Medical Records: The Basics of Interpretation (and the Dreaded EMR)

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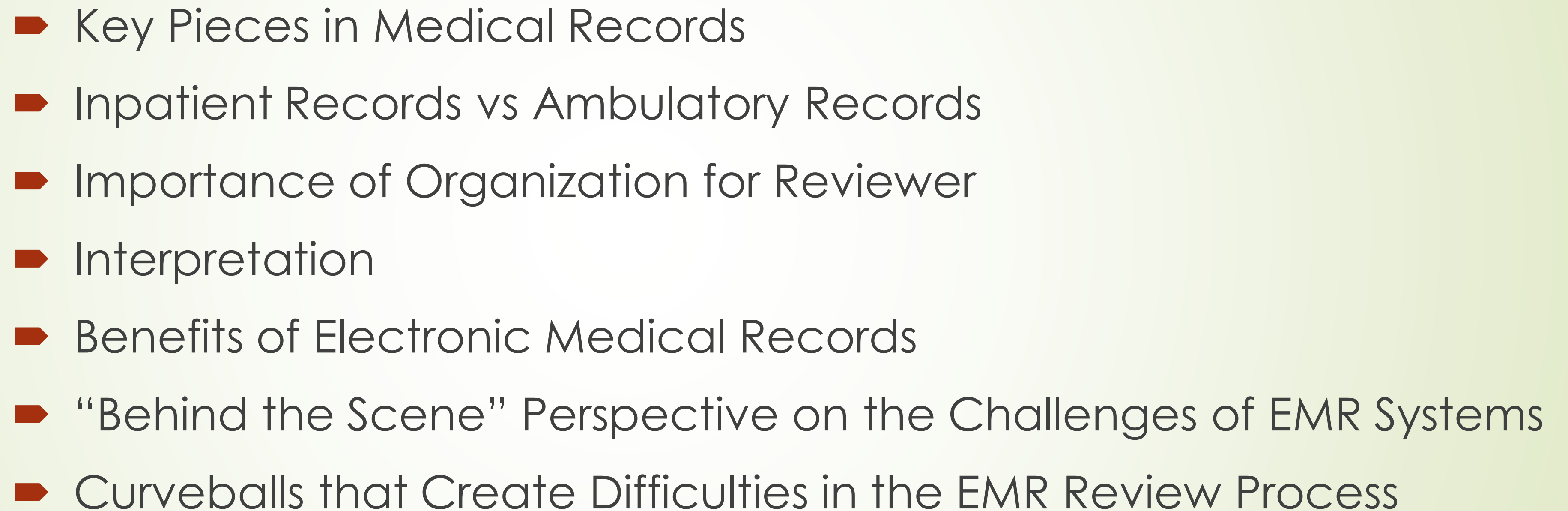
Discussion



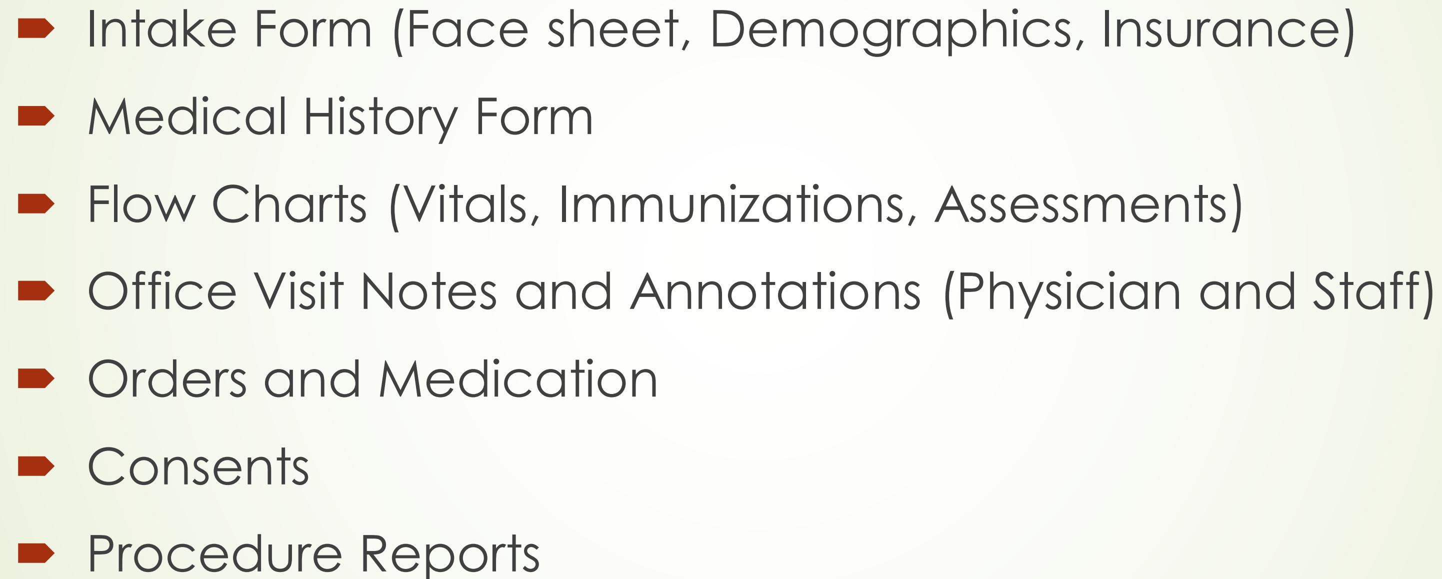
- Key Pieces in Medical Records
- Inpatient Records vs Ambulatory Records
- Importance of Organization for Reviewer
- Interpretation
- Benefits of Electronic Medical Records
- “Behind the Scene” Perspective on the Challenges of EMR Systems
- Curveballs that Create Difficulties in the EMR Review Process

