

The transition to a fully electronic health record from a mixed format record touches every process and person involved in inmate health care. This involvement runs the gamut from the classification and movement process at the reception centers, to sick calls, health records management, public health analysis, discharge planning and beyond. The impact is far-reaching and not well understood. The transition, therefore, requires organization wide attention and leadership. The seven recommendations presented below reflect a need for an enterprisewide perspective on this transition. At this point, none of the recommendations involve moving forward with the purchase of new technologies or systems considered to be an "EHR." The recommendations focus rather on building the capability of the organization to be successful in future system and application investments. At this time, knowledge about the advisability of one system investment versus another is insufficient to support recommendations in this area. However, the analysis did generate sufficient knowledge to support a set of recommendations that if followed will generate the knowledge necessary to make specific recommendations about hardware and application investments.

The recommendations lead off with the appointment of an executive provided with the authority to move the agency toward an EHR. This individual must have authority to work at the highest levels of the agency to both make and inform decisions about the management, policy, technology challenges facing NYS DOCS in this process. The remaining recommendations

address issues relevant to the work of this executive and of the agency. These include the creation of new decision making bodies and steering committees and a commitment to new levels of knowledge sharing and communication, human resources development, and infrastructure. Each recommendation alone if implemented will provide value to the agency, however, they should be seen as a companion set which when taken together, provide the best opportunity for progress toward the realization of the benefits achievable through the successful implementation and use of EHR at NYS DOCS.

Each recommendation responds to the multiple management, policy, and technology benefits and barriers identified throughout the project. The complexity and interdependence of the benefits from and barriers to success preclude the presentation of the recommendations in terms of single benefits or barriers. Therefore, a rationale for each recommendation which speaks to the potential of the recommendation to mitigate challenges to an EHR initiative based on management, policy, and technology factors is provided. This rationale outlines the contribution each recommendation can make to realizing the benefits of an EHR. The recommendations are followed by a brief discussion of the cost implications of the recommendations as well as observations about what must be done to determine detailed cost estimates associated with each recommendation.