

Electronic Health Records: A Quick Ride Through Time

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CHITA: Living with Electronic Health Records

Unforeseen Challenges & Benefits

- Not sure if I can differentiate between challenges and unexpected challenges.
- Start with a plan for any large or small EHR project
- Plan is just a plan – things change and one adjusts
- Challenges not always negative!

Thinking back...

- One does not always enter an EHR or other computer project at the beginning!
 - Start with whatever reality is at hand
 - What is the EHR project supposed to accomplish?
 - Read the contract and documentation to date
 - Just plunge in and learn who your “people” are – your own staff, the vendor’s and of course, your users!

Early Benefits

- EHR components not always part of an integrated system. In the early 1980s:
- Online MPI contained all of the demographic elements we now take for granted
- Standalone word processing systems, printing transcribed reports to a remote location, in a closet, was a miracle – we were moving forms/information electronically
- Financial systems and lab systems began to be developed and implemented

Interesting Side Note...

- Continuity of care just as important in the 1980s as now
- In Seattle, Hospital Council, had an agreed upon transfer form; filled out when a patient left the hospital and went to a nursing home
- If the form was not with the patient, the ambulance was turned away and the patient came back to the hospital
- Today, we call the electronic version the CCR – continuity of care record!

Early Challenges

- Learned free text fields were iffy – not all minds think and categorize the same way
- Killed a lot of trees, printing paper and filing it in medical record jackets! (Lab example)
- Providers began noticing printed forms were no longer color coded!
- We still had the “file room” with stacks of loose reports that had to be sorted 3 times before filing and of course, the records themselves

Along came the 90s...

- More ancillary systems come up:
 - Pharmacy systems automate and print paper reminders – still filed in the paper chart for the provider to ‘notice’ and use the next time s/he saw the patient
- File rooms still exist with fatter and fatter paper charts with everything printed on one sided white paper and filed
- Charts still being delivered and picked up
- Organizations and willing vendors rush to implement document imaging systems...and we continue to print more paper!

Things happen...

- EHR system talk is becoming serious
- Regenstrief, Brigham & Women's, LDS Hospital... Veterans Administration begin to implement true EHR systems.
- The requisite technology is available

Chunking the Structure

- Important to maintain a systems view point and look at the components as well:
 - System
 - People
 - Policies
 - Processes/Procedures
 - Management

Potential Policies (1)

- What kind of revised and/or new policies are needed for EHR's? AHIMA is an excellent resource.
 - Define organization's health record. Include all components
 - List who is authorized to write in record and why. Clinical, administrative, research, scribes, HIM, non-clinical staff.
 - Identify what group is responsible for titles, templates, forms, orders, patient flags, etc.
 - Define Retention and Disposition.
 - Copy & Paste for imported text, data objects, etc.

Potential Policies, cont'd (2)

- Authentication. May be part of security policies as well.
- Unapproved Abbreviations & Symbols
- Amendments
- Correction of Erroneous Notes. Addendums, rescinding, re-assigning, retracting or deleting documents.
- Creation: New Titles, Documents, Templates & Overprinted Forms. MR Committee? Other?
- Retention/Disposition for Paper and Electronic Documents. State laws? Clinical and/or Research Needs?
- Documentation Completion Requirements

Potential Policies, cont'd (3)

- Documentation of Herbal, Over-the-Counter and Prescription Medications
- External Source Documents *How should we handle external clinical sources documents? Scan and index?*
- Document Imaging. Who requests/approves? Organized indexing classification? Who actually scans & indexes?
- Others as needed by organization.

System

- Can the EHR system really do what vendors said it could do?
- How robust is the system? How many unplanned downtimes? What workarounds did we and do we need?
- How many workstations do we need for clinicians and support staff?
- How does the system keep the cash flow going as good or better than what preceded implementation?

System, cont'd

- Remember to keep:
 - Revisiting the original EHR system vision and goals, and
 - Communicating them to clinical, administrative and support staff.
- Champions are very important, especially for the clinical staff!

People

- Is there enough on-going organizational and vendor training support for clinicians? We have at least 4 generations now working in health care.
- How do we introduce notion of templates to staff? *Takes longer and can ensure all key components are documented.*
- How do we introduce speech recognition to radiologists and ER physicians? *Again, takes longer and there is real time viewing by others after signature.*

People, cont'd

- Who and what are authorized users? Need precise policies and business rules that identify who can access, view, write, change and sign a document.
- How are we re-training staff to work more conceptually but more precisely?
- What are the knowledge and skills sets needed for daily operational support of an EHR system?
- Are we using remote workers? What policies do we use to manage them?

Management

- Initial implementation accomplished - but the work goes on!
- Technology keeps evolving.
- Information integrity still crucial.
- How do we manage our knowledge assets?
- How do we incorporate personal health records?
- Are we ready for electronic health information exchange?

Management, cont'd

- Are we ready for electronic patient requests for ROI?
- Hybrid HIM. For awhile, you will manage both paper and electronic records.
- HIM without walls? Are we comfortable managing our HIM functions in a virtual environment?
- Management by collaboration is key
 - Medical and Nursing staff
 - Administration
 - Legal Counsel
 - Vendors
 - Our Patients

The Future?

- Organizations cannot view their EHR systems as islands and “proprietary” when it comes to exchanging vital patient information.
- Patients often receive care from several providers in different organizations
- How do we assure secure, timely, complete and accurate information exchange?

Questions

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Thank you!