- Face Sheet (Demographics, Insurance)
- Chief Complaint
- Admission Assessment (Nurse)
- Consents
- History & Physical Assessment (Provider Admission)
- Orders
- Progress and Nurses Notes
- Flow Charts (Vital Signs, Intake and Output, Pain Tracking, Neurological Assessments)
- Review of Medications and/or Medication Administration
- Diagnostic Study Reports (Lab, Pathology, Radiology)

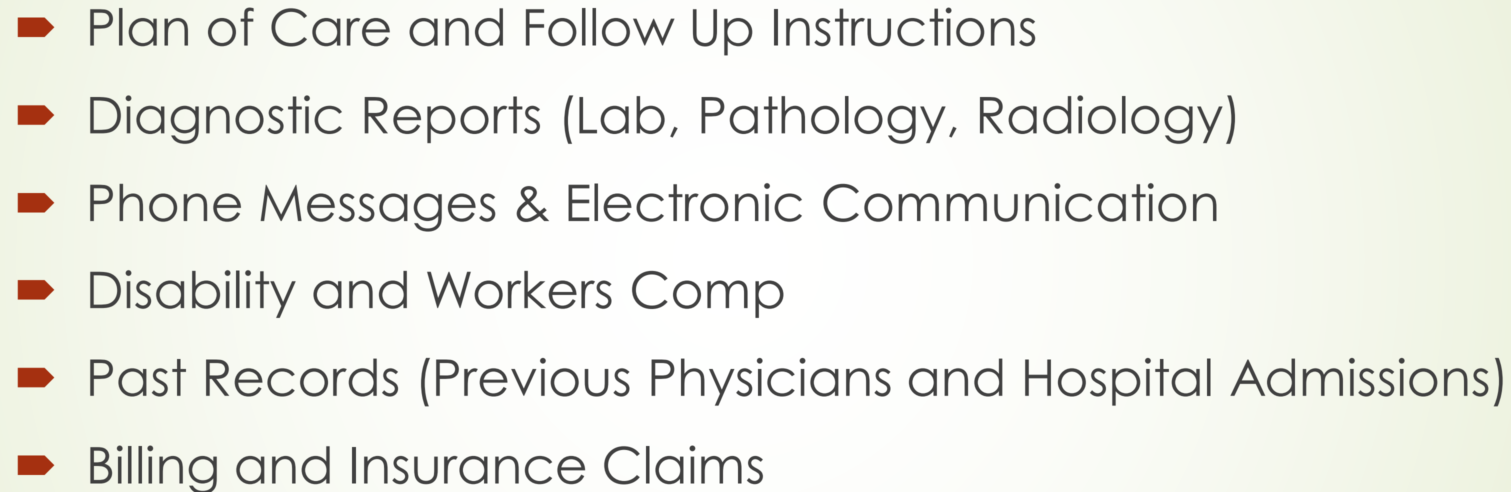
Inpatient Records Review (cont.)

- Consultations
- Care Plans (Nursing Interventions & Education)
- Ancillary & Therapy Services (Respiratory, Physical, Social Worker, Dietary)
- Monitoring Annotation (Fetal Monitoring, EKG)
- Operative or Procedural Report
- Contracted Provider Reports (Anesthesia, Surgical Assistants)
- Billing Records
- Outside Records (Ambulatory, Therapy, Hospital Records)

Key Pieces in Ambulatory Records Review


Intake Form (Face sheet, Demographics, Insurance)
Medical History Form
Flow Charts (Vitals, Immunizations, Assessments)
Office Visit Notes and Annotations (Physician and Staff)
Orders and Medication
Consents
Procedure Reports

Ambulatory Records Review (cont.)



- Plan of Care and Follow Up Instructions
- Diagnostic Reports (Lab, Pathology, Radiology)
- Phone Messages & Electronic Communication
- Disability and Workers Comp
- Past Records (Previous Physicians and Hospital Admissions)
- Billing and Insurance Claims

Include in Medical Record Request for Successful Review:

- Fetal Heart Monitoring, EKG, and Telemetry Strips
- Special Procedure Reports, Films, and Logs
- Videotapes or Photographic Documentation of Surgical Procedures or Deliveries
- EMS Transport Records
- Emergency, Operating Room, Radiology, Pharmacy, and Specimen Logs and Reports
- Autopsy Records
- Accident and Work Site Reports
- Biomedical Equipment and Maintenance Reports
- Medical Dictation Logs (Written Report or Tape)

Organization Optimizes Review

- The key to finding answers is ORGANIZATION
- Chronological Order
- Same format should be used each time to keep dates and times correct
- Paper Records- Large binders and tabs
- Digital Records- Use a program that is easy to navigate and to create tabs by reviewer (Word vs Adobe)
- Once records are in order, can definitively determine if they are complete
- Upon completion, now record can be reviewed in comparison with orders, policies, protocols, clinical guidelines, medical literature review, best practices, and standards or care

Interpreting Medical Records… Where are the crucial answers ?

