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Health Information Technology for Emergency Care

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2008 titled “Health
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According to the U.S. Department of Health & Human Services:

“Health information technology (HIT) involves the processing, storage, and exchange of health information in an electronic environment. Widespread use of HIT within the health care industry will improve the quality of health care, prevent medical errors, reduce health care costs, increase administrative efficiencies, decrease paperwork, and expand access to affordable health care. It is imperative that the privacy and security of electronic health information be ensured as this information is maintained and transmitted electronically.”ⁱⁱ

ACEP agrees with these aspirational sentiments. And, while much has been achieved, significant advancements are necessary to realize the full benefits of HIT and reduce inherent HIT overhead burden. The following statements detail many of the necessary conditions for HIT to advance emergency care.

In summary, these include enhanced system design, including more efficient user interface; streamlined implementation; improved system maintenance; use/sharing of data across the continuum of healthcare; and balancing system capabilities that drive revenue with those that facilitate clinical efficiency, effectiveness, and quality.

ACEP believes that:

1. Evaluation, selection, approval, implementation, and ongoing maintenance of technology (including HIT) that impacts the emergency department (ED) and the emergency medicine community should include active involvement of emergency physicians, nurses, clinical informatics specialists, and other emergency care providers.
2. Advancement and broad adoption of HIT offers significant opportunities to improve the quality of emergency care, promote patient safety, reduce medical errors, enhance the efficiency of EDs, and improve patient and end user satisfaction. In compliance with the 21st Century Cures Actⁱⁱ, serious efforts should be made to reduce the inherent HIT overhead burden that may be counterproductive to these benefits.
3. Healthcare facilities providing emergency care have a duty to patients, staff, and the community to provide HIT that is suitable for use in

emergency care, facilitates delivery of patient care, conforms to relevant standardsⁱⁱⁱ, and complies with applicable privacy and security constructs to ensure the capture and availability of relevant health care information.

4. ED modules within enterprise Electronic Health Record (EHR) systems (or best-in-breed standalone Emergency Department Information Systems) must be specifically designed for ED patient care and operations^{iv}. These systems should be properly implemented, sufficiently integrated, and well-maintained (including personalization, optimization, ongoing “at-the elbow” training, regular system updates, and adopting enhancements as they become available). Clinical functionality, usability, efficiency, and interoperability should be the primary criteria for system selection and maintenance. Systems should ensure support for ED workflow, clinical accuracy, patient safety, and ED operations. System costs and assessment of return-on-investment should take into account the impact on emergency physicians and other staff productivity and implement solutions to minimize the untoward impact to financial, quality, and productivity.
5. Historical patient information located in EHRs, Personal Health Records (PHR), Health Information Exchanges (HIE), medical alert badges\bracelets\wallet cards, portable electronic devices, and medication databases (including preferred pharmacy) should be readily available for ED patient care in a timely, usable, and secure manner. Interoperability with external systems and participation in HIE by healthcare facilities providing emergency care is strongly encouraged.
6. Access via high-speed Internet connection (including wireless) to secure online tools, hospital policies and procedures, medical references, regional status of hospitals, EMS, mass casualty management systems, and other pertinent information should be readily available.
7. ACEP supports adherence to the Office of the National Coordinator (ONC) terminology, code sets, and syntax standards for data elements in ED and EMS information systems, which enable interoperable data exchange with other EHRs, HIE, and public health databases. In addition to relevant clinical data elements reflected in the United States Core Data for Interoperability (USCDI)^v, ED and EMS information systems should provide an integrated emergency encounter record that timely captures and records accurate data, including granular data on reason for visit, demographics, and language preference; which allows the optimization of practice resources to improve quality and achieve health equity.
8. Emergency physicians, and relevant business associates, must be provided access to relevant EHR and other data necessary for compliance with quality measures reporting, as well as other regulatory and contractual requirements.

References:

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- ⁱ US Department of Health & Human Services: <https://www.hhs.gov/hipaa/for-professionals/special-topics/health-information-technology/index.html>
 - ⁱⁱ 21st Century Cures Act: Pub. L. 114–255. Enacted by the 114th United States Congress December 2016.
 - ⁱⁱⁱ The 2015 Interoperability Standards Advisory from the Office of the National Coordinator for Health Information Technology (ONC): <http://www.healthit.gov/standards-advisory>
 - ^{iv} Health Level 7 Emergency Care Special Interest Group: Emergency Department Information Systems Functional Profile. Health Level 7, 2007: http://www.hl7.org/documentcenter/public_temp_2767F812-1C23-BA17-0C9BE83B7C4E00EA/wg/emergencycare/EDIS_FP_R1.pdf
 - ^v Office of the National Coordinator for Health Information Technology (ONC): <https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi>
<https://www.healthit.gov/isa/>