

Auditing Electronic Medical Record Systems

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Hospitals & Clinics

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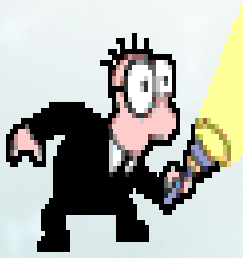
- Allina Hospitals & Clinics is a not-for-profit system of hospitals, clinics and other health care services
- We have 23,000 employees, 5,000 physicians and 2,500 volunteers working to meet the health care needs of communities throughout Minnesota and western Wisconsin

Allina Hospitals and Clinics

- 11 hospitals (5 Twin Cities Metro Area / 6 Rural)
- 43 Allina Medical Clinic sites
- 22 hospital-based clinics
- 15 community retail pharmacies
- 4 ambulatory care centers
- Home Care Hospice & Palliative Care
- Allina Transportation
- Home Oxygen & Medical Equipment
- Reference Laboratory

One Patient. One Record.

- Electronic Medical Record (EMR) project began in 2002, scheduled completion is 2007
- Inpatient and ambulatory care is accessible through one record
 - Patients have to provide information only once
 - Test results, allergies, prescriptions, medical history are instantly available to authorized providers regardless of which site originally collected it
- One of this country's largest, most integrated implementations
 - Scheduling/Registration
 - Clinical information
 - Billing
- Pushed the limits of system design



Auditing the EMR System

- Readiness assessments
 - Hospitals and clinics
 - Computerized Physician Order Entry (CPOE)
 - Billing offices
 - Health Information Management, Registration
- Benefit assumptions
- Project management
- Implementation process
- Change management controls
- Security
- Access
- Budget and financial controls
- Billing compliance requirements
- Charging accuracy
- Interfaces
- Disaster Recovery Plans
- Business Continuity Plans
- Reporting functionality
- Work queue functionality
- Supply charging
- IT support

Auditing the Electronic “Chart”

- Audit criteria doesn't change
- Regulatory requirements are the same regardless of method of documentation
- Locating information can be a problem for auditors
 - Multiple screens with multiple layers
 - Integration of care information across sites means overlap - from ambulatory to inpatient
 - Variation between sites in scanning and linking procedures
 - End user learning curve

Auditing the Electronic “Chart”

- Audits can be done remotely
 - Reduced travel time for auditors
 - Requires fewer resources from audited site
- Legibility is improved – no more straining to decipher handwriting
- If printed from EMR – hardcopy is difficult to read because of format
- Time requirement for auditors
 - Slightly decreased for ambulatory services
 - Doubled for inpatient services

Auditor Training

- Auditor requirements may be unique from all other users
- Auditors need to know how to navigate and locate information, not perform all functions
- Auditors need less detailed training than users but greater scope
 - Registration
 - Clinical documentation
 - Coding
 - Billing information
- Because of available training limitations, it required more hands on learning than classroom

System Access for Auditors

- Access to our system information is limited by job function
 - need to know
- Auditors required special access to both clinical and billing documentation
- Prefer “read only” access, which wasn’t part of original security levels
- Complicated the training issue

Recommendations

- Involve audit staff in design stage to ensure compliance requirements are met and audit needs are considered
- Expect initial loss of productivity for auditor learning curve
- Plan for increased time requirement for auditing hospital documentation
- Start work on sampling process 6 -12 months prior to audit
 - Understand how to apply sampling procedure to new system
 - May need to build special reports to use in sampling
 - Identify any additional interfaced systems, such as lab, for sampling

Recommendations

- Plan billing compliance audits to review claims with dates of service 2-3 months post go-live
 - Avoid some of the static that always occurs with new implementations
 - Still early in implementation to catch and correct problems
- Avoid impulse to do initial audits remotely
 - Users help auditor to navigate through complex screens as everyone learns
 - Auditors get basic understanding of work flows from users
- Work closely and collaboratively with end users

Recommendations

- Meet with operations following fieldwork to review errors in detail
 - Time well spent!
 - Learning opportunity for auditors and users
 - Look for root causes
 - Recommendations will be more effective
 - Identify improvement opportunities
 - In user training, tip sheets
 - Redesign flow sheets, prompts, convenient links

Recommendations

- Report trends and opportunities to project management and operations leadership
 - Executive management
 - Project oversight committee
 - Audit and Compliance Committee
 - Operations committees

Recommendations

- Look for gaps in supporting infrastructure in organization
 - EMR with CPOE requires major changes in workflows
 - Integrating with billing systems increases complexity
 - New approaches required for issue resolution, training, reporting and support functions
 - Organization may need to create different infrastructures



Questions?

Contact Information

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