**AHIMA Standard TF**

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Issues around auditing and data integrity,

Monitoring evolution of the proposals

Want to identify issue and fix this if we can join forces that is what we would like to do.

Looking for something more summarized and east to use and the average HIM Professional who is drilling is not going to reach the interoperability.

Information came from multiple sites – page by page. There is no way to logically look page by page and everyone sign on is different as sign on have different looks.

Hard to do a paper side by side review in the printed legal health record.

How critical the findings that care givers are not reviewing the previous records.

Difference between active care and post care looks of the record

There is a difference between abolish use of the copy and paste and moderation.

Bring up using dragon that is not good either

Willing to put in the work

Sound like down in the weeds, but is a very serious safety concern for the patient’s care.

There is a lot of value in the EHR and it part of the growing pains that the structure needs to have IG and structure and applied, but concerned with going with other in which times the practices are antiquated. Do not want to ‘throw out the baby with the bath water’.

Do not see the problems are any worse when we are in paper, but more easily identifiable. But document clarity and continuity are much worse. There are growing pains and we do need more structure an IG focus on the ERH, but a lot of the principles on data integrity hold true with EHR.

There are issues with copy and paste and see same information over and over again. The record is literally full of redundant information. The clinicians and cannot find what they need to treat the patient, as well as fraud and abuse issues.

When hand the record in a paper format, the information is even worse and cannot find the data. We cannot politically ban this, but move towards accountability and sanctions. Suggest more education and training.

Want to be sure that the EHR can tell the patient story.

What is the purpose?

Do not need to ban. We are dealing with a growing pain. Make sure HIT vendor understand the issue

One of the focuses is to document this issue and present as a use case for the HIT vendors

See synergy between proposal for AHIAM and engagement with IHE. We can in three months come up with the detailed requirements and what the solution looks like and communicate this to IHE.

Solution is around instantiating IG and standards of practice and policy into the general community reaching not only the uses but the vendors as well. Many concerns that are raised that will be addressed moving forward.

Want to give something in the short term that you can do. Start by recognizing and start to monitor and audit and here is what you need to have in place. The dynamic active patient care and what happens post discharge in the lock down state.

This discharged needs to be static and not changed and need to not change. See this as two different systems – active/dynamic.

Traditional discussion with vendors. Users want everything now. But vendors may not be able to even do this. We need to have the requirements before we move forward.

Child development fits into this.

Shorter – 3 months? Nail down requirement for approach for copy and paste. Need to build a consensus for copy and paste. What are the rules for capturing the data (including or not copy and paste) may consider collaborating.

Need several subgroups working on this at the same time. The longer the wait without any guidelines the more difficult.

Somehow we need to begin the physician and nursing leadership around accountability and sanction and chronic misuse.

Documents did not focus on just copy and paste. But included 3 steps for reducing steps for redundancy and 9 recommendations. Review this and ensure we have clarity. Then we can take this to vendors.

There is a sense of urgency. While no one wants to see that standards efforts to reliability through standards. There is a way to increase efficiency to look at guidelines. Leverage other standards activities that we are already involved such as HL7, ISO, IHE. Another issue that standards can become standards over time as defacto standards. We could develop the guidelines that then become the defacto standards. Perhaps this is way to focus this activity at a guiding level.

Are we having any effort in harmonizing this standards and do we have any cross reference on AHIMA website and connect with uses. IS there a system for assessing the requirement needs? IT tend to work in a vacuum they do not like to work with the users.

Have a great opportunity to develop champions to start looking at changing behaviour.

Have seen the doctor’s change over the past years. The copy/paste or pre population is done by the facility. This problem is happening and being implemented by organizations.

Next Steps – Planning call?

Darcie would like to present a webinar. Start with webinar and then discuss scope of activities.

Specific activities for 2015 and ILHIMA to work together -