Intimate Partner & Sexual Violence and the Transition to EMR

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Educational objectives

- Understand the ways in which electronic medical records (EMR) can both empower and endanger survivors.
- Be able to articulate the challenges that EMR presents to health care providers seeking to apply best practice.

Quality IPV/SV documentation…

- Ensures continuity and quality of care,
- Offers a source of legally-recognized evidence if needed.
- Is objective, non-judgmental, relevant to care.
- Includes when possible
  - patient report, clinical findings and provider's observations.
  - photos and/or body maps.
  - Tx plan, follow-up instructions, referrals

Lingering concerns re: paper documentation

- "Protected info" model insufficient.
- Discrimination and other biases against patients with IPV/SV history.
- Lack of consensus re:
  - if/where/how lethality indicators should be documented
  - How abuse of a parent should be documented in child's chart
- Legal implications when IPV/SV is present but not documented.

Sources contributing to EMR

- EMR is an amalgamation of three different sources of information:
  - Patient
  - Health care providers
  - Payers – private insurance, government, etc.

Which stakeholder interests/needs does EMR reflect?

- Primary
  - The payers
  - The institutions which employ the health care providers
- Secondary
  - The patients
  - The providers

Benefits of EMR

- There are opportunities for EMR to support and enhance best practice
  - E.g., care coordination around infectious disease and post-exposure prophylaxis for survivors of sexual assault, administrative precautions
- History readily available, pt does not have to re-tell story or remember everything
- Can be protected (passwords, warning prompts)

Challenges/risks with EMR

- Cumbersome to navigate
- Accuracy (Cunningham, 2010)
  - Forced choices
  - Drop down text
- Accessible to many more people (some inappropriate)
- Passwords and protections limited in effectiveness

Chart overview *(Logician)*

Logician - Harry Winston MD @ Boston Medical Center (Boston Medical Center) - 5/20/02 1:40 PM - [Chart]

Go Actions Options Help

Desktop Chart Appts Reg Reports New View Print Internet Help EXIT

P.D. Patient MRN:9999999
5 Year Old Male (DOB: 02/01/1997)
CHECK PROTOCOLS
PCP: Bill Adams MD
Home: 781-111-4321 Work: None
Insurance: CARNET P (STANDARD) Group: 123

Find Pt. Protocols Graph Handouts Update Phone Nt. Refills

Summary | Problems | Medications | Alerts | Flowsheet | Orders | Documents

Problems
ASTHMA NOS
SPHEROCYTOSIS, HEREDITARY
CONJUNCTIVITIS, ACUTE NOS
OTITIS MEDIA, RIGHT
OTITIS MEDIA, LEFT
OTITIS MEDIA, BILATERAL
ADD W/O HYPERACTIVITY
* Hx of VIRAL SYNDROME

Medications
ADDERALL (SMG) TAB (AMPHETAMINE-DEXTROAMPHE
ACETAMINOPHEN SOLN 160 MG/5ML (ACETAMINOPHEN
ALBUTEROL AERS 90 MCG/ACT (ALBUTEROL) 2 puffs
FLOVENT AERO 44 MCG/ACT (FLUTICASONE PROPIONA
TYLENOL ARTHRITIS PAIN 650 MG CR TAB (ACETAMINO
ERYTHROMYCIN OINT 5 MG/GM (ERYTHROMYCIN (OPH
AMOXICILLIN 125 MG/5ML RECON SUS (AMOXICILLIN) h

Allergies
PENICILLIN
LORTAB
* ADHESIVE TAPE
* FELINES

Directives

Flowsheet: [All]

	Date	Value
ABDOMEN EXAM	03/15/2002	soft and nontender, wi
ADV MOM AGE	03/15/2002	YES
AFFCT-MOOD	02/07/2002	Oriented to all spheres
ALLERGY REV	04/23/2002	Done
APPEARANCE U	01/10/2002	clear
AUSCUL LUNGS	01/18/2002	no rales, rhonchi, or w
AXILLARY NOD	04/26/2002	no axillary adenopathy
BACK EXAM	02/07/2002	normal mobility, no defc
BEHAV OTH#3	01/30/2002	Yes. .
BILIRUBIN UR	01/10/2002	neg
BMI	04/26/2002	4.99

