

**Health Information Technology and Health Information Exchange Topical Area Meetings**  
**Patient Safety**  
**August 17, 2006**

**Vision**

- Sharing easily of key information
  - Patient level information to provider for prevention of allergies and errors
    - Medication history, DNRs, living will
- Sharing information on how to prevent errors
  - More open (ex: equipment failure)
  - Collect reports on product malfunctions and notify others of issue early on
  - Move from blame system to quality improvement “Just Culture”
- Link physician, hospital, ambulatory facility
- Information accessible from anywhere regardless of geography/location
- Providing alerts and reminders
  - What if people ignore alerts and reminder?
- Some computer systems lack ability to tell entire story of patient that hand written record can possess
  - Individuals may rely too heavily on check boxes to document information
- Business Model-Electronic Health Records designed around financials
- Incorporate patient safety care focus into training on use of the new HIT systems
- Build patient safety protocols into new system
  - As responsive
  - Updated
- Increase flow of information/communication within an organization
- Current system getting none-integrate data
  - May have to re-enter data into system they are currently using
- New HIT world has workflow analysis that includes patient safety
  - System records medical errors and create a report medical errors to send to the appropriate officials
  - Less paperwork
  - Unless a major issue, many errors are not currently being reported because no one has time to fill out all the paperwork
  - Increase efficiency
- Enter information only once
- How can HIT improve patient’s part in patient safety?
  - Patient responsible for own health and health information (take ownership)
  - Have on going information to help facilitate their own healthcare
  - Patient can review data
  - Patient can monitor data, leading to early identification of data
  - Help in keeping record of health history, medication history; making them a better consumer
  - Patient can easily take information with them
    - Patient only allowed to correct wrong data, can not change all information
  - Provide alerts to patients about exams, appointments, refills, etc.
  - Provide alerts and reminders about questions to ask physicians

- Family/Patient Safety
  - Parent should have children's information
  - Family history shared among family members
  - Caregivers: who has access to information?
    - What level rights do family members/caregivers have to view data?
    - Access to all information or certain information?
- Some type of card/chip that lists personal information/medical history and allows provider to view information to ensure that it is up to date
- Differentiate between a true medical error and a side effect
- Reduce more errors which will save money in the long term

### **Barriers to HIT Adoption**

- There is still a fear of technology
- Uncomfortable with equipment and security
- Providers are uncomfortable with change
- Patients and providers are worried about security of data
- Fear of system with more alerts that create more work and confusion
- Cost
  - Implementation, training, maintaining, upgrades
- Incompatible systems (internal & external)
- Safety Issues
  - Institution
  - Pharmaceutical
  - Hospitals
  - Transport
- Not understanding current workflow and work processes
- No knowledge of original process because of the number temporary fixes
- Need to identify essential alerts/standardize alerts based on protocols
  - What is a reasonable number of alerts
  - Allow users to customize alerts
- Staff can get lost in the number of screens
  - Might not further key data

### **Barriers to HIE**

- People are afraid that information will become public knowledge and not just used for quality purposes
- Fear of liability
  - People afraid that this will lead to increased liability because of better documentation

### **Policy options to address HIT**

### **Policy options to address HIE**