HOW TO IMPLEMENT PATIENT SELF CHECK-IN KIOSKS

As beneficial as they are, implementing these systems can also throw you in the endless customized project development and experimentation loops if not guided by experts. The most often seen problems with patient kiosk implementations are **ongoing customization** and inability to conclude the project as well as **trying to implement all phases** at once, such as regular patient check-in and new patient check-in.

Ongoing customization would result in environments where the project goals have not been clearly outlined in the beginning, and where the implementation is led by project managers who have no experience in the field. The lack of experience will usually be the case since this is a field of innovation and it is not taught anywhere how to approach implementations of such nature. One common scenario would be clinicians leading the project without a healthcare IT background.

One predicament with taking on patient a kiosk project is the project leader viewing the implementation as inserting another gadget to the floor, this time in “kiosk” package, as opposed to taking the opportunity to review and rework the patient flow.

Another predicament comes with implementations of this nature once the project lead and the team finds out how much they can do with the patient kiosk. They get very excited and simply end up getting carried away in the process. This is exactly how they keep adding more requests for further customization rather than getting a sense of using the standard packages first.

Trying to implement all phases might cause significant complexities to the project team. The essential reason for this is the layered structure of patient population. The patient population is consisted of 1) Regularly and often visiting patients for certain periods, 2) Irregularly and not often visiting patients and 3) The new patients. The new patients are not in hospital database yet, and recording them in the hospital information system usually takes up 50% of the all required data entry fields. Patients are not as reliable with free text entries when they use the patient kiosks and enabling them to make the free text entries would pose the risk of putting in bad data into the hospital information system. This is a significant scenario that requires management and activating Data Validation tools during the implementation. The benefit of freeing the registration clerks from the 2 min work of processing the regular or irregular visits for the patients that exist in hospital database might be completely offset by the newly created work of checking and validating the new patient data.

Applying these 3 rules might provide a better guidance for the hospital floors that are looking into implementing patient kiosks for patient self registration (Patient self check-in) and save them significant costs as well as a lot of headache.

1. Approach the implementation as a multiple step process
2. Use this sheet to ask critical questions up front and decide the level 1 implementation goal
3. Decide how far you want to go with the kiosks and examine your vendor against your ultimate goal
4. Always involve the clinicians in the process since their practice can benefit from the patient kiosks more than any other staff or department in the hospital
5. Make sure your project lead has both clinical and some healthcare IT background (nurses with MBA or informatics degree make excellent project leads for implementations of this nature since they understand easier than anybody the alternate worlds of registration, Clinical Practice and IT)

The facility staff needs to ask the following questions to the group to begin with:

1. Why do we want the patient kiosks?
2. Do we have busy waiting rooms?
3. Who are our patients waiting for? Clinicians or Registration Clerks?
4. Do we have an overloaded Lab case?

If your waiting rooms are busy with patients waiting for clinicians, Patient Self Check-in kiosks may not be enough to solve your problem.

The new set of questions you need to answer would be as follows:

1. What hospital information system (HIS) are we using in our facility?
2. Which modules do we have with this HIS?
   a. Scheduling?
   b. ADT?
   c. Emergency medicine?
3. Does our HIS integrate with other systems or does it try to make us wait until they are ready and have built every other application that you might need?
4. Do we have an Inbound and Outbound for our HIS?
5. What integration methodology does our facility follow?
   a. HL7
   b. Scripting
   c. Database connection
   d. Other
6. What is the nature of our relationship with our HIS? Who is the boss, the HIS or the facility?

If you have an HIS that insists on giving you its own kiosks, regardless of your unique needs for bringing expert technology to meet all of patient kiosk needs, it won’t happen. You will have to take whatever they give you. So don’t waste your time browsing our pages and just be happy with what kiosk your HIS can give you. If your HIS does not cooperate you cannot use other patient kiosks because patient self check-in kiosks are essentially integrated systems and implementing them involves data flow back and forth between HIS and the kiosks.

One final hint: implement your kiosks first for the regular traffic or at least for the patients that exist in your database, this keeps the implementation cleaner.