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INTRODUCTION

We get it. Selecting a new ECG probably isn't the most exciting thing you'll do today. But with heart disease on the rise, it may be the most important.

For too many practices, ECGs are viewed as commodities—they just need to be "good enough." The problem is that "good enough" equipment may not be good enough to trust with your patients' hearts.

When was the last time you thought through the best way to implement, manage and connect your ECGs? If it's been a while, here are some questions to get you started down the right path.

1. WHO HAS DECISION RIGHTS?

In your practice, does IT make the purchasing decision, or do clinicians have the final say? Perhaps your office manager holds the purse strings. Which is the right way? None of the above, according to Lari Rutherford, Senior Manager of Connectivity, Hillrom.

"All parties need to come to the table when deciding how you're going to integrate a new device into your practice," explains Rutherford. *"Take one common example: IT is in charge of making sure the device connects securely with your EMR, and they choose the workflow that best supports that. When clinicians begin training on the device, they realize it now takes them longer to complete a test and get the results to the EMR. Efficiency for one is not efficiency for all."*

> *— Lari Rutherford*
> *Senior Manager of Connectivity, Hillrom*

Rutherford suggests:

- Get clinical, IT and other stakeholders together to understand the scope of requests. What workflow do clinicians want? What are the "hard stops" from an IT perspective to share data securely? What does your office manager see as the biggest shortcoming of your current device/process? Clearly delineating all this upfront is important not just to make the right request(s) of your vendor, but also to decide which trade-offs are and are not acceptable for the whole group.

- Be clear on who is using the device, and for what purpose. This matters not just from an input perspective, but also functionally. Perhaps your medical assistants need to be able to conduct tests, but rights to edit data in the EMR should be reserved for physicians. Make sure the whole team is accounted for so your new system manages user rights both securely and appropriately.

- Count clicks. (Trust us, your clinicians will thank you.) As powerful as EMR integration can be, too often it results in longer workflows for clinicians. Count the clicks your clinicians are making today, and make sure that number goes down with the new solution. Otherwise, you may be opening yourself up to workarounds or, worse, outright rejection from users.

2. WHAT IF...?

If you're like most practices, EMR connectivity is table stakes when evaluating new devices. But EMR integration is not one size fits all—and more isn't necessarily better for everyone. Rutherford cites a common scenario:

"We hear from many customers that they love launching their ECGs right from the EMR. We agree it's a powerful efficiency, but we counsel them that there are potential drawbacks to relying entirely on the EMR.

For example, what do you do if the EMR server is down for maintenance? Delaying patient tests because your EMR is down is not a conversation anyone wants to have. We work with customers on back-up workflows that don't rely entirely on the EMR for cases like these. Bottom line: the connectivity path you choose should not lock you into one and only one workflow."

"Connectivity is a continuum," explains Rutherford. "It's about finding the right level for your practice. Keep asking what 'What if...' questions until your whole team is satisfied with the answers."

Other 'What if...' questions to ask:

- What if you need ECG software support? Which vendor do you contact? Although the ECG application launches from the EMR, the EMR vendor is not necessarily the right contact for ECG support.

- What if you need a STAT ECG? If you need to pull up a patient in the EMR before you can initiate a test, STAT isn't really STAT. Is there an option to run the test without this step in time-critical situations?

- What if you need software updates? If the software is fully integrated into the EMR, are your ECG updates only rolled out when your EMR system is updated? Work with your vendor and IT to find the right cadence.

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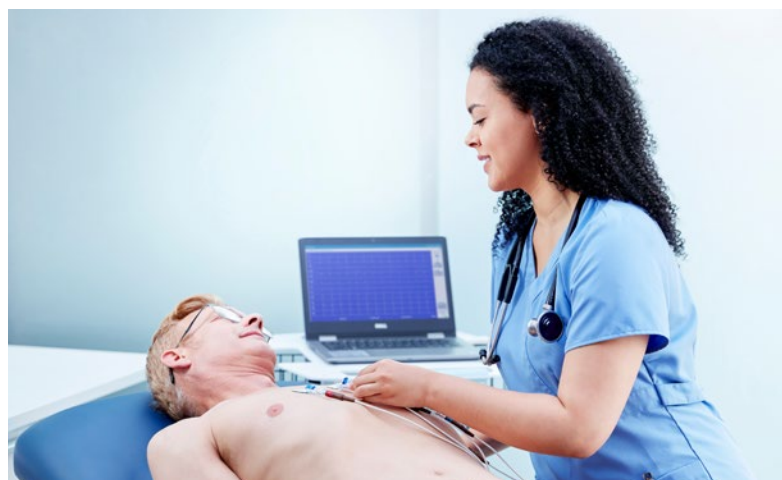
3. WHO IS CONTROLLING YOUR CYBER SECURITY?

Solutions requiring non-standard infrastructure or security practices are not practical in today's healthcare IT environments. Your practice needs to secure the devices on your network your way.

"It's easy to find an ECG that will connect to an EMR," says Rutherford. "Unfortunately, it's also easy for that communication to happen in a non-secure way. Asking the right questions upfront can make all the difference."

Rutherford suggests asking your vendor:

- What encryption methods are used to protect PHI?

- Is role-based user authentication available to ensure users can only access functions they need based on their jobs?

- Does the solution support your existing security policies for cyber hygiene; scans, upgrades and patches?

Selecting ECG devices may never be the most exciting part of your job. But an accurate, diagnostic-quality ECG could save a patient's life today. Don't trust their hearts to "good enough" technology. By involving the right team, asking the right questions and paying attention to security, you are starting down the path to the best decision for your patients and your clinicians.

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