HIM Innovations

Deciding to go paperless and implement an electronic medical record (EMR) at your facility is a big step and an even bigger investment -- in the EMR solution itself as well as the implementation, education and use of the new system. The best way to ensure that your health care system optimizes its return on the investment is to institute some "best practices" for incorporating your new EMR.

By Matt Morris, RHIA, and Trevor Snow, RHIA

Making Sure Your Electronic Medical Records Practices are "Best Practices"

(Editor's Note: This is the first article in a five-part series examining best practices for implementing and using an electronic medical record.)

Deciding to go paperless and implement an electronic medical record (EMR) at your facility is a big step and an even bigger investment -- in the EMR solution itself as well as the implementation, education and use of the new system. The best way to ensure that your health care system optimizes its return on the investment is to institute some "best practices" for incorporating your new EMR. These practices can help you lower your overall support costs, increase user productivity and more quickly make the cultural "mind shift" inherent in going from paper to paperless.

In this series of articles, 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.

This article focuses on HIM department management, which incorporates four separate but interrelated best practices that will create your roadmap for long-term success with an EMR.

Education and training is the only way your organization will gain maximum benefit from an EMR. Allowing ample time for training your HIM staff on the EMR system itself *and* on how it will affect each employee's job function is vitally important to increasing staff acceptance of the system and decreasing the natural resistance to change. Structured training -- a classroom setting with terminals -- works best for many users. It is also important to realize that training is necessary beyond the HIM department. Although HIM staff members are thought of as the ultimate EMR end users, *all* clinicians will use the EMR. Physicians and other clinicians may need to be trained in an "ad hoc" style, with a knowledgeable trainer "on call" for sessions that may vary from 30 minutes to several hours. Some physicians may want several lengthy sessions; others may only want initial training on what they perceive as their most pressing needs: how to log on and complete chart deficiencies. Flexibility in training is key, as is a dedicated telephone help line.

It might seem paradoxical, but written policies and procedures -- yes, the paper kind -- are the foundation for success in using an EMR. In fact, you shouldn't think of your policy manual as a "fallback" for people to consult, but rather as a starting point. The reality of implementing an EMR is that people's jobs, workflow and processes will change. So it is important to have comprehensive policies and procedures so that people can become thoroughly familiar with what to expect. Once your staff knows an EMR is coming, the policy and procedures manual can help them begin to approach their work differently. Input for the manual should be gathered from numerous areas and levels of staff -- HIM, information systems (IS), the training department, the transition team

manager and second-level supervisors, for example.

Because the EMR provides permanent storage of complete patient medical information following each care and treatment period, your organization must have a written policy that spells out how long to maintain paper records and how to destroy paper records. As a general rule, paper records should be boxed up after all paper is scanned, indexed and released into the EMR, stored for no longer than six months, and then destroyed. It's important to remember that an EMR totally transitions your facility in terms of the legal medical record, and the legal "definition" is no longer based on paper. Hospital staff often have a difficult time embracing a paperless record, but it will defeat your purpose of having an EMR if you allow clinicians or HIM staff to continue creating paper folders "just in case." If you are able to demonstrate quality processes on the front end -- during scanning and indexing -- you can win over the skeptics and soon reclaim the space devoted to the storage of paper records.

Finally, make sure that you consider staff evaluation a big part of the overall management of your new electronic environment. An effective and successful EMR is largely dependent on the quality and timeliness of data. Because your staff members directly affect these two factors, they must be properly trained and evaluated on their use of the EMR system. And, while the EMR is largely "owned" by the HIM department, its enterprisewide application makes it critical that all users can effectively communicate with each other about the EMR's functionality and use. The HIM department can play a large role in the general acceptance, use and benefits of the new solution -- helping "tell the story" to other users.

In Part 2 of this series, we'll explore best practices for online usage of your EMR.

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