04/29/2009

Marietta Squire
NCVHS Executive Subcommittee,

As a Pharmacist and health information systems professional for 29 years I have been involved in Health information systems development, implementation and support. Throughout my career I have seen both successful and less than successful implementation and use of health information technology. Commitment to continuous quality improvement is the one common element with successful implementation of health information systems. Continuous quality improvement should be seriously considered in the meaningful use definition of Health Information Technology. The continuous quality environment needs to be multi-disciplinary, provide non-punitive error reporting/review and requires a financial commitment to continuous improvement.

Health care is clearly a multi-disciplinary environment where physicians, nurses, pharmacists, patients, family and others can have significant impact. Electronic medical record systems are a tool to support the communications between different care providers and between care providers and patients. Quality improvement efforts need to involve multi-disciplinary groups to design and implement processes that best meet the goals for safe and quality health care. These multi-disciplinary groups need to be patient focused and create the culture of quality necessary to improve health care delivery.

Systems and standards are needed to support reporting and analysis of errors and near misses in order to improve safety and quality of health care delivery. The introduction of automated systems has significant potential to introduce new sources of error in healthcare delivery systems. It is important that error and near miss reporting systems are available for health care workers and patients to report problems and potential problems with health information systems. Standards and certification of these error reporting systems is needed. Quality improvements are realized through defined procedures for reviewing the reports. Certification of systems and standardized review processes are needed to eliminate the liability introduced by the legal discoverability of the reported problems. Error reporting systems should be integrated with the health record systems to support ease of reporting. The system should support local review of the error reports as well as forwarding de-identified reports to a national level. These reporting systems will provide evidence of continuous quality improvement efforts, provide important information to support refinement of standards and support quicker identification of errors that may impact multiple providers and patients. Error reporting and monitoring systems will ultimately lead to the development of better system functionality and safe practice standards.

Finally, meaningful use of electronic health records should include the continuous investment in the maintenance and enhancement of the technology. Initial implementation of health information systems seldom provide enhancements beyond replacing existing systems and functions. The value of these systems are normally realized through subsequent investments into enhancement and refinement of the software and people processes. These improvements and refinements are often not realized or are delayed due to reduced funding as the systems shift from capital funding support to operating budget

support. Meaningful use needs to recognize the importance of continued investment into these improvements and refinements.

The value of health information technology is its ability to improve efficiency, increase quality and safety, reduce costs and increase satisfaction. The common way to accomplish these goals is for a health care organization or provider to implement the technology in a culture of continuous quality improvement. Only then will systems, functionality and people processes be adjusted to provide a better healthcare environment for patients. As patients, we all certainly deserve it.

Sincerely,

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