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On Going Electronic, Successfully

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About dozen hands went up when I asked the EMS Today audience how many of them had implemented electronic patient records in their services. How's it going? I asked. Their replies sounded a familiar chorus: Don't ask. It's a disaster. It sucks. I should have put my money through a paper shredder; it would have been less stressful. Not a single person in this session on electronic patient records had a good experience or a successful implementation.

As I asked them questions about their experience, I began to feel like a priest on the other side of the confessional window – "Bless me, Father, for I have wasted taxpayer dollars on gadgets that didn't work."

I've worked with two services – EMSA in Oklahoma and Medstar in Fort Worth, Texas – that have had very successful implementations of electronic patient data management systems, so I know that it's possible to do successfully.

As the confessions poured forth, some common themes bubbled to the surface. Many of the confessors focused only on the device, while neglecting the need to interface with their CAD or billing systems. Others built homegrown systems. These stories usually started with, "We have a guy who is pretty darn handy with computers. Why should we pay all that money to some company when we can do a better job ourselves?" Some folks bought systems and then got about as much support as Al Sharpton got votes in the primary.

I'm always more interested in success than failure, so I asked the folks at EMSA and Medstar what they did to ensure that their electronic patient data management system didn't end up like Howard Dean's run for nomination. Here's what they said:

They started by mapping their paper-based patient data flow, making sure that they had a clear idea of exactly how their data was used. Then they created a list of key requirements for their systems, which included a user interface that was logical and easy (finger-tapping the screen to enter data); the ability to fully integrate with their other sources of data such as CAD and billing systems; the ability to easily send data to the state; a rock-solid implementation process, including training in using the system, HIPAA and Medicare compliance; and back-end quality management data analysis tools that allow them to really understand their system's clinical performance.

I've been told that the best way to avoid having a stressful confession is to avoid sinning in the first place. When it comes to electronic patient data systems, the way to avoid sinning (wasting money and making yourself crazy) is to take the time to think through the whole system that you'd like to have and draw up a set of requirements. Do this before you ask the vendors to line up outside your office with their cool techno gadgets.

More from Mike can be found on www.miketaigman.com.

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