

Who Will Make the Final Decision for the EHR Content at Your Facility?

As healthcare facilities and providers are implementing and expanding the use of electronic health record (EHR) systems, the critical need for a formal EHR governance structure is becoming increasingly apparent. Most healthcare entities are in transition from paper records to electronic systems and living with a hybrid record. The policies that governed health information management for paper records (i.e. record completion, correction/amendment of records, release of information) must be transformed into guiding principles that effectively govern electronic data.

The EHR is a compilation of diverse and often disparate electronic systems that produce health record content. Almost universally, the EHR is a combination of content that enters the EHR via an electronic scanning system as well as content that is discrete, structured data, such as laboratory values, coded data, medication dosages, template-driven documentation, etc. In addition to these traditional aspects of health records, electronic systems often include information from email messages, presentations, electronic images, databases, and other 'new' sources of health information. Understanding the source of each component of the EHR is a first critical step in beginning to develop policies and procedures to ensure data integrity, appropriate access, reliable record content, and compliance with legislative, regulatory, and internal mandates. Achieving and reporting meaningful use metrics are more easily accomplished through effective governance of EHR content.

To ensure effective governance, a multidisciplinary group must be empowered and responsible as THE decision-making body for the EHR. This group is the logical evolution of the traditional Medical Record / Health Record Committee. The EHR Governance Committee should report and be accountable directly to the executive board of the healthcare entity. Members should consist of individuals who document in the EHR and use the information for patient care and those who are responsible for record content to meet legal, compliance, and regulatory requirements.

Some Of The Key Members Would Be

- Director of Health Information Management
- Chief Information Officer /IT Director
- Director of Nursing or Nursing Informatics
- Chief Compliance Officer
- Director of Risk Management / Legal Counsel
- Director of Quality
- Physician Leaders (from major clinical areas)
- Administration

Subcommittees can be formed to address particular aspects of EHR governance:

Policy Committee: develops/reviews policies for documentation requirements, electronic form/template content, retention, compliance, and maintenance of the legal health record

Provider Documentation Compliance: monitors and reports compliance with JCAHO standards, CMS and other regulatory reporting, and compliance with internal policies, such as 'copy and paste'

Migration: develops plans and policies for implementation of various aspects of EHR as it evolves as well as decommissioning of old systems; education of user groups.

Good governance of an EHR system is essential in achieving the vast benefits that are inherent in EHRs. Ensuring that the multitudes of data elements and pieces of the EHR are reliable, accessible, manageable, retrievable, and destroyable in a completely safe and quality-controlled fashion is daunting, but it is absolutely necessary. Health information is THE key resource for quality patient care, patient safety, and effective, efficient healthcare entities.

Quality Healthcare through Quality Information

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Simulation in Nursing, *continued from page 1*

which has been recognized as a Laerdal Center of Education Excellence. That's simulation education's gold seal of approval. The two-day conference on Nov. 4-5 was preceded on Nov. 3 by a pre-conference at Vanderbilt University where participants new to simulation education learned the basics of setting up simulation programs at their institutions.

Just what is simulation education anyway? According to Beth Fentress Hallmark, PhD, RN, who is Belmont's director of simulation, "A simulated clinical experience is anything that is not real. I hate to say that, but there are so many different components to it, from the actual pre-work that students have to do, to the simulation where they're working in the lab or with a standardized patient. Because simulation is so new, we are really trying to define some of those terms."

A "standardized patient" is an individual trained to play the role of someone who is ill or injured and that can certainly be a valuable learning tool. Yet, simulation may also be as simple as a nurse learning to administer an injection by substituting an orange for an arm. "It's not just electronic simulators that we're talking about," Hallmark said, adding, "The most important portion of simulation is really the debriefing and the reflective thinking, where you sit around the table and you 'unpack' everything you've done."

The seeds for the Tennessee Simulation Conference were sowed in 2006, when nursing education advocates across the state launched a full-fledged effort to apply for grant funding, Hallmark explained. They were successful, and the first conference at Belmont, entitled "Empowering Nurse Educators," was held in 2008. Funding has come from a variety of sources, including the Community Foundation of Tennessee, the Tennessee Center for Nursing, Belmont, Vanderbilt and Austin Peay State University. Another financial source has been a national initiative by the Robert Wood Johnson and the Northwest Health Foundation. Called Partners Investing in Nursing's Future, the national strategy was designed to establish a stable, adequate nursing workforce.

Today, the Tennessee Nursing Clinical Simulation Center is a website collaboration designed to help Tennessee nurse educators access the latest simulation resources. The site includes links to other websites, conferences, newsletters, presentations, journals and books, offering an in-depth look at what is practiced in the world of simulation today.

According to the website, "In today's world of healthcare, we have learned simulation provides the learner a place safe from patient harm, helps the learner to increase confidence, and can provide the



PHOTO: J. MICHAEL KROUSKOP, BELMONT UNIVERSITY

Nurses react to a simulated disaster during a drill at Belmont University.

educator a means to make things happen, unlike clinical experiences. Educators are also learning that simulation education provides a format to teach teamwork."

In fact, Hallmark's presentation at last month's conference focused on the importance of interdisciplinary cooperation in simulation education. "Not only is this going to be nursing, but we're expanding this to include all disciplines. I'm working with physicians, EMTs, respiratory therapy, allied health, from the very top to the very bottom of the healthcare realm," she said. She pointed to studies that now stress educating nurses "interprofessionally and not in those typical silos because the medical errors continue to occur."

Still another Tennessee initiative is the new Tennessee Simulation Alliance, which held its inaugural meeting on Oct. 11 and met again in conjunction with the recent conference. Hallmark is the alliance's program director, and she said the collaboration is multidisciplinary and involves healthcare professionals working together to ensure improved patient safety and the use of quality simulation scenarios. The alliance plans to partner with academia, industry, government and healthcare providers.

"In surgery, there's still an increase in wrong-side surgeries or wrong-site surgeries. Isn't that awful? We really feel like simulation is one way we can help with safety and communication and make sure that we are providing education for students before they get to the acute-care arena," she said.

Hallmark said ongoing projects in Tennessee to further simulation include:

Continued faculty education,

An online "clinical placing system" database to help nursing schools find available simulation units they might use in hospitals, long-term care facilities and other institutions.

Development of current nurses on a unit to act as clinical instructors.