

Why Pat was nearly right

By **Stefanos Damianakis**



Lessons from the bleeding edge of EHR

You remember Pat. She was the Associate Director of Medical Records who retired several years ago when the EHR system was new and everyone dismissed the problems as ‘teething pains’. Except Pat. She didn’t think the EHR was ever going to deliver what the vendors promised, and didn’t mind sharing her opinion with anyone who’d listen.

Some of the younger administrators were relieved when she retired, but the medical staff mourned her leaving because somehow Pat could always find the right jacket regardless of how badly it was misfiled. Just two examples, of hundreds over the years:

A baby admitted as ‘Lisa Haver’ was actually Louisa Javier, and Pat personally delivered the correct file to the OR to make sure they realized the baby was allergic to the anesthetic they were about to administer.

Stephen Fitzgred and Steve Fitzgerald were the same man. Just in time, Pat stopped a set of duplicate tests that were ordered when the patient’s file couldn’t be found. His insurance company would surely have refused to pay for them, so she saved the hospital a couple of thousand dollars in an instant.

Pat felt that she was essential to the smooth operation of the hospital, and didn’t believe that any computer would be able to replace what she did.

The EHR hadn’t delivered the promised benefits. It was a constant struggle to match patients with their medical records. Admitting staff had to deal with patients who showed up in pain, or were old and sick, and might not have proper IDs. No wonder they sometimes made errors.

Of course, the environment had gotten tougher for Pat, and she was relieved to retire. When she started, she worked in an independent hospital. The record room contained 52,000 paper jackets, of which only a few thousand were active at any given time. As Pat became a supervisor, she was able to train every person who ‘touched’ the files.

By the time Pat retired, 35 years later, her original hospital was now the tertiary care facility in an integrated delivery network combining seven formerly independent hospitals, plus nursing homes, primary care clinics and physician groups. Now there were over four million files, of which 750,000 were active.

It was impossible to enforce uniform standards across the entire system, and when there were inconsistencies, the computer system failed to link records, and made it hard to find the right patient record.

What Pat didn’t know

Last year, the hospital’s CIO, and the new Director of Medical Records, decided they had to stop making excuses, and do something

about the problems with the EHR. Their first step was to understand the problem. A consultant analyzed their data, and discovered the Master Patient Index contained over 20 percent duplicates. The CIO and Director were shocked, until the consultant confirmed that 20 percent (or higher) was pretty typical for a hospital system their size.

On the consultant’s recommendation, they contracted to integrate Netrics for Healthcare software into all of the major patient management systems. Pat didn’t believe that a computer could ever do what she did, which was recognize the patterns of similarity in different patient files, and match them up despite errors, variations and inconsistencies.

But it turns out that this is exactly what the Netrics software does. Integration also turned out to be pretty straightforward, because new software could seamlessly augment their exiting EHR without large-scale IT changes.

Now admissions and medical staff almost always find the right patient record on the first try. Furthermore, patient safety is no longer compromised, costs are reduced by eliminating repeated tests, and overall care delivery is significantly improved.

Now everyone has confidence in the EHR. And Pat is remembered fondly, among the old-timers, as the person who used to make everything work, before we had the EHR. ■



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