/2022	Mrs. Johnson and Mrs. Wright
Performance & Stress Testing	Measure response times for key transactions or interactions with the system, and assure they are within acceptable limits, which may be defined in the contract.	7/20/2022	Mr. Lawrence
	Simulate an extremely high volume of activity on the system such as would exceed anticipated peak loads of system usage.	07/20/2022	
	Measure the time it takes to generate reports and data dumps, and the impact on system performance.	07/20/2022	Vidhi Patel

Failure Mode Effects Analysis

Failure Modes and Effects Analysis																
FMEA Process																
Process Function	Potential Failure Mode	Potential Effects of Failure	Severity	Potential Cause of Failure	Occurrence	Current Controls	Detection	RPN	Recommended Action	Responsibility & Targeted Completion Date						
Hardware Installation	Hardware	Different system for different dept	6	not uniform system use	3	same system around the clinic	6	30	Unfiorn hardware system	Mr. Lawrence						
		clinic room system	6	hardware system in clinic rooms	3			30		Mr. Lawrence						
	Internet	Wifi differs	7	didfferent wifi speed around clinic	6	have same speed	5	30	multiple modem placement							
		Sudden shut of wifi service	8	sudden outage of wifi	6	timely management of service	8	49	Servicing of the system							
Techinical	Acceptance	By physican	8	physican havin	8	proper training	8	70	Scheduled training and Q&A session	Mrs. Wright						
	Patient record transfer	Medical records	9	Large data transfer	8	proper and timely transfer of data	8	30	step by step transfer of all the data							

Stakeholder Interview

Category	Name	Objectives/Questions
		Topics to Cover (adjust as necessary): ☐ Special Interests ☐ Influence ☐ Dependencies ☐ Critical Timelines / Risks ☐ Actions required
Non clinical Staff (could be listed by department or agency)	Mrs. Jones, clinic director Vidhi Patel Project manager	☐ Actions required ☐ Critical Timelines / Risks ☐ Special Interests
Clinical staff (could be listed by department or agency)	Dr. Waverly, clinic owner Dr. Jones, physician Mrs. Johnson, physician's assistant Mrs. Wright, MSN, NP	☐ Special Interests ☐ Influence ☐ Dependencies ☐ Critical Timelines / Risks
Admin staff(this might include your practice manager and medical director)	Mrs. Jones, clinic director Ms. Felps, front office clerk Ms. Smith MA, back office medical assistant	☐ Dependencies ☐ Critical Timelines / Risks ☐ Actions required
Outside personal or agencies	Practice fusion IT and sales	☐ Actions required ☐ Critical Timelines / Risks ☐ Dependencies
Vendors	Practice fusion	☐ Dependencies ☐ Actions required
Patients	All the patients	☐ Dependencies
Misc.		
External to Clinic (this could be outside organizations like practices that have a contract for referring patients)	All the insurance and other referring provider offices	☐ Dependencies ☐ Influence
Finance	Mr. Lawrence, clinic accounts and billing	☐ Actions required ☐ Critical Timelines / Risks ☐ Dependencies
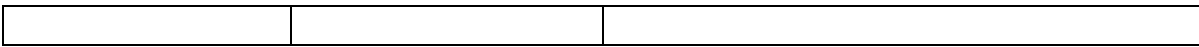
INFLUENCE

High

Mr. Lawrence,
Dr. Jones

Dr. Waverly,
Mrs. Jones
Mrs. Wright

Low

Mrs. Johnson
Ms. Felps
Patients

Vidhi Patel
Ms. Smith MA
Mrs. Wright

Low   **INTEREST**   High   ←

I.   Guidance notes

➢ **High influence, interested people:** these are the people you must fully engage and make the greatest efforts with e.g. A head of department, who represents the users/customers

➢ **High influence, less interested people:** provide sufficient information to these people to ensure that they are up to date but not overwhelmed with data e.g. the Accountable Body (Management Board or Operations Committee)

➢ **Low influence, interested people:** keep these people adequately informed, talk to them to ensure that no major issues arise. These people can help with the detail of the project e.g. End Users, other Project Managers, Business Community

➢ **Low influence, less interested people:** provide these people with minimal communication to prevent boredom e.g. other departmental members, teams unaffected by the change.

