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# 5 EHR Myths, Busted

***Gienna Shaw, for HealthLeaders Media* , October 5, 2010**

The best physician can make a mistake when writing a prescription, the best nurse can fail to remove a catheter on time, the most organized medical records staff can misplace a file, and even top hospitals have areas of waste and inefficiency. But electronic health records systems are supposed to make all that go away, right?

Well, not exactly.

Whatever you may hear from Washington policy-makers, EHR is not going to solve all of healthcare's quality and patient safety problems. HIM professionals at last week's **meeting** of the American Health Information Management Association in Orlando made that much clear.

In one session, aptly titled The Top Ten Urban Myths of an EHR, presenters Ann Meehan and Julia Kendrick, health information administrators at Ardent Health Services, a seven-hospital system based in Nashville, talked about their organization's journey to EHR—and the lessons they learned along the way about the futility of pursuing perfection.

In 2009, Ardent Health Services had a piecemeal approach to electronic access to medical records data in its acute care and rehabilitation facilities. Ardent knew it needed to standardize information systems across acute care and rehabilitation facilities in its markets and recognized that having one system would improve patient care, processes, data reporting, flexibility, and information systems support. After months of planning and hard work, McKesson's STAR system was implemented, using Horizon Patient Folder to convert paper medical records to electronic.

But when the successful implementation ended, Meehan and Kendrick said, they began to uncover some myths about EHRs.

Here are five of the myths they encountered and what they discovered about them:

1. Broken HIM processes will be fixed: In fact, broken processes become more apparent in an electronic environment, where reports provide solid data relative to backlogs, timeliness, and ownership.
2. Chart reconciliation will be over: Nope—with the implementation of an EHR, chart reconciliation is even more important than in the paper world, where the lack of a record is physical evidence of the charts needed for processing, they said. In the electronic environment, varying percentages of charts are interfaced into the electronic health record. Without chart reconciliation, the speakers noted, you are "working in the dark."
3. No more missing charts: This is simply not the case, Meehan and Kendrick said. Charts can be scanned to the wrong account number or the documentation may be split across many account numbers. Patient Access registration errors, interface issues, ancillary department errors or providers who do not want to "let go" of charts can also cause trouble.
4. No more paper: Very funny. Clinicians and providers still love paper and want it in hand. In a hybrid environment, dictated reports are printed and placed in binders on nursing units, despite the fact that the same reports are available electronically, they said.
5. Greater efficiency: Well, maybe. While an EHR provides significantly increased efficiencies, there are

also some inherent inefficiencies. One information system does not meet all needs, regardless of how thoroughly evaluated or how extensive the client base.

The point of all this is not to say that EHRs are evil. In fact, the speakers agreed, they are necessary—for patient care, for sharing information internally and across the healthcare continuum in a timely and efficient manner, for expeditiously tracking and reporting quality indicators, for meeting regulatory requirements, and for timely billing and payment.

But to overlook the potential problems caused when you implement electronic health records is to miss an opportunity to use the system to its fullest advantage. It's important to share information among HIM, IT, and senior leadership, paying attention to problems and solutions. Only then can an organization really understand the power of the EHR.

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