- Patient Complaints
- Vital Signs
- Assessments
- Provider and Nursing Notes
- Results of Tests
- Orders and Medications

- Interventions
- What Was Done vs What Was Not Done
- Who was involved and when they got involved
- “The Big Event”- When, Why, How
- Standard of Care

- Efficiency
- Cost control
- Tracking
- Reduction in Medical Errors
- Safety Parameters
- Quality of Care

- Order Entry
- Legible Note Entry
- Communication amongst different teams or facilities
- Easy access to find what is needed in a “live environment”
- Can access easily form the “in house” archive system

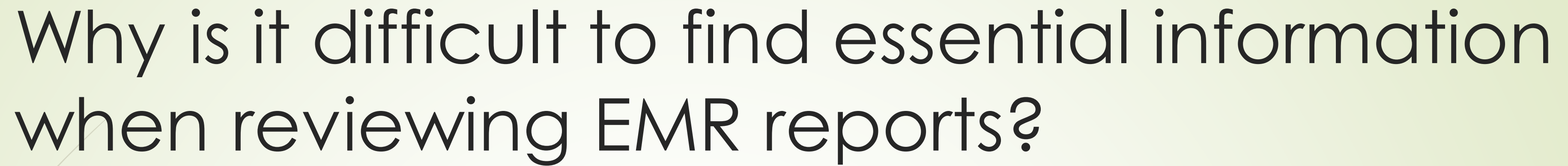
The Challenges for End Users with EMR Systems

- Flawed Design and Inadaqute Support
  - EMR systems are purchased by Healthcare systems that are sold on a “one product fits all” departments mentality
  - Healthcare systems’ informatics teams are not equipped to handle the build and implementation of the product
  - Medical perspective is not viewed as important as a functional aspect
  - The teams that design the build are usually not medical
  - Staff is ill informed during the training and Go-Live process
  - Format is not conducive to live environment and patient care

- Medical staff is "forced" to select answers that may not be pertinent to what is truly needed for documentation
  - Hard Stops
  - Easy "check box" annotation options does not capture all information
  - Creates documentation fatigue; less time to complete documentation that is critical to what interventions were completed
- Overload
- Generational Gaps
- Time Stamps

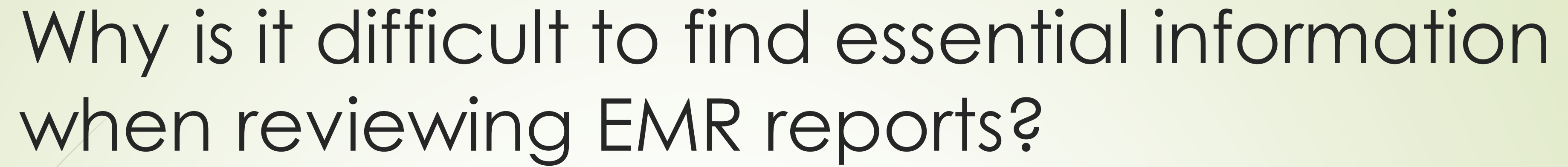
The Challenges for End Users with EMR Systems

- Not all health provider teams have to use the same system at the same facility
- Who puts in what order set or care plan can cause confusion in future care provided
- Staff heavily rely on what was previous entered to make their current decisions
- Simple User Errors
- Resistance
- Staff at some facilities still must use paper flow sheets and order sheets causing confusion on what they should document and where critical information needs to be captured



Why is it difficult to find essential information when reviewing EMR reports?

- The challenges discussed directly effect how the printed or digital report is produced, viewed, and interpreted
- System downtimes, paper flow sheets, optimization periods, and "work around" plans create more discrepancies
- Mix of paper documentation, duplicate records, and electronic records printed are not produced in chronological order
- The important notes and actions are scattered all throughout the records instead of one isolated area, and most definitely not captured in the time stamp where it truly belongs



- EMR systems are continuously changing
- Not one Healthcare System's records look the same as another, even if they function off the same product
- Multiple EMR systems records can be in one patient's complete record received

References

- Peterson, Ann M., EdD, MSN, RN, FNP-BS, LNCC. Kopishke, Lynda, MSN, RN, LNCC (2010) *Legal Nurse Consulting Principles Third Edition*. Boca Raton, FL: CRC Press Taylor & Francis Group.

- Iyer, Patricia W., MSN, RN, LNCC. (2016) *How to Analyze Medical Records: A Primer For Legal Nurse Consultants*. Fort Myers, FL: The Pat Iyer Group.