Auditing Electronic Medical Record Systems

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Allina Hospitals and Clinics

- 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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