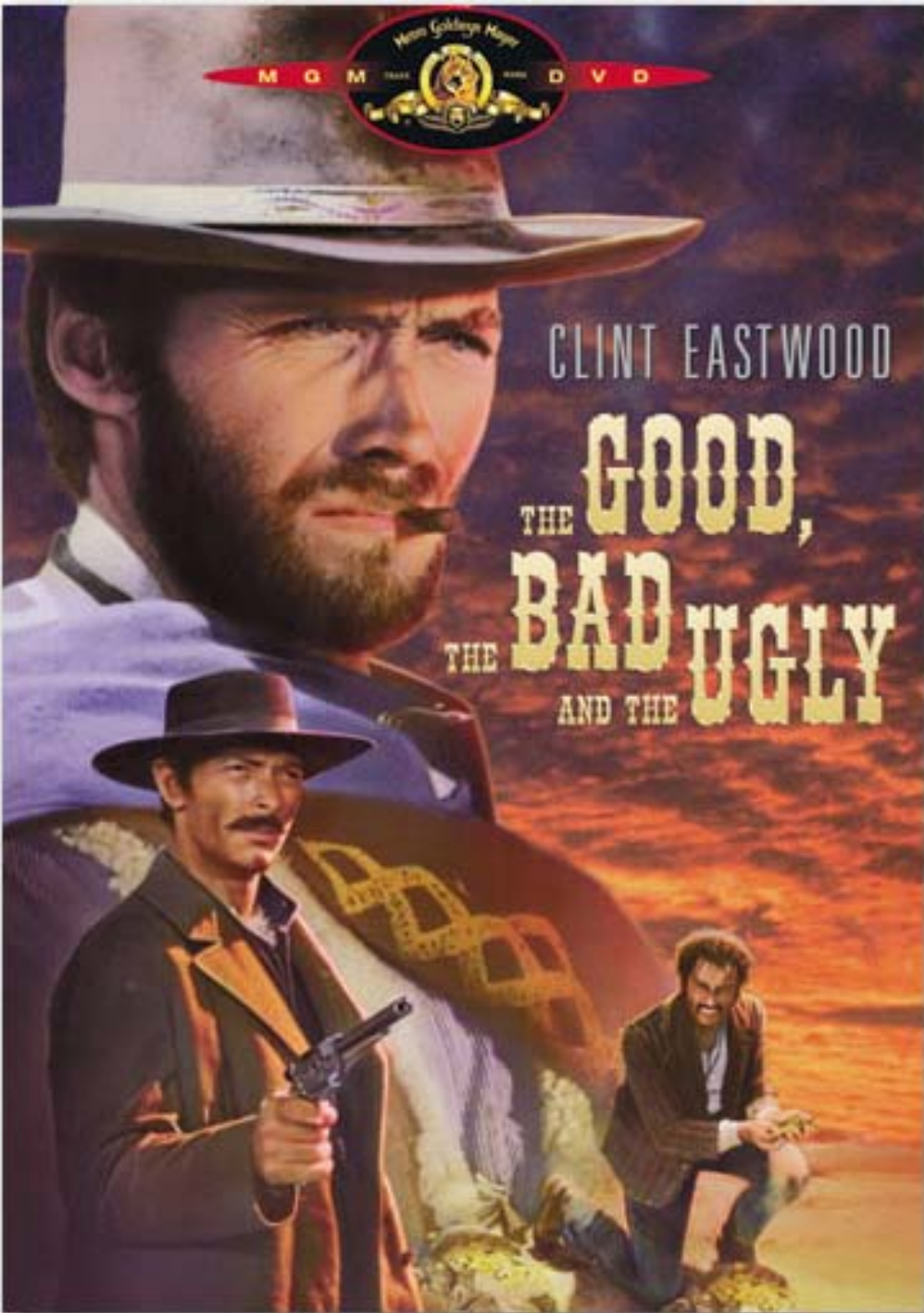


EHR:  
A Hazard-Oriented Research  
Agenda

Concept Development Workshop

John W. Beasley, MD



CLINT EASTWOOD

THE GOOD,  
THE BAD  
AND THE UGLY

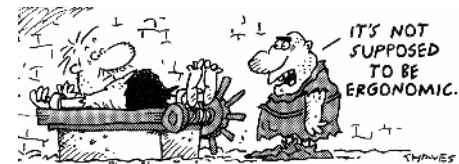


# “Information Chaos”

Elements of some or all of:

- Information overload
  - Patient, others in room, chart, nurse, EHR, prior knowledge
- Information underload
  - Information not available
- Information scatter
  - Information in multiple places
- Information uncertainty
  - Which med list (or patient) is correct?
- Information error
  - Just plain wrong (e.g. Hx of cancer is wrong!)

