

Partnership Update

August 2017

Partnership Workgroup Update:

Partnership Workgroup 3, on Developing, Integrating, and Maintaining a Health IT Safety Program, held its last meeting on July 19. A big thank you to the workgroup chair Patricia Sengstack, and all the *Partnership* collaborators who participated in this workgroup. Although the workgroup has ended, work remains. The *Partnership* team is using the information gathered from this workgroup to develop the next set of safe practice recommendations.

There is still time to **Participate in Partnership Workgroup 4, Closing the Loop – Using Health Information Technology to Close the Loop and Mitigate Delayed, Missed, and Incorrect Diagnoses**. This workgroup continues to meet. The next meetings are scheduled for September 19 and October 17 at 10:00 a.m. ET.

SAVE THE DATE

Partnership Annual In-Person Meeting
Wednesday, November 15, 2017
Agenda:

- Summary of workgroup recommendations
- Transforming the *Partnership* for the journey ahead
- Introducing implementation collaboration projects
- Preparing for 2018

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Get Involved in the Partnership:

Volunteer opportunity: Have an impact, get involved. The *Partnership* is seeking organizations that have implemented the **Partnership's Safe Practice Recommendations** for Copy and Paste and Patient ID. Are you willing to share your experience? For more information, contact the *Partnership* at hit@ecri.org.

Expert 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
Jeanie Scott, MS, CPHIMS
Patricia P. Sengstack, DNP, RN-BC, CPHIMS
Hardeep Singh, MD, MPH
Dean Sittig, PhD
Paul Tang, MD, MS

The *Partnership for Health IT Patient Safety* is sponsored in part through a grant from the Jayne Koskinas Ted Giovanis Foundation (JKTG) and in part through funding from the Gordon and Betty Moore Foundation.



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Data Snapshot: The Interoperability Challenge

After a liver transplant, you find you have hepatitis, and you would have known this earlier if the hospital laboratory system had been linked to the transplantation system. Delays in care, missing preventative care, and incorrect care can often be

tied to a lack of system interoperability. Although interoperability is not the answer to all that can complicate effective use of technology, it is an increasingly important contributing factor because we expect new systems and equipment to interface with legacy systems and other existing technology.

Background

Interoperability, as defined by the Healthcare Information and Management Systems Society (HIMSS), “is the ability of different information technology systems and software applications to communicate, exchange data, and use the information that has been exchanged Interoperability means the ability of health information systems to work together within and across organizational boundaries in order to advance the health status of, and the effective delivery of healthcare for, individuals, and communities.”¹

Available: <http://www.himss.org/library/interoperability-standards/what-is-interoperability>

¹ *Healthcare Information and Management Systems Society (HIMSS). Definition of Interoperability. Chicago, IL; HIMSS; 2013 Apr 5.*

Events Reviewed

The following are examples of events that occurred with interoperability as a contributing factor.

1. During the manual entry process, an order for chemotherapy was copied incorrectly into the chemotherapy ordering management (COM) system. The COM system and the computerized drug ordering system (CDRO) were not interoperable. The lack of interoperability between the two systems resulted in the patient receiving an incorrect dosage of chemotherapy.
2. A patient’s results were delivered via an interface from the laboratory information system (LIS) to the electronic health record (EHR). The delivered results provided the reference ranges but no laboratory values. The problem was caused by a broken interface code that prevented the accurate exchange of data from the LIS to the EHR. The interoperability issue between the two systems caused a delay in the patient’s diagnosis and treatment.
3. In this event, the vital signs of a patient who was having a magnetic resonance imaging (MRI) study with anesthesia were recorded in another patient’s chart. The wireless results did not flow to the correct patient record. It was discovered that a wireless channel set up incorrectly linked the data to the incorrect individual, jeopardizing correct evaluation while the patient was under anesthesia.

Contributing Factors – Health IT-Related

Interoperability is a contributing factor leading to these errors. If these systems had been interoperable, they would have allowed for the secure and accurate transfer of patient data. Ultimately, a fully interoperable environment improves the delivery of health care by making the right data available at the right time to the right people.

According to a [brief](#) by the Office of National Coordinator for Health IT (ONC),

- Only 60% of all hospitals participate in health information exchange for data sharing.
- About 46% of the hospitals face challenges when exchanging data across a different platform.
- 36% of the hospitals reported their providers rarely or never use received electronic information when treating their patients.

Lessons Learned

Although interoperability is one of healthcare’s greatest challenges, it also presents one of its greatest opportunities. Imagine a healthcare system that makes the right data available at the right time to the right people. Until the exchange of health information is fully automated, we must rely on manual systems to coordinate patient care. How do we get there?

- The ONC has reported that two of the barriers to moving interoperability forward are a lack of agreement on a common standard for data exchange and lack of a properly equipped infrastructure to send and receive data country-wide.
- Other challenges impeding healthcare in achieving the goal of interoperability are varying state privacy rules, data exchange fees, and secure data infrastructure. Going forward, interoperability is going to be a requirement for ensuring EHR adoption.
- As part of the Medicare Access and CHIP Reauthorization Act, ([MACRA](#)), CMS has undertaken an initiative to support information exchange and promote interoperability.
- [The 21st Century Cures Act](#) will require that vendors not block information; enable the secure exchange of information; allow for complete access, exchange, and use of health information; and have tested the real-world use of their products for interoperability as a condition for health IT certification.
- A few possible recommendations, according to HIMSS, are to use standard application programming interfaces ([APIs](#)), and fast healthcare interoperability resources ([FHIR](#)), to make it easier for patients to access their data.

The sharing and exchanging of information is still a challenge for many healthcare and provider organizations. The ONC is working to implement the trusted exchange framework and common agreements provisions as outlined in the 21st Century Cures Act. There is much to be done. The goal of this mandate is to make the process for exchanging data between provider and provider, provider and consumer, and provider and public health less cumbersome. It will require a concerted effort and collaboration among multiple stakeholders to reach the goal of data exchange and ease of accessibility across the industry.

Interoperability in the News

On July 24, 2017, ONC convened a group of health IT experts to begin to examine the issue of interoperability as outlined by the 21st Century Cures Act. Topics of discussion included the exchange of data between providers and consumer ease of access to their data.

A shared responsibility approach to interoperability along with the issues of usability, and security as outlined in the 21st Century Cures Act is addressed in a recently published article, [Improving the Safety of Health Information Technology Requires Shared Responsibility: It Is Time We All Step Up](#). The article's co-authors include two members of the *Partnership's* Expert Advisory Panel, Dean Sittig, PHD (The University of Texas Health Science Center at Houston, School of Biomedical Informatics) and Hardeep Singh, MD, MPH (Michael DeBakey VA Medical Center and Baylor College of Medicine).

The HIMSS Electronic Health Record Association (EHRA) suggests that the "information exchange glass" is half full. Go to [Interoperability Success Stories: The Journey Continues](#) to read the success stories shared by the EHRA member customers.

Collaborating Organizations



**PARTNERSHIP for
HEALTH IT PATIENT SAFETY**
Making healthcare safer together

Working Together:



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

Get in Touch with the Partnership

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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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