

# Survey: Patient Safety a Driver for New Clinical Systems

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By Joseph Goedert, News Editor

(November 2002) Provider organizations' plans for the use of clinical information systems during the next four years show a desire to improve patient safety and the quality of care, according to results of a new survey from the Medical Records Institute, Boston.

Findings from the Fourth Annual Survey of Electronic Health Record Trends and Usage are based on responses from 761 provider organizations-51% from hospitals, 26% from physicians' practices, 23% from other sites-surveyed in April and May.

The Medical Records Institute invited I.T. health care professionals via e-mail to go to its Web site and complete the online survey. SNOMED International, Northbrook, Ill.,

sponsored the survey.

Responding provider organizations expect implementation of order entry systems for physician use to outpace implementation of such systems for nursing use during the next four years. This shows growing expectations for the capabilities of order entry systems, according to Jeff Blair, vice president of the Medical Records Institute.

"The expectations have grown to where health care organizations want to provide systems robust enough to support direct physician usage," he adds.

These expectations, Blair says, are driven by Institute of Medicine reports in 1999 and 2001 that highlighted the extent of medical errors and the capability of computerized physician order entry systems as tools to facilitate patient safety. "Further, vendors in recent years have improved their order entry systems and are becoming capable of meeting these needs," he says.

## Getting support

Survey results also show a steady increase during the past four years of respondents citing clinical decision support as a motivating factor for implementing electronic records systems; up from 58% in 1999 to 70% in 2002, according to Blair.

In addition, provider respondents are more likely to be buying physician order entry modules with decision support, rather than without, according to survey results.

Some 10.7% of respondents report they already use physician order entry without decision support, with another 18.2% of respondents expecting to buy the technology within four years. While only 7.4% of respondents currently use physician order entry with decision support, another 32% expect to do so within four years.

## Decision support

Survey results suggest provider respondents realize they cannot effectively use physician order entry technology without decision support software, says John Osberg, president of Informed Partners LLC, a Marietta, Ga.-based consulting firm.

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"Physicians need information at the point of care to make appropriate medical decisions," he says. "The technology has to be in the treatment room. Whether or not a physician actually enters the data into the order entry system, it must be there for decision support."

Other survey results include:

About 76% of respondents say the need to share comparable patient data among different provider sites is a major driver of the need for electronic health records systems. Another 75% cite the need to improve clinical documentation for billing purposes; 66% hope to contain health care delivery costs; 64% expect electronic records to help establish a competitive advantage; and 60% cite a need to meet legal, regulatory or accreditation requirements. Respondents could choose multiple reasons. Only 22% say electronic health records will help manage capitated contracts.

Respondents cite several barriers to implementing mobile applications. These include lack of data security during transmission (52%); lack of device security from unauthorized users (39.5%); delays in data synchronization (39%); slow data transfer rates (39%); lack of interoperability (35%); and lack of compliance with HIPAA or other government regulations (34%).

Asked what methods are used to enter information into an electronic medical record, respondents cited free-text direct entry via a keyboard (73%), dictation/transcription (69%), structured data entry via a keyboard (50%), document scanning (42%), input from other information systems (42%), structured data entry via a touch screen (16%), speech recognition (12%), and structured data entry via a light pen (5%). Respondents could select all methods that apply.

## Online summary

A 16-page executive summary is available free on the Medical Records Institute's Web site at [www.medrecinst.org](http://www.medrecinst.org). The complete 61-page report, which breaks down responses between various provider organizations and offers additional analysis, is available through the site for \$495.