The Legal Health Record in an Electronic Age

2016 PHIMA
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Agenda

• Information Governance
  – Strategy for the LHR
• Defining Your Legal Health Record (LHR)
  • Best Practices
  • Structure of the LHR
• Managing Your LHR with an Electronic Document Management System (EDMS)
• Q&A
IG – AHIMA Definition

An organization-wide framework for managing information throughout its lifecycle and for supporting the organization’s strategy, operations, regulatory, legal, risk, and environmental requirements.
IG – More Definitions

• “The specification of decision rights and an accountability framework to ensure appropriate behavior in the valuation, creation, storage, use, archiving, and deletion of information.

• It includes the processes, roles and policies, standards and metrics that ensure the effective and efficient use of information in enabling an organization to achieve its goals.”

• Another definition: “Information governance is the formulation of policy to optimize, secure and leverage information as an enterprise asset.”

• In other words, information governance is the strategy to manage and protect your Legal Health Record

Information Governance Principles for Healthcare (IGPHC)

A TIP CARD

- Accountability
- Transparency
- Integrity
- Protection
- Compliance
- Availability
- Retention
- Disposition

IG – Drivers

• Rapid adoption rate of Health Information Technology (EHRs)
• Demand for health information to measure quality and performance outcomes in healthcare delivery
• Need for use of clinical and financial data
• Reduce risk, duplication, cost and resource-intensive processes

• Interoperability of hospital systems
  – Vital to understand the origin and flow of data
  – Need strategy for unstructured portion of the LHR

2. “Redefining the role of Health Information Management in the new world of Information Governance” Iron Mountain and Linda Kloss
IG – Benefits

• Improved ability to track quality outcomes and quicker turnaround times
• Ability to participate in health information exchange
• Increased patient engagement
• Greater collaboration with physicians
• Lower costs

• Risk Reduction
• Ability to defend and protect LHR

AHIMA. “COMING SOON TO YOUR HEALTHCARE FACILITY: INFORMATION GOVERNANCE. A LOOK AT HEALTHCARE INFORMATION GOVERNANCE TRENDS THROUGH PRACTICAL CASE STUDIES.”

2. “Redefining the role of Health Information Management in the new world of Information Governance” Iron Mountain and Linda Kloss
LHR – Definition

• “The business record generated at or for a healthcare organization. It is the record that would be released upon receipt of a request. The legal health record is the officially declared record of healthcare services provided to an individual delivered by a provider. The legal health record’s purpose is to serve as the official business record of services performed by the entity for regulatory and disclosure purposes.”

• The Legal Health Record (LHR) is discoverable in an evidentiary hearing. “It must support decisions made in a patient’s care and is legal testimony regarding the patient’s illness, injury, response to treatment, and caregiver decisions.”*

• The legal health record includes any data that are individually identifiable, in any medium that it is collected, that documents healthcare services and status. It does not contain administrative or aggregate data.

*AHIMA. “Fundamentals of the Legal Health Record and Designated Record Set.” Journal of AHIMA 82, no. 2 (February 2011): expanded online version
LHR - Best Practices

• Multidisciplinary team to create organizational policy
  • Comprised of staff representatives from HIM, IT, risk management, medical staff, and legal counsel
• Content should be clearly defined and periodically reviewed
• Develop information lifecycle management policy
• Perform audit of where data resides and flows through systems
• Engage forms committee

*AHIMA. “Fundamentals of the Legal Health Record and Designated Record Set.” Journal of AHIMA 82, no. 2 (February 2011): expanded online version
The Structure of Health Records – What Format?

- All Paper
- Hybrid: electronic and paper documents
- Hybrid: all electronic – but in multiple systems*
- All Electronic LHR (EDMS)

*For example: PACS, LIS, CIS, etc.
The Structure of Health Records – What is the Focus?

