



Center for Clinical Standards and Quality/Survey & Certification Group

Admin Info: 14-24-Hospitals/CAHs

DATE: April 18, 2014

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Surveying Hospitals with Electronic Health Records (EHRs)

Memorandum Summary

Surveying Hospitals with EHRs: EHRs are increasingly common in hospitals and critical access hospitals (CAHs) and pose new challenges to surveyors.

- One aspect of the surveyor's work involves observing whether hospital/CAH staff can use EHRs to provide safe care in a manner that complies with the Medicare Conditions of Participation.
- For survey tasks requiring detailed medical record review, the Centers for Medicare & Medicaid Services (CMS) recommends that surveyors avoid directly accessing EHRs and instead request hospitals or CAHs to assign a staff member with expertise in using, navigating and showing others how to use the hospital's EHR system (sometimes known as a "super-user" or "navigator") to assist surveyors in accessing electronic medical records.

The CMS is providing a number of incentives that have resulted in rapid adoption of EHR systems in hospitals and CAHs. Various systems are in use, and even the same system is often customized to meet the needs of individual hospitals or CAHs. Hospitals and CAHs are also in various stages of adoption, with some using completely integrated EHR systems, others using a combination of older, specialized legacy systems, such as for laboratory or pharmacy, with new partial systems, and still others using a combination of paper and EHR systems. EHR systems have many features that promote increased patient safety, but they also create new safety risks. Hospital and CAH staff must adjust to new processes when working in an EHR environment, and surveyors must also adjust their survey process.

In response to this changing environment, CMS has offered surveyors one webinar to provide an overview of the factors shaping the adoption of EHRs in hospitals and CAHs, and will be offering two more webinars for surveyors this fiscal year, focusing on patient safety risks associated with EHRs and surveying hospitals and CAHs with EHRs. However, even prior to offering these additional webinars, we believe it is important to address now the issue of whether

surveyors should directly access a hospital's or CAH's EHR system when conducting medical record reviews during a survey.

Direct Surveyor Access to Hospital EHRs

CMS has come to the conclusion that it is generally preferable for surveyors to request that hospitals assign a staff member with expertise in using, navigating and showing others how to use the hospital's or CAH's EHR system (sometimes known as a "super-user" or "EHR navigator") to assist the surveyor in that portion of the survey which requires accessing medical records needed for detailed record review. Although CMS is not prohibiting a State Survey Agency (SA) from adopting a policy that permits or even requires surveyors to directly access hospital/CAH EHRs when conducting a Federal survey, we recommend against such policies. We believe direct surveyor access could be problematic for the following reasons:

- Navigating an EHR requires competence on the part of the user. Competence in using an EHR system requires training and frequent use. It is unlikely that surveyors would be adept at navigating all of the different systems used by different hospitals and CAHs. Even when hospitals and CAHs use the "same" EHR product, they may have had it customized in ways that make the system significantly different in each facility. While some surveyors may be especially gifted in working with EHRs, it is nevertheless risky to assume that their skill in navigating the EHR will always enable them to assess correctly the completeness and accuracy of the medical records.
- Apparently it is not always clear or easy for a hospital or CAH to create "read-only" access to an EHR. When a surveyor accesses a "live" EHR, this creates the risk that a medical record could be inadvertently altered by a surveyor. This risk could also raise questions about the integrity of a record as evidence of noncompliance.
- Given the variety among EHR systems, when conducting detailed record reviews, even a surveyor skilled in using EHRs would likely require more time than with a paper record to locate specific information needed to evaluate compliance. Use of a navigator could expedite this process, enabling the surveyor to use his/her limited time on-site for more important tasks.
- The surveyor does not necessarily know that the direct system access provided to him/her is actually access to the whole medical record. Anecdotally CMS has heard of cases where a surveyor discovered that a health care facility had, perhaps inadvertently, excluded some portions of the record when granting temporary access permission to the surveyor.

CMS anticipates that hospitals and CAHs will not object to providing a navigator upon request, since this is apparently standard procedure for accreditation surveys. However, if a hospital/CAH declines to make a navigator available to the surveyor when needed, the surveyor should first remind the facility that failure to provide access to records may, in accordance with 42 CFR 489.53(a)(5) be grounds for terminating the Medicare provider agreement. If the hospital/CAH continues to decline to furnish a navigator but instead offers to furnish direct surveyor access to the EHR, the surveyor should confer with SA management to determine

whether they are willing and able to continue the survey with the surveyor directly accessing the EHR system.

Role of the Hospital/CAH “Super-User” or EHR “Navigator”

At a minimum, an EHR navigator or super user would assist a surveyor in pulling up records the surveyor has identified as needing a more extended review. It is neither expected nor advisable to ask that these records be printed out for the surveyor to review. Instead, the navigator should pull up each record or portions thereof when requested to do so by the surveyor, for the surveyor to review via the computer. Print-outs of applicable portions of the record, or screen shots, would only be made when the surveyor determines they are required as evidence of noncompliance.

Some hospitals may prefer to have a navigator also accompany a surveyor throughout the survey, rather than just assisting when the surveyor is conducting a more detailed record review. Surveyors may permit a navigator to shadow them throughout the survey, so long as navigators do not intervene when surveyors are observing how hospital staff use the EHR to accomplish necessary tasks or otherwise interfere with the conduct of the survey. The goal of the surveyor’s observation of how the EHR is being used by hospital staff is to determine whether staff can enter into or retrieve from the EHR in a timely fashion the information necessary for the patient’s care. It would not be inappropriate, however, for the surveyor who is observing care in a particular unit or department to ask the navigator to pull other elements from the EHR to assist the surveyor in following a line of investigation prompted by his/her observations, or to pull other records that share a similar characteristic of interest to the surveyor.

This recommendation concerning direct surveyor access to facility EHRs applies at this time *only* to surveys of hospitals and CAHs.

Questions concerning this memorandum may be addressed to hospitalscg@cms.hhs.gov.

Effective Date: Immediately. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators within 30 days of this memorandum.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management