Emergency room providers’ perceptions of MyChart®’s My Emergency Data: findings from a focus group study

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Abstract
My Emergency Data (MED), a one-page clinical abstract, has been implemented as the first phase of a health information exchange (HIE) project across three healthcare systems. This study presents findings from one of a series of focus groups of emergency room (ER) providers’ perceptions of MED. Barriers to using MED in the ER are identified and recommendations for improved utilization are provided.

Introduction
The University of Minnesota is partnering with three large Minnesota-based healthcare systems to evaluate the impact of two phases of HIE on safety, quality and efficiency of ER care. In the short-term, HIE can occur in the ER through patients entering their usernames and passwords to access EpicCare’s MyChart®, an electronic personal health record. MED, which is accessible from MyChart®, contains the patient’s contact information, indicators that advance directives and a power of attorney exist, and lists of problems, medications, allergies and immunizations. Redesigned ER workflows encourage personnel ask their patients whether they have MyChart®. If yes, patients are asked to access their MED.

Methodology
Informal, open-ended interviews of ER support staff, nurses, and physicians were conducted in one of the healthcare systems’ ERs. All procedures were approved by the University of Minnesota’s Institutional Review Board. Specific questions asked included: 1) How is MED being used in the ER? 2) How has access to MED been integrated into the workflow of the ER visit? 3) Does the format and layout of MED support ER clinical decision making? 4) Are there additional data elements that would support decision making?

Results
MED is not being used in this ER. Reasons can be attributed to patient issues, MyChart® sign-up policies and marketing activities. Patient Issues: Many patients visiting this ER are elderly without home computer or internet experience or access. The MyChart® name is confusing to patients, and they wonder why the triage nurse is asking them for her chart (Do you have MyChart®?). Patients who say they have heard of MyChart® cannot remember their username and password. A majority of ER patients don’t have a regular primary care clinic and thus don’t have a MyChart® account which is only offered through clinics. Sign-up Policies: Sign-up policies require that patients renew proxy access annually to allow their family members to access their MyChart®.

Marketing: The perception of ER personnel is that primary care clinic staff do not promote MyChart® to patients as a personal health record that can be accessed and used in the ER. Posters in the ER promoting MyChart® do not explain its usefulness in the ER. The format and layout of MED was reported to be clear by the triage nurse and the physician. However, the physician reported that the summary information regarding advance directives and power of attorney are not specific enough to guide physician treatment decisions. Physicians need to know whether DNR (do not resuscitate) and/or DNI (do not intubate) are included in advance directives, and they need to know who the health care power of attorney is and how to contact that person. They also need to know the contact information for the closest family member. The physician indicated that the baseline weight of congestive heart failure patients also needs to be in MED. The triage nurse reported that it would be helpful to know if the patient will require isolation for methicillin-resistant staphylococcus aureus (MRSA). She also reported that the availability of a printed copy of MED would increase the accuracy of documentation, but it would not decrease her documentation workload. Relevant information must still be handwritten onto the relevant ER form before it is keyed into two different systems that are used to record visit information.

Conclusions/Recommendations
Methods that rely on usernames and passwords to access patients’ personal health records in the ER are problematic. Swipe card access and streamlining the sign-up process were recommended by ER personnel. More marketing activities are needed at both the clinic and ER to make patients more aware of the usefulness of MyChart®’s MED in the ER. Information included in MED around advance directives and power of attorney needs to be more specific to support decision making. Nursing documentation workflows need to be reviewed to minimize hand copying computerized information onto new visit forms.

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