Consideration:

➢ What financial or emotional interest do they have in the outcome of your work – is it positive or negative? Positive

➢ What motivates them most of all? They are behind on meeting Meaningful Use and a large portion of their patient population is treated through Medicare**.**

➢ What support do you want from them? They are supportive and willing to collaborate

➢ What information do they want from you?

➢ How do they want to receive information from you – what is the best way of communicating your message to them? (This will input into your communications plan) Virtual meetings and email preferred

➢ What is their current opinion of your work and is it based on good information? the project overall has buy-in from them.

➢ Who influences their opinions generally and who influences their opinion of you? The entire clinic team works collaboratively.

➢ Do some of these influencers therefore become important stakeholders in their own right? Yes.

➢ If they are not likely to be positive what will win them round to give their support? They are supportive.

➢ If you are unlikely to win around, then how will you manage their opposition? Provide for information and open to take feedback and ideas

➢ Who else might be influenced by their opinions and decide if they need to become stakeholders in their own right? Dr. Waverly

Go-Live Checklist

Go Live Planning-

- a date for go-live 10/15/2022.
- All user IDs and passwords have been tested by each individual assigned a user ID and password (this verifies the user has access to this information and that the connection works).Staff has been trained on any new EHR policies and procedures and has signed off indicating that they understand the new policies and procedures.
- notify other key individuals, and other vendors – Stakeholder, physicians, Admin staff, billing and accounts

3 weeks Prior to go-live-

- notify other key individuals, and other vendors – Stakeholder, physicians, Admin staff, billing and accounts
- Review evidence from testing: 06/01/2022
  Network: devices, connectivity, security
  Hardware: computers, monitors, navigational devices, cables, printers, scanners, servers, universal power supply (UPS), storage, back-up server interfaces: lab, radiology, billing/clearinghouse, admission/discharge/transfers as applicable,
- Software: Unit testing to ensure all system build is complete for:
  o Screens.
  o Templates
  o Reports
  o Backup

2 weeks prior to Go-Live-

- Review staff schedules. Adjust schedules so those going live have a lighter patient load than normal for training. Expect that each staff member will take a bit longer to use the new EHR with each patient for a period of time.
- Notify patients of impending go-live a few weeks in advance of when their first visit after go-live will occur. This may be in the form of a brochure given to the patient at a previous visit, a mailed announcement, a small article in the local newspaper, or even a phone call if necessary.
- Update the telephone message and post signs to say the organization is implementing a new computer system and request patience for any delays.

1 week prior to Go-live-

- Verify schedule for go-live day, including calling each new user to check readiness, speak with the help desk staff, super users, etc. 0
- Have each new user connect to your network.
- Appointment times/schedules have been modified to allow for the EHR learning curve.

Day of Go-Live-

- Go-live day "break area" has been established with snacks and drinks for the staff.
- Support escalation procedures (procedures that define what actions will be taken in the event here is a problem, who will manage the problem internally, and if necessary, who will report the he vendor) have been completed and are in place. The practice support team has been

trained and is aware of their roles/functions for go live.

Post Implementation Evaluation

1 INTRODUCTION
1.1 Project Identification
HCIN 542 Practice Fusion Implementation Project
1.2 System Proponent
Dr. Beverly Waverly
1.3 History of the System
Practice Fusion is the top cloud based ambulatory EHR technology in the United States, helping 30,000 medical offices provide 5 million patients with improved care each month. Since our company's founding in 2005, our crew has been our biggest asset. Additionally, Practice Fusion provides services that benefit all stakeholders in the healthcare system, including clinical laboratories, pharmacies, imaging facilities, health systems, and other players in the industry. These collaborators make use of the Practice Fusion platform to coordinate care and create cutting-edge initiatives that enhance patient satisfaction, save costs, and improve healthcare outcomes.

