

WHAT'S WRONG WITH THIS EHR SCREEN?

UNFORESEEN CONSEQUENCES WITH TEMPLATED CLINICAL ENCOUNTERS

The following is a screenshot of a physical assessment as recorded in an EHR template. Can you spot any areas of concern?

Physical Assessment

Patient Name: Harvey HIPAA

ASSESSMENT			
Body Area	Assessments and Comments	Body Area	Assessments and Comments
Airway	Assessed with no abnormalities	Head	Other: Hematoma noted to the R frontal No lacerations noted
Face	Assessed with no abnormalities	Left Ear	Assessed with no abnormalities
Right Ear	Assessed with no abnormalities	Left Eye	Assessed with no abnormalities
Right Eye	Assessed with no abnormalities	Nose	Assessed with no abnormalities
Neck	Assessed with no abnormalities	Trachea	Assessed with no abnormalities
Chest	Assessed with no abnormalities	Pelvis	Assessed with no abnormalities
Genitals	Not assessed	Upper Left Arm	Assessed with no abnormalities
Upper Right Arm	Assessed with no abnormalities	Upper Left Leg	Assessed with no abnormalities
Upper Right Leg	Assessed with no abnormalities	Lower Left Leg	Assessed with no abnormalities
Lower Right Leg	Assessed with no abnormalities	Abdomen - Generalized	Assessed with no abnormalities
Abdomen – Left Lower	Assessed with no abnormalities	Abdomen – Left Upper	Assessed with no abnormalities
Abdomen – Right Lower	Assessed with no abnormalities	Abdomen – Right Upper	Assessed with no abnormalities
Cervical – Left	Assessed with no abnormalities	Cervical – Midline	Assessed with no abnormalities
Cervical - Right	Assessed with no abnormalities	Epigastric	Assessed with no abnormalities
Left Ankle	Assessed with no abnormalities	Left Dorsal Foot	Assessed with no abnormalities
Left Dorsal Hand	Assessed with no abnormalities	Left Elbow	Assessed with no abnormalities
Left Forearm	Assessed with no abnormalities	Left Hip	Assessed with no abnormalities
Left Knee	Assessed with no abnormalities	Left Palm	Assessed with no abnormalities
Left Planter Foot	Assessed with no abnormalities	Left Shoulder	Assessed with no abnormalities
Left Wrist	Assessed with no abnormalities	Lumbar – Left	Assessed with no abnormalities
Lumbar - Midline	Assessed with no abnormalities	Lumbar – Right	Assessed with no abnormalities
Mental Status	Oriented-Event Oriented-Person Oriented-Place Oriented Time	Mouth	Assessed with no abnormalities
Neurological	Normal Baseline for Patient: CN 2-12 Intact CMS intact to the periphery UE and LC NTTP of the cervical spine	Pain Assessment	Location = Shoulder: R shoulder at sight of abrasion
Right Ankle	Assessed with no abnormalities	Right Dorsal Foot	Assessed with no abnormalities
Right Dorsal Hand	Assessed with no abnormalities	Right Elbow	Abrasion
Right Forearm	Assessed with no abnormalities	Right Hip	Assessed with no abnormalities
Right Knee	Abrasion	Right Palm	Assessed with no abnormalities
Right Planter Foot	Assessed with no abnormalities	Right Shoulder	Abrasion
Right Wrist	Assessed with no abnormalities	Sacral – Left	Assessed with no abnormalities
Sacral-Midline	Assessed with no abnormalities	Sacral – Right	Assessed with no abnormalities
Thoracic – Left	Assessed with no abnormalities	Thoracic - Midline	Assessed with no abnormalities
Thoracic - Right	Assessed with no abnormalities		

IMPRESSIONS

Primary Impression:	Head Injury
Secondary Impression:	Abrasion Shoulder Right

TRAUMA

Trauma
Non-Category

VITAL SIGNS

Time	PTA	BP	Pulse	Monitor Rate	Respiratory	SP02	Glucose	GCS
08/4/2019 9:29	No	142/82 Automated Cuff	74, Strong, Regular		12 Normal, Regular	97%, Source Room Air		E4 + V5 + M6 = 15
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Pupils: Left=Normal, Reactive, Right=Normal, Reactive Cap. Refill=Normal								
Taken By:								
08/4/2019 9:37	No	130/78 Automated Cuff	61, Strong, Regular		16 Normal, Regular	97%, Source Room Air		E4 + V5 + M6 = 15
Skin Temp=Normal Skin Color=Normal Skin Moisture=Normal Pupils: Left=Normal, Reactive, Right=Normal, Reactive Cap. Refill=Normal								
Taken By:								

While this record, if it is an accurate reflection, serves as valid documentation of the exam, it also invites the following issues of concern:

- ➔ **Credibility**—If it is not an accurate representation of all the elements it documents as being completed, then it greatly reduces the credibility of the authors of the note. This reduced credibility can harm defensibility in subsequent review of the care for professional review and quality purposes, in medical board complaints, in legal proceedings, and in billing fraud allegations.
- ➔ **Fraud**—If the documentation is inaccurate and overstates the level of examination, it triggers significant potential for claims of fraudulent misrepresentation for billing and financial purposes. When combined with claims of professional negligence, plaintiffs can exert pressure on the record's author to settle those claims that are covered by insurance by threatening the fraud or criminal claims that are not covered by insurance policies.
- ➔ **Burying positive findings**—Increasing extraneous data or noise to the system can cloud the positive significant findings. While this documentation does provide a summary impression of the positive clinical findings and the pertinent negatives, some systems can induce clinical errors by burying the important signals of positive findings in the noise of all of the templated “normal” in the exam.
- ➔ **EHR fatigue**—Perhaps the greatest concerning issue is that each of these negative/normal entries required a corresponding click by the author. A 2017 *Annals of Family Medicine*¹ article noted that primary care physicians spend more than one-half of their workday, nearly 6 hours, interacting with the EHR during and after clinic hours. Such “clicktation” burden is likely the single largest contributing factor in the reported high levels of burnout.
- ➔ **Telling the patient's story**—Lastly, and probably subtler, is that in many instances the resulting chart created by positive and negative clicking of a template fails to tell the story of the patient's history, exam, and your medical decision-making. Such “pixelation” changes the image of the encounter. Subsequent clinicians have a limited idea of what you heard, saw, and thought about a given encounter.

¹ Ann Fam Med September/October 2017 vol. 15 no. 5 419-426