

Project Title: Patient Safety Electronic Health Records Meeting
Principal Investigator: Black, Shirley
Organization: Team PSA contractors
Contract Number: 290-08-10019
Project Period: 05/08 – 12/08
AHRQ Funding Amount: \$268,394
Summary Status as of: December 2008, Conclusion of Contract

Strategic Goal: To develop and disseminate health IT evidence and evidence-based tools to improve health care decisionmaking through the use of integrated data and knowledge management.

Business Goal: Synthesis and Dissemination

Summary: With the Electronic Health Record (EHR) Safety Institute, the Agency for Healthcare Research and Quality (AHRQ) convened a meeting on October 21-22, 2008, regarding EHRs and the benefits and risks involved in implementing them. Two hundred representatives of stakeholders across American health care—learned societies and educators, patients and consumers, payers, policymakers, providers, regulators and accreditors, researchers and funders, and vendors—were invited to a 2-day educational and consensus-building conference. Group discussions produced primary recommendations and stakeholder-specific recommendations regarding the following: 1) aspects of EHR safety the stakeholder group could address effectively, 2) resources the group possesses currently, 3) resources the group would need to address EHR safety most effectively, 4) barriers the group would have to overcome, 5) current best practices, and 6) feasible first steps for the stakeholder group to take. The meeting brought together nationally-recognized experts in various areas related to patient safety and EHRs to move toward the goal of making EHRs available to most Americans by 2014 and to accelerate the adoption and use of an electronic health information infrastructure in the United States.

As is the case with other health care interventions, the safety and effectiveness of EHRs need validation and continuous improvement. While there has been some documentation of the potential for EHRs to contribute to patient harm or adverse events, other reports suggest that implementation can help a practice focus on patient safety-centered practices. Because of the mixed record in relevant literature, and because EHR implementation requires a complex set of changes to clinical practice—including care workflows, communications, and staff roles in the general work environment—demonstrating and improving their effects on patient safety is critically important.

Specific Aims

- Identify the scope of EHR safety. **(Achieved)**
- Define research needs and benchmarks. **(Achieved)**
- Establish what individual health care institutions can do to make EHRs as safe and effective as possible. **(Achieved)**

2008 Activities: The contract was conducted entirely during calendar year 2008.

Preliminary Impact and Findings: The meeting's breakout sessions and larger group discussion resulted in delineation of recommendations related to a wide variety of stakeholder groups. Many recommendations were general in scope, including:

- Quality-focused national policies are needed to guide EHR development, implementation, use, and optimization.
- EHRs must be designed for security and patient safety from the beginning, starting with system hazard analysis during the development, implementation, and optimization phases of EHR use (as long as possible) before they lead to near misses or adverse events.
- An anonymous, secure system for reporting EHR-related safety hazards and learning from others' experiences is urgently needed.
- EHR adoption should not be mandated until safety and effectiveness in real-world settings have been demonstrated. Organizations capable of doing the demanding work of developing and maintaining safe and effective EHRs should be encouraged to do so and studied rigorously by teams, including safety and human-factors engineers.
- America's 160,000 smaller practices and hospitals do not have the capability to do the extensive modifications necessary to implement and maintain safe and effective EHRs. They will need special help, perhaps in the form of remotely hosted and managed EHRs.
- Caution regarding one-stage ("big-bang") implementation is appropriate; some vendors recommend it, but research and experience suggest it may compromise safety.
- Vendors need to share responsibility for EHR safety and effectiveness with implementers and users.
- Stakeholder-specific recommendations were made for groups including funders, researchers, educators, payers, policymakers, providers, regulators and accreditors, standards developers, and vendors.

Selected Outputs

None available.