



Ask Joint Commission: What Say When Overlay?

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Abstract

The prevalence of overlays (overwriting) in electronic medical record (EMR) system has been well established. The literature is abundant in regards to the consequences of overlays for patient safety, the technical costs of cleaning EMR from its overlays, and the essentiality to prevent overlays. However, it is not clear what the healthcare providers should do when caring a patient with known overwritten EMR. It is our suggestion that there can be a futuristic parallel system wherein a temporary EMR system allows the electronic documentation of patient care during the times when permanent EMR system is blocking access to its overwritten EMRs for getting them cleansed.

My opinion

The prevalence of overlays (overwriting) in electronic medical record (EMR) system has been well established.[1] The literature is abundant in regards to the consequences of overlays for patient safety, the technical costs of cleaning EMR from its overlays, and the essentiality to prevent overlays.[2-4] However, it is not clear what the healthcare providers should do when caring a patient with known overwritten EMR and whether there is a Joint Commission standard in this regards.

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These are some real questions and suggestions which can be explored futuristically.

- Can the question of documentation in questionable EMR deter caregiving of patient-at-hand?
 - Answer will be resounding NO because caregiving is the primary objective and documentation is a secondary one.

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- When known overlays in an EMR can create patient safety events, how can overwriting more in an already overwritten EMR not harm the patient(s) more?
 - Answer will be separating the caregiving and the documentation wherein caregiving can be provided to the patient as if the patient has presented to the healthcare facility for the very first time. To ensure this, an alert system will

have to completely block access to the known EMR with overlays until it has been completely cleaned off its overlays before allowing the access to the cleaned and corrected EMR again.

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- What can be the options for documentation of patient care during the blocked access time period?
 - One option can be paper documentation of patient encounters as similar to EMR downtime procedures currently followed when the whole EMR system is having downtime for various technical reasons.[5-7] The specific downside of this paper documentation can be that as compared to the whole EMR system downtime duration, the duration of blocked access period for EMR with overlays can be weeks. Additionally, there can be logistics issue regarding safe storage of paper charts for long durations before these paper charts can be scanned and uploaded into the cleaned and corrected EMR.
 - Alternate option can be creation of temporary new EMR(s) conjoined to the overwritten EMR wherein blocked EMR with overlays automatically redirects the all future documentation into the temporary EMR that acts as a repository until it can be appropriately re-connected to cleaned and corrected EMR. To allay the fear of duplicate records being generated, it has to be ensured that the overwritten EMR will not be accessible at all during this correction phase when the repository of temporary EMR(s) is active for documenting care of patient(s) whose charts created the overwritten EMR. Moreover, the EMR system will have to make it visible, on the screen and/or as an alert, to make healthcare providers aware that they are documenting in a TEMPORARY and INCOMPLETE EMR of their patient whose PERMANENT and COMPLETE EMR has been blocked for the time being for CLEANING and CORRECTION.

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In summary, there can be a futuristic parallel system wherein a self-erasable temporary EMR system allows the electronic documentation of patient care during the times when permanent EMR system is blocking access to its overwritten EMRs for getting them cleansed. Consequent to the enormity of prevalent overlays in permanent EMR system, this temporary EMR system will have to be kept active round-the-clock to document care of patients whose overwritten EMRs are getting cleaned and corrected. These temporary EMRs can have the exact same unique patient identifiers as those within the permanent EMR system such as medical record number (MRN) or PTID that acts as patientâ€™s

temporary identity document, unless those unique patient identifiers themselves are at fault to begin with for the overlays. Therefore, this temporary EMR system can alternatively choose to have its own unique patient identifiers which will have to eventually allow seamless digital connect and upload to the cleaned and corrected EMRs. Once this upload has been completed, specific temporary EMR will have to cease to exist (self-erasable) to prevent inadvertent duplicity once the cleaned and corrected EMR has become accessible again for documentation of patient care. Hereafter, the temporary EMR system in itself will have to continue as a parallel system for transiently documenting care of the patients who are having or will have overwritten EMRs in the permanent EMR system.

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