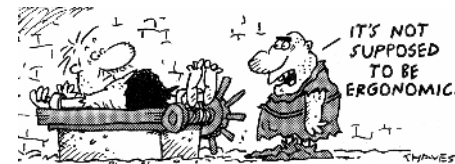
Beasley JW, Karsh BT, Temte J, Lapin J, Wetternick T, Smith P, Rivera AJ. Information Chaos in Primary Care: Implications for Physician Performance and Patient Safety. Final stages. Submitted, Annals of FM.



# President Obama:

**“Use health information technology to lower the cost of health care.”**

**“Invest \$10 billion a year over the next five years to move the U.S. health care system to broad adoption of standards-based electronic health information systems, including electronic health records.”**



**BIZARRO** Piraro

YOU HAVE REACHED  
THE INCONTINENCE  
HOTLINE. *PLEASE HOLD.*



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7-8

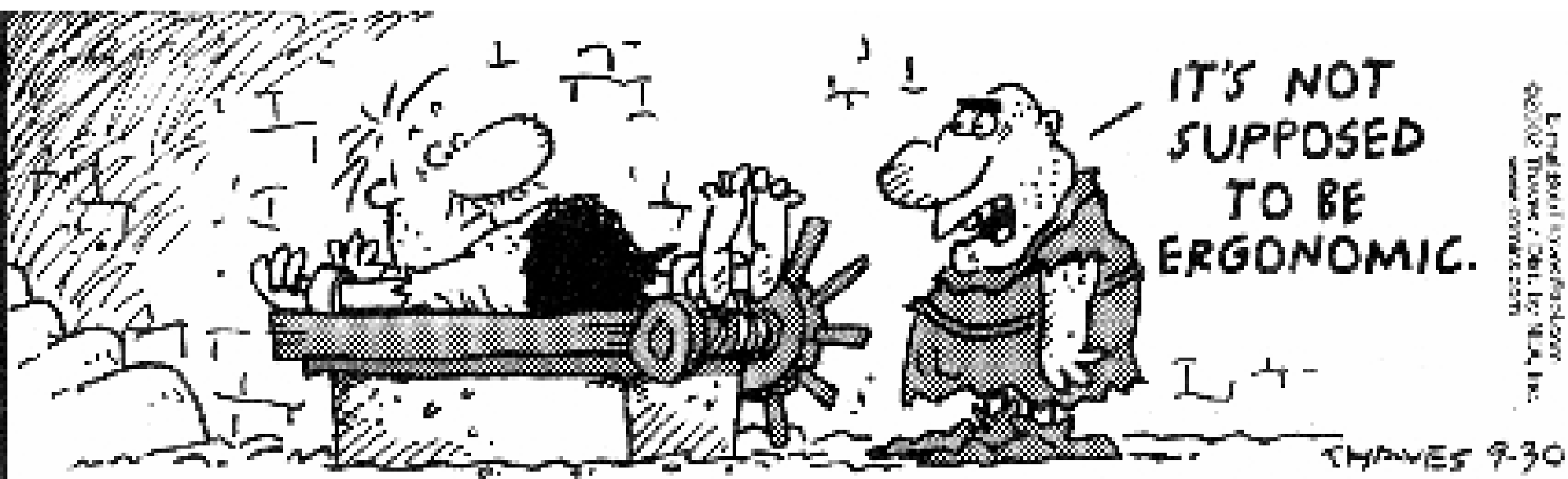
EMAIL: BIZARRON@AOL.COM

# American Airlines: 1929



There was a lot of work to be done on the concepts, the technology, the implementation and the training!

[www.acepilots.com/pioneer/airscan0031.jpg](http://www.acepilots.com/pioneer/airscan0031.jpg)



IT'S NOT  
SUPPOSED  
TO BE  
ERGONOMIC.

THAMES 9-30

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# Lack of evidence that EHRs

- Improve care (HEDIS) measures
- Decrease errors
- Increase efficiency
- Reduce clinician workload

# Possible Hazards?

- What are the general categories of potential hazards?
- What might the specific hazards be?
- How can we determine if these are real?
- What can be done to reduce hazards?

# Research Agenda

- Talk about hazards in general?
- Or talk about issues related to clinician workload in specific?

