

EHR Systems Falling Short in Improving Patient Safety

Health information technology, such as electronic health records, has the potential to dramatically improve patient safety. Nevertheless, a majority of healthcare organizations are not using EHRs to help track adverse events, and ones that are have their own health IT–related safety risks.

“Most hospitals, even those with EHR systems, do not know their own rates of adverse events,” testified Ashish Jha, M.D., professor of health policy and management

at the Harvard School of Public Health, on July 17 before the Senate Health, Education, Labor and Pensions Subcommittee on Primary Health and Aging. “They don’t know how often they harm patients. However, there are now tools available that automatically track these events and these tools are generally quite good. Yet, most EHR vendors have not put these tools into their EHR systems.”

Jha argued that if automated patient safety monitoring was made a key part of certification for the EHR meaningful use program, it would have a dramatic effect on the EHR vendor industry. “The EHR products now being built would scan clinical data and provide real-time surveillance information to doctors, nurses, pharmacists and other healthcare providers about potentially bad events that might be happening to patients,” he said. “It would allow hospitals to intervene quickly, and track their own progress over time.”

Peter Pronovost, M.D., senior vice president for patient safety and quality, and director of the Armstrong Institute for Patient Safety and Quality at Johns Hopkins Medicine, argues that “the federal government and healthcare organizations have spent hundreds of billions of dollars on health information technology with little to show for it.”

“The promised improvements in safety have not been realized and productivity has decreased rather than increased,” said Pronovost. “Moreover, the usability of most HIT is poor.” For example, to obtain the meaningful use incentives, Johns Hopkins implemented a technology approved by the Office of the National Coordinator for Health IT.

However, he said that shortly after the technology was turned on, clinicians raised



concerns that it made care less safe. “After thousands of hours of work, we essentially turned all the supposed ‘safety’ functions for the tool off and had the doctors type the patient’s medications into the tool, allowing us to receive the financial incentives for meaningful use, hurting clinician productivity and failing to improve safety.”

Last year, patient safety organization ECRI Institute compiled a top ten list of technology-related issues that jeopardize safety. Issue #4 was patient/data mismatches in EHRs and other health IT systems, while #5 was interoperability failures with medical devices and health IT systems.

Under contract to ONC, ECRI and the RAND Corporation conducted separate research that found that health IT safety often competes with other pressing priorities for limited resources within healthcare organizations. The recently released report concluded that EHR technology has the potential both to improve patient safety, if implemented and used correctly, and to introduce new sources of patient safety hazards.

“The participants in this research project were motivated to qualify for MU incentives, but often did not appreciate the potential of EHR systems to introduce new safety risks,” states the report. “While many of the healthcare organizations (especially the hospitals) had expertise in process improvement, we found a general lack of awareness of health IT–related safety risks (especially in ambulatory practices) and concluded that better tools are needed to help these organizations use health IT to improve care and to optimize the safety and safe use of EHRs.”

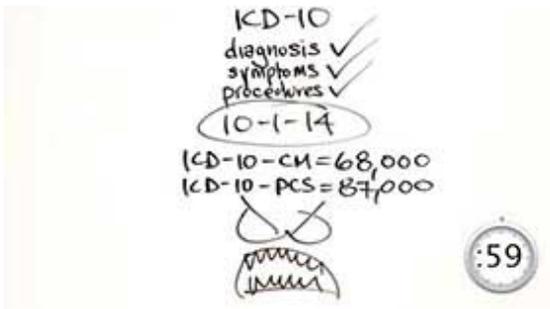
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