

The Office of the National Coordinator for
Health Information Technology



Comments on Patient Safety and Electronic Health Record Systems

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Certification & Adoption Workgroup

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- Joseph Heyman, Whittier IPA
- George Hripcsak, Columbia University
- Elizabeth Johnson, Tenet Healthcare Corporation
- Charles Kennedy, Aetna
- Donald Rucker, Siemens Corp.
- Latanya Sweeney, Harvard University
- Paul Tang, Palo Alto Medical Foundation
- Micky Tripathi, MA eHealth Collaborative
- Scott White, 1199 SEIU Training & Employment Fund

- *ONC's Health Information Technology Patient Safety Action & Surveillance Plan* is out for public comment.
- The Certification and Adoption Workgroup was charged with preparing responses to focused questions.
- ONC presented the Safety Plan to the Workgroup on Thursday, January 31.
- The Workgroup met on Friday, February 1 to develop responses to the focused questions.

Objectives of the HIT Safety Plan are to 1) Use Health IT to make care safer and 2) Continuously improve the safety of Health IT.

- **Learn**: Increase the quantity and quality of data and knowledge about health IT safety
- **Improve**: Target resources and corrective actions to improve health IT safety and patient safety
- **Lead**: Promote a culture of safety related to Health IT

I. Meaningful Use and Safety Risk Assessment

- To improve the safety of EHRs, should there be a Meaningful Use requirement for providers to conduct a health IT safety risk assessment?
- Are there models or standards that we should look to for guidance?

II. Meaningful Use and Reporting

- Should ONC require any form of reporting / reporting verification under Meaningful Use?

III. Standards and Certification Criteria

- What should be the next steps in terms of EHR technology certification?

- The goal is a Learning Health System and a Culture of Safety.
- HIT is part of safety and quality. It is both a means and a risk.
- Much work on quality and safety. Limited hard data on HIT contribution.
- Build on AHRQ, PSOs, Common Format, and HIPAA risk assessment requirement.
- Much work underway and could be ready for Stage 3.
- Engage in agile/rapid standards development with providers, vendors and government agencies. Encourage partnerships with providers and vendors.
- No added burden on users of EHRs.

- Opposition to a MU requirement. It is seen as premature.
- There is support for the need for EHR users to complete a safety assessment.
- Many noted the absence of a safety assessment tool.
- In regard to tools ; the HIPAA Security Rule, Leapfrog assessment, and ISMP assessment were identified.

Recommendation:

- As a menu option, providers should attest to performing a safety risk assessment and formulate a plan to address key risks. The assessment and plan should address at least one of the high risk areas identified in the SAFER Guides (see next slides)

Discussion

- Include Health IT in patient safety process
- Encourage organizations to set their own goals
- Could be done as part of the HIPAA risk assessment, for example, in addressing EHR downtime
- Engage others with long-standing activity in this area (eg: Joint Commission, AHRQ)
- ONC SAFER Guide (in development), expected by October 2013

SAFER:

Safety Assurance Factors for EHR Resilience

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High priority risks, best practices, principles and practices for EHR safety – areas to be addressed include

