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
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”
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 (Cautner, 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 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?
- Are 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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