Helpful Tips on Choosing a Perinatal EMR System

Features such as security, integrated data, and adequate screen size are just what the doctor ordered.

BY DOUG BRUNK
San Diego Bureau

LAS VEGAS — Electronic perinatal medical record keeping "has great potential for reducing errors and making our lives easier, whether you're a physician, midwife, or nurse," Lisa A. Miller said at a conference on fetal monitoring sponsored by Symposia Medicus.

"In obstetrics we have lots of information that should be recorded, but we're about 10 years behind in the health care field in our use of information technology to make us more efficient and better clinicians," added Ms. Miller, a Chicago-based certified nurse-midwife and lawyer who is a perinatal risk management educator and consultant.

Shopping for the right perinatal computer system for your practice can be a daunting task because "all the systems are different, and you have to do a careful assessment," Ms. Miller said.

She listed the following features to look for when selecting a system:
▶ Secure sign-on and access.
▶ Complete record keeping from the pre- natal period through hospital course of mother and baby.
▶ Integration of prenatal data into the hospital record without reentry by clinician. "How much time do you spend reentering data from a paper prenatal record into your system? There's no reason to. It's a waste of our time," Ms. Miller said.
▶ Checklists as forced functions to avoid reliance on memory.
▶ Detailed and complete assessment data tailored to standardized definitions. "If you are going to use the National Institute of Child Health and Human Development [guidelines for fetal heart rate monitoring], you need to make sure that your system can adapt and be edited so that the terminology can be used," she said.
▶ Display with adequate size for on-screen reading of fetal heart rate data. "You have to be able to see 10 minutes of data at real [paper strip] size or larger," Ms. Miller said. "The small screens are fine for keeping an eye on things, but if you're reading [strips] and you've gone paperless, you need to make sure your display" is adequate.
▶ Drop-down menus with point-and-click capability that force inclusive charting.

▶ Ability to view data in multiple formats, such as timeline vs. graphic.
▶ Accurate and contemporaneous charting, with safeguards against falsification of records and accurate reflection of entry times. The record should be easy to read both on screen and when the records are printed out, Ms. Miller said.
▶ Automatic calculations to decrease possibility of error and save clinician time. "I shouldn't have to do math when I've been up for 24 hours or when I'm working a double" shift, she said. "The computer should do the math for me."
▶ Visual cues to complete summaries with all pertinent information in the least amount of time and effort.
▶ Accurate and detailed listing of complications for labor and delivery and placenta and cord.
▶ Automatic record of newborn resuscitation for every delivery.
▶ Detailed and complete record of birth attendants and room for narrative comments. "You should always be able to pull up a box and type in a narrative, whatever system you're using," she said.
▶ Safeguard features against incomplete records. These kinds of systems provide you with a warning sign or error message that informs you what fields you need to fill out before you can complete the record.

▶ Ability to produce statistics on any outcome. For example, you should be able to generate a report that shows how you've handled patients in the past 6 months who are positive for group B strep.

For additional information, Ms. Miller recommended contacting the Perinatal Information Systems User Group. This not-for-profit group provides forums and support for those buying perinatal computer systems. Visit www.pisug.org. ∎

Documentation Errors to Avoid

The following common documentation errors can be avoided if you choose the right electronic medical records system for your practice:
▶ Failure to document
▶ Incomplete charting
▶ Late entries
▶ Poor grammar and/or spelling
▶ Improper error correction
▶ Lack of standardized abbreviations
▶ Illegibility
Source: Lisa A. Miller

Doctors Urged to Use Uniform Terms for Fetal Heart Tracings

BY DOUG BRUNK
San Diego Bureau

LAS VEGAS — When it comes to effective risk management in electronic fetal monitoring, step No. 1 is to adopt a set of uniform definitions for fetal heart-rate tracings, Lisa A. Miller advised at a conference on fetal monitoring sponsored by Symposia Medicus.

"If we are not speaking the same language in electronic fetal monitoring, we are not going to be able to effectively communicate," said Ms. Miller, a certified nurse-midwife, lawyer, and perinatal risk management educator/consultant in Chicago.

Detailed guidelines for the interpretation of fetal heart-rate tracings were published 8 years ago by a panel of experts convened by the National Institute of

Child Health and Human Development (Am. J. Obstet. Gynecol. 1997;177:1385-90). The purpose of the effort was to develop "standardized and unambiguous definitions" for visual reading of fetal heart-rate tracings.

The panel included 16 physicians who specialized in maternal/fetal medicine or obstetrics, 1 epidemiologist, 1 NICHD physician, and 1 nursing expert.

Even though the panel clearly defined terms like baseline "variability," "sinusoidal baseline," and "prolonged acceleration" for use in clinical practice, Ms. Miller said that adoption of the NICHD nomenclature by clinicians during the last 8 years has been inconsistent. "It's all over the map," she said. "In some [obstetrics] residency [programs], it's didactic. In some, it's hands-on. In some, it's a combination. In some residencies, they test for it; in some, they don't."

She called the NICHD guidelines "the best that we have," because they are easily teachable, they come from a panel of experts, and they're the most widely accepted in the literature.

"If you want to increase education, you want to decrease liability, and you want to make the world a better place, move to the NICHD nomenclature," she said. "Standardization of terms can improve communication. Therefore, it should improve clinical management. We still need research on the clinical helpfulness of electronic fetal monitoring. But, she said, "meaningful research" requires that everyone use the same language.

She also advised physicians, nurses, and midwives to get their electronic fetal monitoring education together. "It is ridiculous to have the nurses going to one program and doctors going to another," she said. "It makes absolutely no sense."

According to the Centers for Disease Control and Prevention, 80% of American women have had some amount of electronic fetal monitoring during labor and delivery, making it the most common obstetric procedure in the United States. ∎