



IN THE REAL WORLD

Achieving Buy-in

Access to timely information is the limiting factor in real-time decision making. As part of a Knowledge Management program in a major teaching hospital in the Northeast, the administration decided to provide emergency room clinicians with PC-based voice recognition systems to replace the traditional dictation service. Unlike the manual transcription service, which provided a two-day turn-around time, the voice recognition system promised virtually real-time data entry into the hospital's computer system. Although the system seemed to make sense to the administration, they failed to adequately consider the clinicians involved in the implementation.

From the clinicians' perspective, the effect of the voice recognition data entry system was to shift the burden of transcription from the dictation staff to them. What's more, there was no reward for participating in the time-intensive practice of carefully dictating into the voice recognition system and then editing the transcribed information before submitting it to the hospital information system. As a result, a year after the implementation of the system, it was used only occasionally by curious clinicians who rotated through the emergency room.

The situation turned around when the hospital administration worked with clinicians to explain the potential cost savings to the hospital from real-time monitoring of clinical activity and savings on manual transcription fees. In a compromise move, the administration agreed to pay clinicians \$5 per transcribed record, or between \$75 and \$100 per day, to use the system. Compliance rose from near zero to about 80 percent over the course of a few months. Clinicians still prefer to use the traditional transcription service when rushed for time, but most are willing to use the voice recognition system because they perceive it as an activity that is recognized, valued, and rewarded by the hospital administration.