HIM Innovations
When it comes to moving from paper to an EMR, the best practice is to go "cold turkey."

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Editor's Note: This is the second article in a five-part series examining best practices for implementing and using an electronic medical record (EMR). In this series, you'll learn about best practices in five key areas: managing the health information management (HIM) department, using an EMR, managing chart deficiencies, capturing documents and managing the revenue cycle process. Last month, we discussed HIM management; this month we turn to EMR usage.

Human nature is to ease into change. But when it comes to moving from paper to an EMR, the best practice is to go "cold turkey." In other words, starting with your go-live date, establish a best practice policy of "all electronic records all the time."

Your new EMR should be the standard for *all* post-discharge reviews, historical record reviews, the release of information function, and use by all users including ancillary departments. A best practices approach to using your EMR does not include switching back and forth from the electronic record to the paper record. Nor does it allow for printing from the electronic record to perform record review or patient care.

While "all electronic records all the time" may seem overwhelming at first glance, the benefits greatly outweigh the initial pain of immediate change. Your organization can achieve efficiencies much more quickly by immediately replacing manual processes, and you will rapidly achieve a measurable return on investment by eliminating paper and other supplies.

In addition, having a strict policy of using only the EMR will avoid the potential for duplication of records and efforts. Maintaining and allowing access to both a paper record and the electronic record — which becomes the permanent legal medical record — as part of normal business practices is problematic for several reasons. First, having both types of records makes it difficult to comply with regulations such as the disclosure requirements of HIPAA. Second, there's too great an opportunity for paper to be modified and then not be incorporated into the new legal medical record. Finally, it's more difficult to support confidentiality practices and guard against unauthorized use of patient information when two types of records exist.

Implementing Change
To help your clinicians and HIM staff cope with the best practice of immediately replacing paper with the EMR, commit to the following three key success factors:

1. **Scan and index the patient record within 24 hours after discharge.** When users realize how quickly they can have access to information, using electronic records will become second nature to them.

2. **Make the electronic chart available to *all* users.** Don't overlook the benefits of the EMR to the ancillary departments whose users also need convenient and timely access to the patient record. Pharmacy, for example, may want to review charts for information, such as when a medication was administered and the corresponding patient response time, which can help the pharmacy department develop its *own* best practices. Infection control must perform chart review for mandatory reporting requirements. And the quality management department needs the chart to review the quality of care provided and how well medical resources are utilized in the hospital.

3. **Be sure to have an adequate number of computer workstations available throughout the facility.** Make computers available in every nursing unit, all physicians' lounges and other clinical areas. Conduct a pre-implementation inventory to ensure you've adequately equipped the medical staff to easily access records in

locations that are convenient for them.

While best practices for an EMR *do* include storing the paper record for a certain period of time, paper is best thought of as "out of sight, out of mind." With an "all electronic records all the time" approach, all users of the patient chart will realize the benefits of convenience, multiple-user access and streamlined patient care.

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