

Super Users Have Great Value in Your Organization

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Key Points:

- Characteristics of super users
- Organization of super users
- Keeping super users energized

Super users, power users, or computer gurus—if you use technology in a healthcare organization, you most likely have them, formally or informally. In our highly technical world, clinicians who link the information technology (IT) world with the patient care world are essential to ensure optimization of your clinical IT systems. These are your super users. Super users have training and knowledge beyond the regular end user for any given computer software application.¹ They play a vital role in any system implementation, upgrade, issue reporting, problem solving, and day-to-day optimization of clinical applications.

The use of nurses in the super-user role is supported by experience and literature. It has been found that nurses respond more favorably to nurses teaching and supporting them in learning and using computer applications than to nonnurses.² The trainer/implementer's ability to empathize with the enormous change processes associated with the use and new uses of technology creates a bond.

The value of super users was highlighted for us 4 years ago when we implemented an interface between our pharmacy system and inpatient electronic medication administration record. We involved the group in testing and training and used their feedback to make changes necessary for optimal workflow. Taking part in these efforts not only gave them ownership of the new process but also made them expert users, which proved very helpful during the go-live.

WHAT ARE THE CHARACTERISTICS OF A GOOD SUPER USER?

The selection of super users does not follow set rules. There are, however, certain characteristics that can make super users more valuable. Super users do not need to be computer wizards but should be willing to embrace the technology, be patient teachers, and be

willing to champion the changes brought about by technology.³ They should be good communicators because they serve as your cheerleaders and frontline problem solvers; they also should have a vision of how technology can benefit nurses in their everyday jobs. Above all, super users need to be competent bedside nurses who are respected in their departments. Although technology implementations are typically coordinated by IT, your end users must have ownership in the system. Super users play an important role in this by collaborating with IT and end users to solve issues that increase optimization of clinical systems. Candidates should also understand that their work is never done. We jokingly tell our super users that they have a lifetime commitment to their committee.

WHAT SHOULD BE THE SUPER USER'S FOCUS?

Over the years, we have found that our super users are useful in a variety of ways, including the following:

- Establishing guidelines for documentation, with a focus on standardization
- Establishing computer downtime policies and ensuring that each department has downtime procedures in place
- Participating in hospital site visits to evaluate a specific vendor product in action and in hardware “fairs” to evaluate different types of end-user hardware
- Designing customized screens and templates
- Assisting with training of new staff
- Serving as first-line support in the department—the “go-to” person
- Contributing to staffing as an “extra” support during a system go-live
- Providing immediate answers to questions at the time they arise so that patient care is not interrupted
- Testing, training, and providing support during implementation of new interfaces or upgrades
- Defining processes and workflow, both current and future.

HOW MANY SUPER USERS DO YOU NEED?

The number of super users will depend on the size of your organization and the magnitude and status of your IT projects. We currently have one for each department. A super user from each specialty is important because

the needs and issues for a medical-surgical area differ from the needs of a specialty area such as pediatrics or neonatal intensive care. In our outpatient clinic, we have super users from each area of physician practice. During a new system implementation, having at least one super user to cover each shift for 2 weeks provides good support.

HOW SHOULD SUPER USERS BE ORGANIZED?

We have found that creating a committee of super users allows the group to support each other and exchange ideas. Our hospital committee has a nursing representative from each department and a department director who is liaison to nursing leadership. A member of the IT nursing staff chairs the committee. The charter for our committee can be seen in Table 1. For specialty area technology implementations, such as surgery or emergency departments, we have separate committees that focus on department-specific software and workflow needs.

HOW OFTEN SHOULD THE COMMITTEE MEET?

The frequency of meetings will depend on the status of your IT projects. Our hospital super-user committee meets monthly. There are changes in meeting focus, depending on the immediate needs, but there is always an agenda of current topics including template changes, system and/or process issues, and re-education needs. When you are working on a new implementation or major upgrade, weekly or biweekly meetings are important. Commitment to attending meetings is very important; ideally, the members schedule days off to coincide with meetings, or managers assist by arranging coverage during meeting times. Administration supports this commitment by providing payment for time spent at meetings.

HOW DO WE KEEP THE COMMITTEE MOTIVATED AND ENERGIZED TO SOLVE PROBLEMS AND HELP OTHERS?

It is vital to have continuous dialogue with your super users to stay abreast of what the end users are experiencing. Healthcare professionals are very busy, and unless an issue stops them in their tracks, they are very creative at finding ways to work around nagging

Table 1. Superuser Committee Charter

Purpose

- Act as liaison/resource person between hospital departments and information systems (IS) department.
- Keep electronic documentation templates current to meet regulatory standards.
- Identify current or ongoing electronic documentation system issues/problems.
- Keep staff educated on electronic system changes/updates/issues via staff meetings, communication books, e-mail, posters, and/or in-services.
- Maintain standardization throughout the hospital in documentation systems.
- Establish/maintain documentation guidelines for electronic documentation.
- Collaborate with ancillary departments.
- Identify/problem solve issues with system interfaces, that is, order entry and pharmacy.

Objectives

- Use electronic systems for information management to improve patient outcomes, improve healthcare documentation, improve patient safety, and improve performance in patient care.
- Strive to make electronic systems as efficient and user-friendly as possible for end users.
- To improve understanding and communication between IS and patient care staff.

Structure

- Committee is chaired by IS staff.
- Committee members consist of representatives from the nursing departments, RT, case management, clinical education, IS staff, and PCS director to support and be a liaison between committee and PCS directors. Ancillary departments are invited as needed.
- Committee members are appointed by PCS directors.
- Committee members are suggested to serve for a minimum of 2 years.
- Committee members are expected to attend at least 75% of meetings per calendar year. Noncompliance will be forwarded to PCS directors.
- Committee meets once a month on a regular basis.

Abbreviations: RT, respiratory therapy; PCS, Patient Care Services.

issues, ways that are sometimes detrimental to optimal workflow.

At our hospital, we are currently between major implementations, or in what can be termed a lull period. Because of this, we have found that keeping the group motivated and attending meetings is a challenge. A technique that we have found helpful is to create subcommittees to address problems that get lost during high-activity times, such as less immediate needs for system improvements. We have also involved the group in ongoing staff education to use the technology to improve nursing workflow. If this sounds easy, it is not. Because they are bedside nurses, the primary focus of our super users is on patient care, not on solving computer/software issues. Management support and staffing flexibility are needed to support meeting attendance during these periods.

Over the next several years, our hospital will move to an integrated pharmacy system including closed-loop medication administration, inpatient documentation, computerized provider order entry, and clinical data repository initiatives. Placing the entire burden for this project on IT would create a magnitude of change that would be overwhelming. By using super users to listen to and communicate staff concerns about the new sys-

tem, we can prepare the staff for the change and allow staff input into the new systems. This will help in the buy-in of clinical staff, which will provide more investment on everyone's end to work as a team and a smoother transition.⁴

Making any technology change in a healthcare organization involves the input of an entire team. While you will have some technical issues or glitches to solve with any type of technology, the bigger issues will more likely come from the change in processes and workflow introduced with the system change. These are best addressed with a team that can take ownership of the issues and resolutions. Your super-user team is the key to this process.

 **REFERENCES**

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3. Wightman L. Superusers help smooth the change. <http://www.allina.com/ahs/newulm.nsf/page/Superuser>. Accessed April 25, 2008.
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FURTHER READINGS

1. <http://www.amia.org/mbrcenter/wg/ni/roles/superuser.asp>.
2. <http://www.amia.org/mbrcenter/wg/ni/roles/super>.

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