2 EVALUATION SUMMARY
2.1 General Satisfaction with the System
Users have mostly given favorable feedback and seldom complained. After the first month, according to providers, the EHR's capability has made treatment planning and order filing more effectively managed in terms of time. As a result of the relationships with the EHR, providers say they are quite happy since they are no longer required to work with independent suppliers for services.
2.2 Current Cost-Benefit Justification
The Practice Fusion EHR software's expected operating cost post-launch was higher than the yearly operating cost before its installation. For the present staffing levels, the yearly operating expense is $40.000.00. Automatic eligibility checks' applicability, together with linked coding and invoicing, enables quick and effective patient interactions, improving provider patient turnover. Individual vendor contracts have been abolished thanks to the integrated network of partnered services (lab, radiology, pharmacy), which has reduced expenses for the clinic and its clients..
2.3 Needed Changes or Enhancements
Since the EHR is a web-based program, improving the system just requires a little amount of work. Due to personnel still familiarizing themselves with the program, no recommendations have yet been made.

3 ANALYSIS AND IMPLEMENTATION
3.1 Purpose and Objectives
Waverly Family Health Services has made the decision to use an electronic health record (EHR). They've opted to go with Practice Fusion, a web based EHR. Fusion affords Customize your chart notes to fit your processes. Medical charting templates can be found in a library. Create your own shortcuts to help you finish encounters faster. Manage medicine orders in the EHR from anywhere, at any time. Exchange information with local pharmacies, laboratories, imaging facilities, and other EHR platform features in real time. With industry-leading partners who help you get paid faster; you have a variety of billing alternatives.

3.2 Scope
The implementation of new EHR Practice fusion at the Waverly Family Health clinic. this project was to transition the Waverly clinic from physical records management, coding, billing, and claims.

3.3 Benefits
At the time of the EHR's introduction, the advantages expected were as expected. By estimating the likelihood and outcomes of failure, success metrics were established. Increased medication distribution, faster coding, billing, and insurance claim processing, quicker patient check-in and assessment procedures, and improved clinic administration capabilities are just a few of the advantages obtained.

3.4 Operating Cost
the project has a good financial funding with $40,000.00 and with monthly fee of $149.00 the annua cost will be approximately $6000.00 for all licensed provider

3.5 Training
A methodical training program was designed for all employees. Prior to other workers, front desk and assistant staff received their initial training. In line with the training schedule offered by Practice Fusion technicians, all training was finished on time. In light of staff members' post-implementation proficiency with the EHR software, training was beneficial.

4 OUTPUTS

4.1 Usefulness
Staff members have observed higher productivity levels and more effective clinical task execution as compared to the old paper-based approach. Order records, medications, and results are readily available, allowing for quicker diagnosis and treatment planning, streamlining patient care. In order to preserve clinical billing and improved payment performance, electronic coding and billing technologies are essential. Patient check-in, eligibility verification, and screenings/assessments front desk procedures have improved in efficiency.

4.2 Timeliness
The total of 6 month is estimated for the full implementation of this project. The actual implementation of the software and hardware set up is estimated to take about 20-30days. The completed training of the all staff with initially implementation/ working on the software, transferring all the paper records will estimated about 90 days. Setting all the customized templated and billing packages 30 days. Performance analyzing for all department after 30 days of completed transition to Practice Fusion.

4.3 Data Quality
Data quality is significantly enhanced due to cloud storage and backup capability, additionally the ability to securely remote access patient information enhances the quality of care.

5 Security

5.1 Data Protection
Software engineers conducted vulnerability scans to find security risks and possible exploits. For its servers, Practice Fusion offers security. For the local network and server, the clinic has installed physical and technological security measures in addition to purchasing data protection software. Every data security measure complies with HIPPA regulations.

