Saskatchewan eHealth Conference Evolution of Patient Care through EMRs

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Regina, Saskatchewan

Disclosure

We certify that we have no direct or indirect financial interest, arrangement or affiliation with organizations that could be perceived as a direct/indirect conflict of interest.

Our Mission

To serve the public by regulating the practice of medicine and guiding the profession to achieve the highest standards of care

Medical Records – Why Does the College Care

- The medical record is an important key to good patient care;
- good record keeping practices are essential for physicians using paper or electronic medical records;
- the Code of Ethics, College bylaws and legislation speak to the collection, storage, privacy and use of patient information.

Registration Services Use of Medical Records

During practice supervision:

The College requires a review of randomly selected charts over a defined period of time at defined intervals

During summative assessments:

The College requires a final comprehensive chart review of randomly selected charts as part of the summative assessment process

Specific Charting Information

Please stop by our booth – we have a PowerPoint with information regarding expectation for medical records

A Look Over An Assessor's Shoulder

MY ROLES

1. A MED ACCESS USER
2. A PRACTICE ENHANCEMENT PROGRAM ASSESSOR
3. A SIPPA SUMMATIVE ASSESSOR FOR THE CPSS
4. HAVE DONE ASSESSMENTS USING MED ACCESS, ACCURO, AND PRACTICE SOLUTIONS
5. NO CLAIM TO PERFECT RECORDS MYSELF

EMR BENEFITS

1. LEGIBILITY

- The material that is there is legible, when you find it

2. ORGANIZATION

- The material, once you know the system, is easy to find

3. REMINDERS

- Clinical practice guidelines
- Templates

4. DOCUMENTATION

- Who did what and when in the EMR

EMR BENEFITS

5. ADMINISTRATION

- Registration
- Billing

6. RESEARCH

7. DIRECT LABORATORY AND INVESTIGATION RESULTS

8. PORTABILITY AND SECURITY OF RECORDS

9. SPACE EFFICIENCY

10. TREES

MEDICATION "ERRORS"

1. "Active Medications Lists" being used as a cumulative list of past medications. Usually the result of "short term" Meds being entered as "Continuous"

John Patient, age 73	**ACTIVE MEDICATIONS**
S	Morphine 2 mgm
O	Morphine 5 mgm
A	Dilaudid 4 mgm
P	Hydomorph-Contin 18mgm
	Tramadol 200 mgm
	Penicillin 300 mgm tid
	Amoxicillin 250 mgm qid

MEDICATION "ERRORS"

2. Dose not corrected

John Patient Age 73	ACTIVE MEDICATIONS
S	Morphine 2 mgm tid
O	
A	
P Increase Morphine to 5 mgm tid.	

MEDICATION "ERRORS"

3. "External Medication" not in "Active Medications"

Jim Patient, age 50	ACTIVE MEDICATIONS
S Seen for review of depression. Saw psychiatrist last month.	
O Mood seems to be lifting. More energy. Suicidal thoughts gone. Sleeping through most nights.	
A Responding to MAOI as Rx'd by psychiatrist.	
P Continue MAOI. Review in 1/12	

MEDICATION "ERRORS"

4. Failure to discontinue medications from "Active Medications"

Mary Patient, age 21	ACTIVE MEDICATIONS
S Here re acne. Had been on isotretinoin for 4 months. Stopped meds 2 months ago. Skin remains drier and healthy.	Isotretinoin 40 mgm OD.
O Skin clear.	
A Acne well controlled.	
P Review in 4/12. Sooner if needed.	

MEDICATION "ERRORS"

5. Failure to include samples in "Active Medications" list.

Olga Patient, age 80		ACTIVE MEDICATIONS
S	**H**eartburn	
O	Abdomen non tender	
A	GERD	
P	Given sample of Tecta 40 mgm od. See in two weeks.	

MEDICATION "ERRORS"

6. Dose not clear.

Paula Patient, age 19	ACTIVE MEDICATIONS
S Wheezing since a chest cold last week. Had asthma as a child. Used to take Ventolin with relief.	Ventolin inhaler. 1-2 puffs qid. Refill x 4
O Bilateral wheezes.	
A Post infection asthma.	
P Ventolin inhaler.	

