Clinicians seeking efficiency in documentation is not new. They often review and prepare patient electronic health records (EHRs) prior to scheduled appointments. To minimize their after-hour workload and allow more time to improve the patient experience, clinicians enter notes and prepopulate templates before the patient encounter. However, while efficiency in planning and team care is beneficial, charting in the EHR (versus the paper record) before the patient visit occurs can impact patient safety and compliance if documentation is left incomplete. Questions remaining about the date a patient was actually seen and care was provided can create confusion.

The following reported event was submitted under the protection of the ECRI Institute PSO and reviewed by patient safety analysts for sharing lessons learned.

**Case Study Event**

A physician used a previsit charting feature. The physician received a prescription refill request for a patient; and prior to refilling the script, looked for the note from the earlier visit. Typically the last visit's note is carried forward from what was last documented in the patient's record.

The note that displayed was the physician's previsit note. The physician then recalled that the patient did not keep that scheduled appointment.

The incomplete note should have been deleted or it should have been noted in the record that the visit never occurred. Had the physician not recalled that they had not seen the patient, the prescription may have been renewed without a clinical evaluation, and an inappropriate medication may have been prescribed.

**Contributing Factors**

Workload demands, less time allotted for appointments, and increased documentation requirements are influencing the way in which busy clinicians approach their workday. Reviewing patient records prior to each patient's visit allows for care team planning and prepares the provider for an effective visit. Making notations during this review (precharting) contributes to efficiency. However, as documentation requirements have increased over time, some disadvantages of precharting have become apparent. Clinicians are spending a great deal of time documenting beyond office hours, contributing to burn out, stress, and decreased satisfaction. In addition, updating EHRs during office visits reduces the amount of time clinicians can focus exclusively on patients.

**Lessons Learned**

Several questions can be asked to evaluate potential safety concerns associated with pre-encounter documentation. First, are clinicians entering notes and autopopulating templates prior to patient encounters? How can this previsit documentation be safely managed? Is there a process in place to manually or automatically delete incomplete visit notations if the patient was not seen or has rescheduled the appointment? Finally, if a note remains, how is it used when information is carried forward to populate a subsequent visit? Does the note's status (e.g., pending, signed, completed) determine which part is carried forward and is it clearly identifiable to the user?

It is essential that clinicians and ancillary staff receive adequate training on the use of charting techniques and that all team members are aware of potential safety and compliance issues. In addition, clinicians should be included in policy and procedure discussions so that workflow and technology become better aligned.
Conclusion

Electronic health records (EHRs) provide easy access to, improve legibility of, and minimize the need to re-enter patient information when charting. Reviewing patient EHRs, entering notes and autopopulating templates in preparation for patient visits contributes to efficiency and facilitates team care. However, if incomplete notes and information in the prepopulated templates are not appropriately addressed when patients miss, cancel, or reschedule appointments, these EHR charting techniques can lead to safety and compliance issues.

Important Announcements

Registration Open for 2019 Annual In-Person

Join your colleagues at the Inn at Villanova on September 12, 2019, for our annual meeting, Taking Action: Making Health IT Safety a Reality. Included in this year's agenda is information from the Office of the National Coordinator for Health Information Technology; an opioid update from EHRA; Partnership project updates; and two interactive expert panel discussions: Driving a Culture of Safety and Making Health IT Safety a Reality. We look forward to your participation.

To obtain more information and register for the meeting, click here.

Quarterly Meetings
Our latest quarterly meeting was held on July 23rd.
A recording of this and all previous quarterly meetings are available here.

Partnership News

New Podcast
Our new podcast, Health IT Improves Opioid Prescribing, was released on July 9th. In this podcast, we address safe practice recommendations for opioid prescribing. It can be found here on the member website.

Latest Toolkit
Our latest toolkit, Safe Practices for Drug Allergies – Using CDS and Health IT has been released. The toolkit addresses how the use of health IT can help implement existing recommendations to prevent potentially harmful medication interactions.

As we did in the past, we will be soliciting your support for these recommendations and asking you to share the toolkit with your colleagues. The toolkit can be found here on the member website.

We Want to Hear from You

Let the Partnership know if you are experiencing issues with new technologies – telehealth, m-health, wearables, or others. Start the conversation by emailing your responses and questions to hit@ecri.org.

Advisory Panel

David W. Bates, MD, MSc
Kathleen Blake, MD, MPH
Pascale Carayon, PhD
Tejal Gandhi, MD, MPH
Chris Lehmann, MD
Peter J. Pronovost, MD, PhD
Daniel J. Ross, MD, DDS
Jeanie Scott, MS, CPHIMS
Patricia P. Sengstack, DNP, RN-BC, CPHIMS
Hardeep Singh, MD, MPH
Dean Sittig, PhD
Paul Tang, MD, MS

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Need to Submit an Event?

Partnership participants can submit events through your membership portal.

If you need assistance, please contact us at hit@ecri.org.

Get in Touch with the Partnership

Do you have questions about any of these articles? Get in touch with us today by e-mailing hit@ecri.org. If you wish to submit information for this publication, please submit items for the Update using the subject line “Partnership Update” to hit@ecri.org.

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