5.2 Disaster Recovery
Forms that enable direct data entry into the EHR upon service restoration have been generated using the database manager in case the EHR experiences an unintended outage. Each clinic computer terminal undergoes a daily data backup, and the backup files are assigned and kept elsewhere. System and network engineers have physical or remote access to data backups around-the-clock.

5.3 Audit Trails
Monthly peer reviews are performed by physicians for quality assurance.

5.4 System Access
A 2-point log-in and verification process is used to access the EHR and other systems that are networked with the EHR. Every employee has a computer access account that is managed by IT. The Practice Fusion program requires a unique account and password for access. No more accounts are needed because Practice Fusion offers additional services. According to HIPPA policy, all systems are HIPPA compliant, and yearly privacy protection training is conducted. Every access violation must be reported to the security officer, and HIPPA requires that any breach of patient information be notified. Any breaches are automatically recorded digitally and reported to the IT department thanks to system and network security safeguards in place.

6 COMPUTER OPERATIONS

6.1 Control of Work Flow
Since the EHR was put in place, workflow has improved. The lab orders, radiology orders and reports, and pharmacy prescription orders show the most noteworthy improvements in workflow. Since the EHR was put in place, no staff members have expressed any unfavorable opinions, recommended any adjustments, or pointed out any obstacles to treatment.

6.2 Scheduling
Since all employees and doctors have access to schedules online, scheduling procedures have been enhanced. This has made it possible to reschedule patients, transfer patients, and plan follow-up visits for patients more successfully. Patients may now reschedule and cancel appointments with Practice Fusion via a web or mobile application.

6.3 EHR User Interface
The timing of patient visits is determined by the patient's need. Approximately 1,500 patient visits have been handled since the EHR was implemented. Based on the accuracy of the coding, around 4% of patient interactions required changes or revisions to the treatment plans. As of right now, users have not responded to modification requests.

6.4 Computer systems
During the analysis and project planning phases, challenges and problems with the computer systems were foreseen. Vulnerability assessments and stress testing were necessary on three distinct occasions during implementation to find computer problems. In advance of the installation and go-live, data was backed up. Before going online, no hardware problems were found.

6.5 Peak Loads
All healthcare professionals seeing patients, giving orders, and getting radiographs in the clinic. Performance of the system remains unaffected even under peak loads. The network connection is strong enough to enable numerous clinicians caring for various patients simultaneously.

7 MAINTENANCE ACTIVITIES

7.1 Activity Summary
Maintenance activity is conducted based on the scale of the system. At the clinic level, routine updates are scheduled and verified by the I.T. manager. Monthly major maintenance is performed on the serves and network. Practice Fusion updates are performed on base on Practice Fusions software updates and improvements.

7.2 System Maintenance
Regular maintenance is carried either automatically or by Practice Fusion personnel. There is a recommended maintenance schedule for local PC's

Post Implementation Staff Interview / Questionnaire

1. What are your reasons for implementing an EHR?
   Although the new EHR we have introduced has a cost, we anticipate that it will pay for itself through improved patient care. Patients may more easily obtain the resources they need to manage and organize the care we provide for them through our patient portal.

2. How do you describe the effectiveness of leadership style?
   Without effective leadership, the project team will have a difficult time determining the best course of action and may not even know where they are heading. To ensure that the team is on the correct tasks at the right time and that the project's and the company's objectives are successfully accomplished, good leadership is a need.

3. What do you feel will be the key challenges to implementation?
   The difficulties were numerous. I suppose they exist in all implementations. For the first month after go-live, it was quite stressful. Getting all the patient data into the system before our first day of going live was difficult.

4. Has the significance or reason for implanting HER changed?
   By: Providing precise, full, and up-to-date patient information at the time of treatment, EHRs assist practitioners in better managing patient care and delivering better healthcare. facilitating fast access to patient records to facilitate better coordinated and effective care.

5. Are your goals and expectations being met ? why / why ot?
   By lowering medical mistakes, facilitating effective communication among healthcare professionals, facilitating information exchange among healthcare providers, and gathering health information for educational and research reasons, the major objective of deploying EHRs is to improve the quality of treatment.