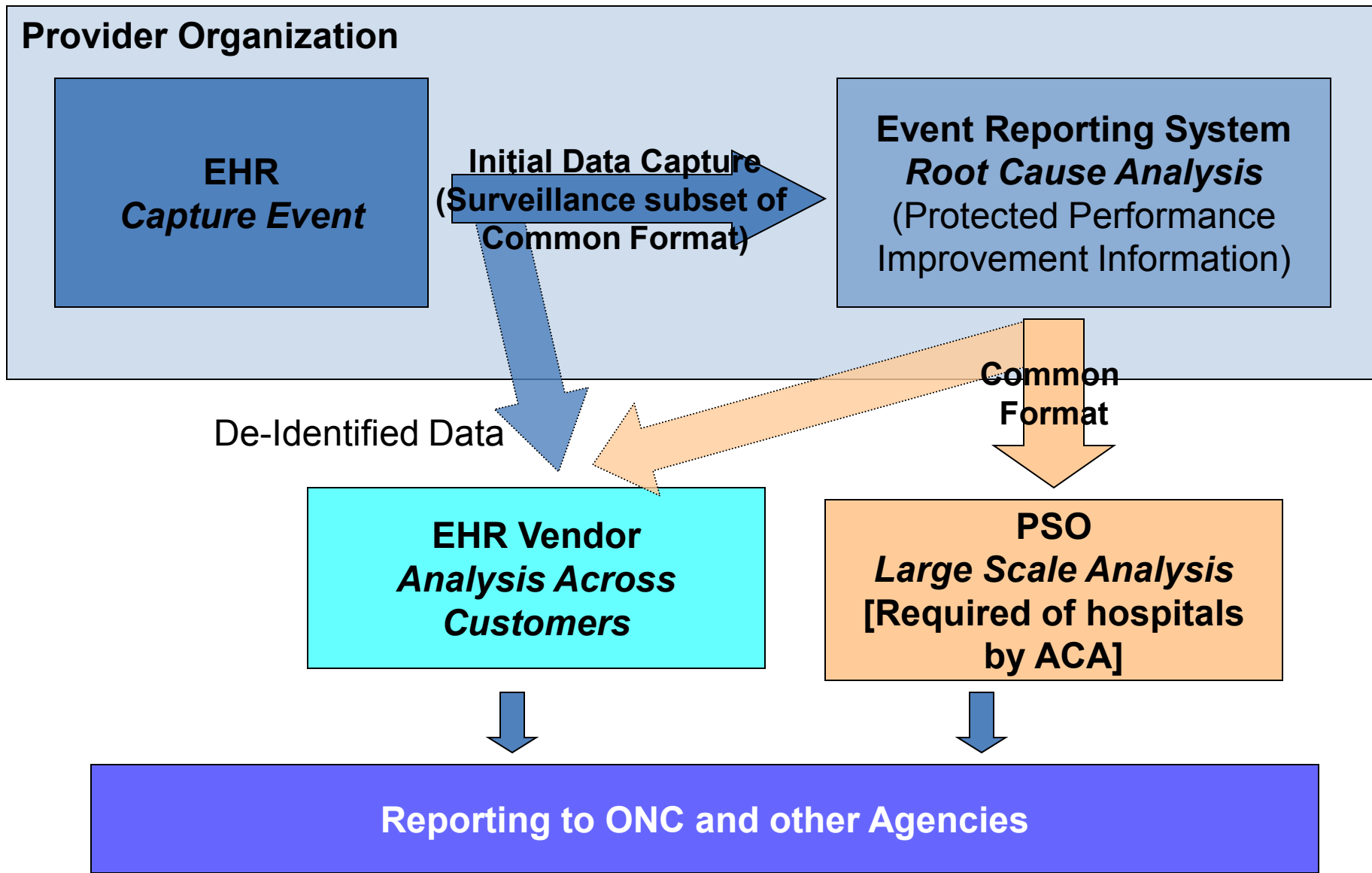
- The ordering process, including CPOE and e-prescribing
- System customization/configuration and upgrades
- System to system interfaces (for example: CPOE and pharmacy)
- Patient identification processes
- Clinical decision support
- Provider communication during transitions of care
- Laboratory results review processes
- Downtime events
- HIT safety-related human skills

Recommendation

- Voluntary reporting of health IT-related patient safety events to Patient Safety Organization (PSO), similar to other event reporting

Discussion

- Embed event data capture into the EHR systems (see next recommendation)
- Reporting should include additional information, not just that captured by the EHR, typically handed by a performance improvement process inside the provider organization



Recommendation: EHR Capability for Stage 3

- Convenient mechanism for users to capture safety risks and incidents
- Automatically captures the EHR context (screen shot, user/patient context)
- Allows for user text
- Must be low-overhead to EHR user

Recommendation: EHR Vendor Reporting

- Partner with provider customers
- Report to PSO

Recommendation

- Use of Surveillance Subset of Common Format (expected Q3 2013) for EHR capture of events/unsafe conditions

Discussion

- Rapid adoption of Common Format in the past year
- Building links from EHRs to Event Reporting systems