Using The EMR – This is a Bear, or Perhaps a Dragon

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“H&P”

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Read before you sign – you are a better doctor than your documentation represents.

Discussion

The above are actual excerpts from our surgical colleagues which we have collected in our pre-operative services department. While humorous, they should serve as a warning to all of us, in this age of Electronic Medical Records, about our unchecked reliance on technology. This is of special concern to the anesthesiologist, in the fast paced operative suit, with the advent and reliance on Anesthesia Information Management Systems (AIMS).

AIMS may increase charting deficiencies and there are numerous reports in the literature about medico-legal consequences and worse yet, patient harm from over reliance on and irresponsible use of this technology.

Common Errors:

1. Failure to Document (Do first, Document later)
2. Copy and Paste
3. Failure to recognize data loss or corruption (uncaptured vitals or artifact)
4. Equipment timing differences leading to discordant data
5. Reliance on Pre-filled fields leading to unclear or erroneous documentation
6. Missing manually entered events (passive vs. active records)

There have been mixed reports on AIMS’s ability to improve documentation, and improvements frequently require customization of the system and a dedicated staff familiar with institutional workflow. As AIMS are currently passive charting systems we have lost part of our active role in data collection during the paper record era. To move closer to the goal of improved patient care without distraction we have to encourage companies to include meaningful clinical decision support and advanced data capture tools. These systems will surely advance and become more dynamic information management systems which will improve the care we provide but we must remember their limitations and remain ever vigilant for our patient and the record of our care.

References: