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A Review of the Components and Best Practices in Using Electronic Health Records

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Polling Question

- Have you used an electronic health record as a clinician?

- Yes
- No

Introductions:

- Tom Andrews, RN-BC, MS
  - Director, Acute Care Informatics
  - Presence Health (Recent merger between Resurrection Health Care and Provena)
  - Board Certified Informatics Nurse
  - More that 25 years of healthcare informatics experience

Agenda

- Introductions
- Goals/Objectives
- General Overview EHRs
- Policy Implications
- Demonstration (Approximately 45 minutes)
- Technology Advantages
    - Best Practices
    - Collaboration
- Questions

Goals/Objectives:

- To provide a general understanding of information contained within the EHR

- Provide an orientation to navigating the electronic health record

- To discuss the policy implications with the implementation of an EHR

- To recognize the patient safety enhancements with using and EHR

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General Overview EHRs:

- Electronic Health Records (EHRs) have been in various stages of development over the last 30 years
- EHRs provide the clinician with access to pertinent health information for the treatment and health maintenance of the patient
- Vendors provide various levels and approaches for gathering and the utilization of health information

General Overview EHRs:

- Many vendor products have a goal to eliminate the need to print the patient record

- EHRs are designed to retrieve and display the clinical information electronically

- Developed order sets to create efficiency and standardization of care practices

- Many are designed to link clinically important information between acute care episodes and ambulatory visits

General Overview EHRs:

- Advantages of the EHR is that clinical information is available simultaneously to multiple care providers in multiple locations

- In the evolution of the EHR many systems have become available wirelessly which has facilitated use of the system at the bedside and made the care provider mobile

Policy Implications:

- Implementing an EHR requires:
  - Review of current and new workflows as a result of the system use
  - Review of the care provision policies as many will change as a result of the EHR:
    - Medication Administration
    - Transcription of Physician Orders
    - Automation of "Protocol Orders"
    - Documentation Expectations "Charting by Exception"

Policy Implications:

- Processing of Orders:
  - How are care providers notified of new orders?
  - Do orders require co-signature by a physician when entered on their behalf?
  - How are newly written orders "signed-off" by nursing staff? Is there a timeframe by which this needs to be signed off?
  - How are active orders modified? Do those orders require co-signature?
- What creates HIM deficiencies and how are they communicated?

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History:

- Presence Health Approach: Identified the need to standardize and implement best practices across 6 acute care facilities
- Goal: to create one patient/one record across all episodes of care
- Goal: to implement proven "best practices" and embed evidence-based content into ordering and documentation tools

Demonstration

- Epic was the vendor chosen by Resurrection Health Care for implementation in all acute care facilities and all owned ambulatory and physician practices
- HealthLink is the internal name associated with the implementation of Epic

Technology Advantages:

- Record is completely legible
- Higher patient confidence:
  - Closed-Loop Medication Administration
  - Review of previously collected information
  - Increased control over health maintenance data
- Safety mechanisms are embedded as Best Practice Advisories (BPAs)
- Providing a consistent experience and expectations for both the care provider and for the patient

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Questions

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