Documents: All

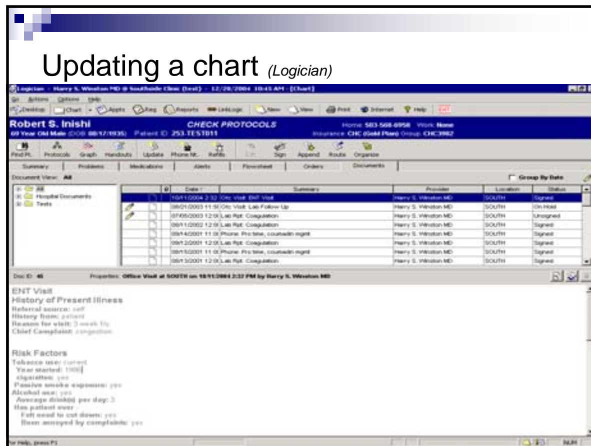
Date	Summary	Status
05/20/2002	Ofc Visit: This is a documer	Signed
05/15/2002	Ofc Visit: Well Child Check	Signed
05/14/2002	Ofc Visit: 5 Year Well Child	Signed
05/13/2002	Letter: Pedi-Personal Medic-	Signed
05/13/2002	Letter: Pedi-Personal Medic-	Signed
05/13/2002	Letter: Pedi-Personal Medic-	Signed
05/13/2002	Ofc Visit	Signed
05/08/2002	Ofc Visit: 2 Year Well Child	Signed
05/08/2002	Ofc Visit: 12 Month Well Chi	Signed
05/03/2002	Ofc Visit	Signed
05/03/2002	Clin Updt: Historical Informat	Signed

Registration Notes

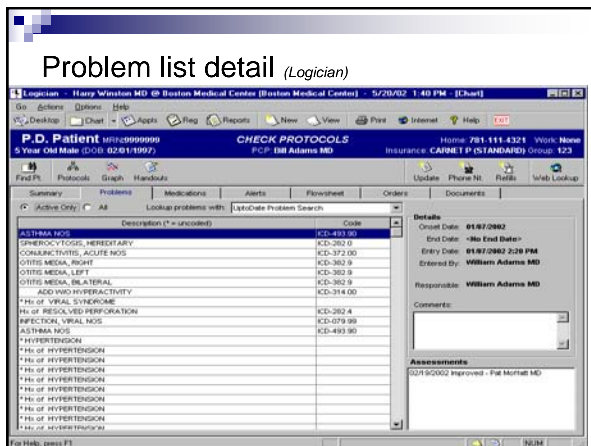
No Photo Available

For Help, press F1 NUM

Updating a chart *(Logician)*



Problem list detail *(Logician)*



Drop down texts – Medical

- Patient is “cooperative”
- Patient appears “in no acute distress”
- Patient “obeys commands”
- Patient “well groomed”

Drop down texts – Legal

- Use of alcohol <u>by the survivor</u>?
- DUI <u>by the survivor</u>?
- Theft of property <u>by the survivor</u>?
- Use of weapons <u>by the survivor</u>?

Drop Down text - Discharge Dx *(IBEX)*

Chart Archive

Newton-Wellesley

(9) Main | My Patients | Chart | Triage | Allergies | Lookup | Flowsheet | Orders | Med SVC | Dispo | Coding | My Charts | Mail | Display | Archive |
ON CALL | Reports | Visit Detail | All | Help | Logout

Fri Jul 16, 2010 00:00 thru Mon Jul 19, 2010 17:59

Patient	Gender	Age	DOB	First Urgency	Last Urgency	Acuity	Complaint	Presenting Problem	Diagnosis	Medical Record	Account	MD	RS	RN	Tria
	Female	28Y	Sat May 08,	ESI 3	ESI 3		EVAL	Medical Screen	Sexual Assault - alleged, observation or examination			BT		RYAR	Sun 18, 2 00:1

Enter: Display:

Change Report | Make Default | Save Report

Inactivate Patient Reason:

MD=Attending RS=Resident RN=Primary Nurse

Impact of EMR on nursing practice

- Technology has replaced patients as the focus of care (Sandelowski, 1999)
  - Decreased patient interaction
- Interferes with nursing culture that previously included:
  - Active listening
  - Empathic concern
  - Patient education
  - Family education

(Barnard, 2000; Sandelowski, 1999)

Impact of EMR on nursing practice

- Loss of nursing assessment skills
- Loss of provider communication/collaboration
- Loss of collegial communication and respect (Castner, 2008; Nemeth, 2004; Cunningham, 2010)

EMR and the re-marginalization of survivors' needs

- Not only have domestic and sexual violence advocates been excluded from the processes of EMR design, selection, adoption, and maintenance, but so too have our some of our closest allies.
- The Result: EMR not only magnifies what we don't do well, it often re-institutionalizes it, interfering with the ability of even the best provider-advocates to provide truly accurate, informed, collaborative, and compassionate care.

On the one hand…

- It is critical that we not lose ground and not lose sight of the importance of appropriate and safe medical record documentation of DV/SV and its health impacts.

On the other hand, we are obligated to consider…

- Are all the medical and legal benefits of medical record documentation of D/SV
  - still applicable for survivors with transition to EMR?
  - in alignment with each other?
  - consistent with safety and confidentiality rights/needs of survivors?
- How can we promote policies and practice that balance competing benefits/risks when it comes to documentation of D/SV in the EMR?

The opportunities ahead

- To educate survivors about how to minimize risks and maximize benefits.
- To ensure that such patient education is done by the providers, not just the D/SV advocates.
- To gain a seat at the table.
  - Design, selection, adaptation, implementation, and maintenance of software
- To ensure that our allies have a seat at the table
- To commit to training that bolsters perceptions and inclusion of the critical voices of survivors.

Contact information

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