Advantages of Electronic Health Records

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Implementing the Electronic Health Record (EHR) has occurred due to advances in technology and integrating them into healthcare. Critics of the EHR voice their concerns about the implementation of the EHR. They say that the EHR is too expensive. They say the transition from paper records to electronic records is laborious and problematic and that healthcare staff are inexperienced with the new software and will require training. They say the EHR will significantly change daily processes and workflows as the industry adjusts to the latest technology. The most significant concern is regarding privacy and security (Foltz, 2018, p. 18-19, 58). However, many benefits exist to implementing the EHR that outweigh the disadvantages. These advantages include improved documentation, communication and operations, accessibility to patient information, and, most importantly, patient safety (Foltz, 2018, p. 16-18).

The first advantage to the EHR is improved documentation. Doctors have a reputation for having unreadable handwriting, but they can type their notes directly into the EHR, eliminating the need to interpret them to other staff (Foltz, 2018, p. 16-18). Healthcare providers enter data into the EHR using standardized data fields and templates. Standardized fields apply the same formatting to similar data sets allowing the data to be searched and interpreted more easily (Foltz, 2018, p. 57). Templates remind care providers what information needs to be collected, ensure they forget no information, and collect data in a standardized order and format (Sayles, 2020, p. 95). EHRs even contain more information than paper records. Additional items found in the EHR are e-mails, voicemails, images, video, and audio (Sayles, 2020, p. 82). Implementation of the EHR results in a more complete and standardized record that is more comprehensive and usable by the care provider.

The second benefit to the EHR is improved and efficient communication and operations. The EHR is successful because of interoperability, allowing information exchange and communication between providers and facilities, increasing accessibility to patient medical information (Foltz, 2018, p. 8-9). Electronic records simplify documentation and processes. They do not require redundant forms, and papers no longer need to pass through different staff

multiple times. Traditionally, prescriptions usually required documents passing through more staff, but doctors send electronic prescriptions straight to the pharmacist (Foltz, 2018, p. 17-18).

Accessibility to patient information is another benefit of the EHR (Foltz, 2018, p. 18). Both healthcare providers and patients have improved medical records access because of interoperability (Foltz, 2018, p. 8-9). Patient information is so accessible that care providers can access the EHR from mobile devices and workstations (Foltz, 2018, p. 57). With the EHR, patients can view their information through a portal using the internet. Patients and care providers can access test results and lab work as soon as they are available (Foltz, 2018, p. 138, 334). Before the EHR, searching data was a labor-intensive task requiring searching and flipping through large quantities of paper records. Now data collection is quick and easy, and data is more accessible to researches and analysts. Better and faster analysis and research increase the number of clinical studies and dramatically improve healthcare and operations (Zozus et al., n.d.).

Most importantly, the EHR improves patient safety and reduces errors. Because the EHR eliminates the need for handwritten documentation, it also eliminates a significant cause of errors. Nurses and other staff can easily read typed documentation in the EHR and no longer need the doctor to interpret illegible writing (Foltz, 2018, p. 3). Care providers can provide better and safer care for their patients when they are more informed due to more complete and better quality documentation. If information is missing from a patient's record or is incorrect, the doctor is more likely to make a mistake or apply poor judgment regarding treatment and medication (Foltz, 2018, p. 18).

With improved documentation, communication and operations, accessibility to patient information, and patient safety, implementing the EHR gives healthcare providers and facilities many advantages. The immediate cost may be hefty, but facilities can save more money long-term with improved operations. Properly credentialed and knowledgeable health information management (HIM) and IT staff can ease the transition to the EHR and assist in training staff. HIM and IT staff can also implement proper backup and security measures to ensure patient information is safe, secure, and always available. When overall improved patient safety outweighs the disadvantages, HIM and IT staff can improve or eliminate negative concerns.

References

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