

Lessons Learned - Kushniruk

- Issues related to human-computer interaction are critical
 - Need to test at multiple levels (from basic usability testing, to clinical simulations, to “near-live” testing)
 - Feedback from usability testing should be integrated into technology refinement and optimization (in user-centered design process)
- Clinical Decision Support
 - Should be tailored to provide information that is needed, is timely and is in a usable format
 - Assessing impact of on workflow is essential – must fit into workflow and not be seen as adding undo time or effort
 - Integration into EMR is challenging and decision support should be evaluated in the context of real-life scenarios
 - Should be released only after undergoing usability testing and optimization (in order to ensure uptake)

Lessons Learned - Kannry

- Changes that can't be made
- The trigger issue
- Conflicting views and comments
- The circular road

Lessons Learned

- Useful is determined by clinical leadership
- They know not what they ask
- IT liked it
- Overall made a significant change in design and helped us avoid the avoidable

Lessons Learned - McNeely

- Providers feel pushed around by the EMR
- EMR needs to support work, not dictate it
- Constraints imposed by the EMR system
- Lots of variation in styles of using EMR
- Usability testing can help w/ buy-in

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