

# Feds Consider Effect of IT on Patient Safety

BY MARY ELLEN SCHNEIDER

As physicians and hospitals begin to implement electronic health record systems in the hopes of earning financial incentives from the federal government, experts are considering how to ensure patient safety when working with health information technology. The Health IT Policy Committee, which makes recommendations to the federal National Coordinator for Health Information Technology, met this spring to discuss some of the areas where potential patient safety hazards exist. Topping the list were technology issues, such as software bugs, interoperability problems, and implementation and training deficiencies.

**Potential patient safety hazards include software bugs, interoperability problems, and implementation and training deficiencies. Interaction of people and technology is also a concern.**

interaction of people and technology. According to Paul Egerman, who cochairs the Certification/Adoption Workgroup of the Health IT Policy Committee, straightforward problems with technology are actually in the minority when it comes to safety issues. While these problems can be difficult to uncover, once they are discovered they can usually be easily and rapidly fixed. The majority of safety issues surrounding health IT involve multiple factors. That complicates things, Mr. Egerman said, because that means that even if the technology worked perfectly, there could still be problems. "There are tons of issues that are completely independent of technology," said Mr. Egerman, who is CEO of eScription, a computer-aided medical transcription company.

Also of concern is that many of the health IT-related safety issues are local. Marc Probst, who cochairs the Certification/Adoption Workgroup, said that each health care organization is unique, and relies on very different operating systems, security and privacy protocols, and even different types of monitoring. That puts the onus on individual organizations to stay on top of safety issues raised by their health IT (HIT) systems, he said. "Every organization is going to be unique, so there is a local responsibility to HIT safety that our vendors simply aren't going to be able to keep up with," said Mr. Probst, who is the chief information officer at Intermountain Healthcare in Salt Lake City. The Certification/Adoption workgroup previewed some of its ideas for gathering more data on the HIT-related safety issues and the need for more training. The workgroup released a set of preliminary recommendations that call for patients to play a greater role in identifying errors. In the physician's office, for example, patients should ideally be able to

observe as physicians enter information into an electronic record so they can call attention to mistakes. On the inpatient side, patients and family members should be encouraged to look at medication lists. To gain more data, the workgroup also called for establishing a national database and reporting system that would allow patients and health care providers to make confidential reports about incidents and potential hazards.

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