Top 10 tips for effective use of electronic health records

Rey Wuerth[1], Catherine Campbell PEng MDes[2], W James King MSc MD[1,3]

The use of electronic health record (EHR) systems has become common in both outpatient and hospital-based care, with 57% of primary care physicians using EHRs as of 2013 (doubling since 2006) (1). Successful adoption of an EHR system is dependent on many factors including the type of EHR, the practice setting, interface design, usability and incentives (2). While there are many potential benefits and risks of EHR use, one critical characteristic is its ability to influence the patient-provider interaction.

The following 10 tips aim to help maintain quality of care while transitioning from a paper-based charting system to EHRs. While some of these may appear to be intuitive, providers struggle with the transition and may benefit from such focused guidance. Whether you currently use an EHR system or plan to use one in the near future, we encourage you to implement these tips into daily practice to enable you to continue to improve the quality of care you provide and ensure that care remains patient centred.

1. Keep your care patient centred, not computer centred
Be aware of how much time you focus on the patient and compare it with how much time you focus on the computer. Both computer use and communicating with the patient require focused attention (3-7). Also, be cognizant of screen gazing – we have a habit of glancing at the computer screen while receiving nonrelevant clinical information.

2. Look at your patients
This is especially true at the onset of the encounter, when first introducing yourself to a new patient and when sensitive issues are discussed. During these key moments, give patients your full, undivided attention. While listening, make sure that you face and make eye contact with your patient and their family; just as importantly, push your monitor away and take your hands off the keyboard and mouse (3).

3. Do not stop interacting with your patient
Continue communicating with your patient while you enter data into their record. When discussing data, point to the screen and show the patient the results such as specific laboratory values and where they fall within their normal range. Tell your patient what you are doing as you are doing it and affirm a shift back to the computer (3,4).

4. Encourage active participation in the building of your patient's chart
Before writing in the patient chart, acknowledge or ask for permission. While talking about previous tests, say "allow me show you a trend of your results". Such strategies improve the patient-physician relationship and also give the patient more confidence in the care they receive (3,4).

5. Work the computer – do not let it work you
Do not allow the computer to dictate your interaction with the patient. In addition to ergonomic benefits, mobile computer screens can be used effectively to hide – or, more importantly, display – test results and notes to the patient or their family. When discussing results or notes, turn the monitor toward the patient and highlight what you are discussing. This facilitates patient engagement and increases their satisfaction with the encounter (3,5).

6. Detach routine data entry from your patient encounter
Review the list of concerns, problems and previous notes before entering the examination room to improve efficiency and optimize patient satisfaction. Separation of routine data entry will increase the time available for interacting with your patient and their family. When appropriate, use transition times to access the electronic system (3,5).

7. Enter data after your patient has communicated their concerns
Adjust your typing style and timing around your patient's needs. Begin with your patient's concerns and allow them to drive the flow of information while you direct content to clinically relevant topics. Do not start and stop your patient from expressing themselves to write something down or look something up (3).

8. Try using templates for documenting
Many EHR systems include documentation templates or allow users to create their own. Once you feel comfortable using templates, they can significantly reduce the time required to chart for patient visits, findings, referrals, etc (3).

9. Make a concerted effort to improve your computer and typing skills
As you become more familiar with the EHR system, you will be enhancing your screen-scanning speed, browsing speed and accuracy, and learning to use the decision support effectively. Even computer-savvy users have room to enhance their clinical effectiveness by learning short cuts (3).

10. Be patient
It can take up to a year before a health care professional becomes competent and confident in their use of EHRs (5).

REFERENCES
1. Health Council of Canada. Progress Report 2013: Health care renewal in Canada, 2013. <www.healthcouncilcanada.ca/rpt_det.php?id=481> (Accessed October 17, 2013).
2. Morton ME, Wiedenbeck S. EHR acceptance factors in ambulatory care: A survey of physician perceptions. Perspect Health Inf Manag 2010;7:1c.
3. Shachak A, Reis S. The impact of electronic medical records on patient-doctor communication during consultation: A narrative literature review. J Eval Clin Pract 2009;15:641-9.
4. Thomas Jefferson University. Empower. Empower Tips for EMR in the Exam Room. <www.jefferson.edu/emr/tips.cfm> (Accessed October 17, 2013).
5. Orr A, Norrie A. University of Manitoba. School of Medicine. EMR Best Practice Tips. 2012. <www.manitoba-ehealth.ca/commPhysicians/files/best_practice.pdf> (Accessed October 17, 2013).
6. Booth N, Robinson P, Kohannejad J. Identification of high-quality consultation practice in primary care: The effects of computer use on doctor-patient rapport. Inform Prim Care 2004;12:75-83.
7. Frankel R, Altschuler A, George S, et al. Effects of exam-room computing on clinician-patient communication: A longitudinal qualitative study. J Gen Intern Med 2005;20:677-82.

[1]Division of Pediatric Medicine; [2]Department of Information Services, Children's Hospital of Eastern Ontario; [3]Department of Pediatrics, Faculty of Medicine, University of Ottawa, Ottawa, Ontario
Correspondence: Dr W James King, Division of Pediatric Medicine, Department of Pediatrics, Children's Hospital of Eastern Ontario, 401 Smyth Road, Ottawa, Ontario K1H 8L1. Telephone 613-737-7600 ext 2664, fax 613-738-4878, e-mail king@cheo.on.ca