MEDICATION "ERRORS"

7. Listing an allergy as an adverse reaction.

Jane Patient, age 17	ADVERSE REACTION	ALLERGY
S Recently on penicillin V for strep throat. Got a widespread itchy rash. Went to Minor Emerg. Advised to stop meds. Given prednisone. OK now.	Penicillin	
O Fading rash on trunk.		
A Reaction to penicillin.		
P Avoid penicillin in future.		

MEDICATION "ERRORS"

8. Allergy in notes, but not listed.

Jane Patient, age 17	ADVERSE REACTION	ALLERGY
S Recently on penicillin V for strep throat. Got a widespread itchy rash. Went to Minor Emerg. Advised to stop meds. Given prednisone. OK now.		
O Fading rash on trunk.		
A Reaction to penicillin.		
P Avoid penicillin in future.		

TEMPLATE MISUSE

Billy Patient, age 8	
S	Mom says he isn't doing well at school. Usually in trouble with the teacher and with other kids. Can't focus. Picks fights. Interrupts. Work is very messy.
O	Wouldn't sit still in the examining room. Seems very bright and inquisitive. Wanted to play with medical instruments. Generally healthy.
A	Probable ADHD.
P	Will refer to educational psychologist for assessment.
	Counseled on safe sex, 30 minutes exercise daily, self-testicular exam monthly. No more than 10 drinks per week.

TEMPLATE MISUSE

Walter Patient, age 78	
S	Came in for review of BP. Home readings have been OK ranging from 130/90 to 155/95
O	BP 135/90. Fundi normal. Heart normal. S1 S2 normal. No added heart sounds. Lungs clear. Peripheral pulses normal.
A	Hypertension well controlled.
P	Continue on HCTZ 12.5 qam. Atenolol 25 od. Review in one month. Labs ordered.
Counseled on safe sex, 30 minutes exercise daily, self-testicular exam monthly. No more than 10 drinks per week.	

TEMPLATE MISUSE

Joan Patient, age 18	
S	Here for OCP refill. Doing well. Menses regular. No migraine. No jaundice. No leg pain. No chest pain.
O	BP 118/78. Heart normal. PMCI 5th intercostal space, within MCL. Abdominal exam – no masses or tenderness. No calf tenderness.
A	Healthy
P	Continue OCP. Review in one year.

TEMPLATE MISUSE

All OCP refills said the patient had PMCI examined.

Patsy Patient, age 27	
S	Here for OCP refill. Doing well. Menses regular. No migraine. No jaundice. No leg pain. No chest pain.
O	BP 128/80. Heart normal. PMCI 5th intercostal space, within MCL. Abdominal exam – no masses or tenderness. No calf tenderness.
A	Healthy
P	Continue OCP. Review in one year.

TASK DEFICIENCIES

Task List	Completed Tasks
Sept. 3, 2013. Please phone Mary Patient about her recent (abnormal) chest x-ray.	Sept. 3/13. Done. Dr. B.

EMPTY "PROFILES"

Jacob Patient, age 50	
S "I think I need a colonoscopy." Some blood in stool recently. Mixed up in the stool. Says his father and older brother have had colorectal cancer in their 50's and he's concerned. Weight steady. Appetite good. Feels well.	Family Hx. No information
O Abd. Exam neg. Rectal – no masses. Prostate normal for age. No blood on glove.	Lifestyle. No information.
A Rectal bleeding NYD. Rule out Ca.	
P Referred to Dr. Surgeon.	

WHY THE DEFICIENCIES?

What do physicians tell me?

1. I can't type
2. I didn't understand the training - too quick
3. Takes too much time
4. Too many "clicks" to do what I want
5. Keeps me from going home at the end of the day
6. Costing me too much money
7. I can't create the EMR and keep good eye contact with the patient
8. "Profiles" are too hard to complete. Why can't they develop a system to fill them automatically?
9. It's too hard to get paper chart information into the EMR. Family histories, Lifestyles, Past Medical and Surgical histories are in the paper chart but where do I find the time to create those items in the EMR?

SUGGESTIONS

1. Accept that the EMR is here to stay!
2. Accept that the EMR is designed to improve the medical record and improve health care.
3. Accept that the EMR is not intended as a cure for the lazy or careless.
4. Accept that, just like a new video game, you have to work at it to develop your skill.
5. Ask questions and make suggestions.
6. Ask for help from the providers. They want you to like their product!

If you have any further questions, please do not hesitate to contact us.

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THANK YOU