**EHR**
- Input focused
- Longitudinal
- Dynamic Discrete Data Fields/Templates
- Patient Care Status
- Clinical Data Pieces
- Designed for Caregiver

**EDMS/ECM**
- Output focused
- Episodic
- Static, Persistent Data/Documents
- Post Discharge
- Tells the narrative story
- Designed for LHR Custodian

‘Strategies for Electronic Document And Health Record Management’ by Darice Grzybowski, MA, RHIA, FAHIMA.
Defending Your LHR with EDMS
EDMS to Manage the LHR

• EDMS assists with document and data capture
  • Inbound Document Management (IDM)
  • Integrations
  • Optical Character Recognition (OCR)/Intelligent Document Recognition (IDR)
  • Electronic Forms

• Acts as a bridge for legacy systems communicating with the EHR

• Houses your complete LHR or seamlessly interfaces with the EHR and virtually any other system to create the LHR (Screenshots to follow)

• Enhances your Information Governance strategy
HEALTHCARE

PHYSICIAN'S ORDERS

EMERGENCY DEPARTMENT STANDING ORDERS
METHYLПREDNISONOLE PROTOCOL FOR SPINAL CORD INJURY

1. Loading dose must be given within 6 hours post injury.
2. Patient weight \( \frac{91}{2} \text{ lbs} = \frac{41}{2} \text{ kg} \). (Note: 1kg = 2.2 lbs)
3. **Loading Dose**: Methylprednisolone 30 mg/kg body weight
   \( \text{mg} \text{ per kg} \times \frac{41}{2} \text{ kg} = 615 \text{ mg} \)
4. Dilute loading dose, as calculated in #3, in 100ml of 0.9% sodium chloride and infuse IV over 15 minutes as a single dose.
5. **Maintenance Dose**: Methylprednisolone 5.4 mg/kg for 23 hours.
   a. 5.4 mg/kg times \( \frac{41}{2} \text{ kg} = 5,530 \text{ mg} \text{ per hour} \).
   b. 23 hours times \( \frac{5,530}{23} \text{ mg per hours} = \frac{24600}{23} \text{ mg} \). (Note: This is total dose for 23 hour period)
6. Dilute total maintenance dose of methylprednisolone, as calculated in #5, in 500ml 0.9% sodium chloride.
7. Infuse via infusion control device over 23 hours at 23 mlt/hr. Begin maintenance dose 1 hour after loading dose was started.

Electronically signed by:

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Memorial Hospital

Consultation Report

PATIENT: Jones, Robert

DATE: 12/22/2013

TO DOCTOR: Kelly McLeod, MD

ATTENDING PHYSICIAN: John A. Demo, MD

This male patient has been seen in neurological consultation this afternoon in reference to his acute infusion and disorientation. There was also history of the patient being extremethe symptoms. He has been having a pain most of the time. The patient was studied in the E.R. at which time calcium was 10.3, phosphorus 5.1, anions 100, magnesium 345. His potassium was high at 16.4, the same as being admitted at the time.

additional text

The patient was seen on 2/15/2011 in the office in reference to his back pain. It was felt that the back pain could have been secondary to lumbar spondylolisthesis. However, there was also evidence of periperal neuropathy. EMG exam on 9/17/2001 showed evidence of demyelinating peripheral neuropathy.

Laboratory in the E.R. this afternoon showed WBC 12.9, RBC 3.4, H & H 11.2 and 33.0. BUN was 68, creatinine 12.2, phosphorus 5.1, potassium 8.4, sodium 140. The patient is presently on Synthroid 0.1 mg daily, Kefoxate 25 plus 75 percent Sorbitol 0.8 times two.

On neurological examination this afternoon at 5:00 p.m. the patient appears alert. He is able to comprehend the spoken language relatively well. There is no cranial or dysphonia. The patient recognizes me. He knows the day, date, month, and year. His serial seven are fair. Abnormal and judgment are fair. The fields appear full on confrontation. There was no nystagmus. No focal asymmetry. No evidence of any involuntary movements over the face. Motor exam does not show any focal weaknesses.

Climatically, there has been an acute change in the patient's condition, as per historical evidence presented to us. Appropriate investigation would be done in that reference to rule out any evidence of a CNS, vascular, versus inflammatory disorder. Head MRI, EEG have been ordered. In the meantime will also check his serum T-3, T-4, THS, B12, and folate levels. I shall be back to see his after the above studies are available on the chart.

Thank you very kindly for this referral.

Signature Required
Chat: Power User Sign
EDMS Protects Your LHR

• Security Features and detailed audit logs
• Document lock feature
• Document version recorded on the ROI Cover Letter and Disclosure Report available for release tracking
• Obsolete documents are kept in EDMS and are easily available
• Custom scripts available to purge records accordingly to organizational policy
Other Aspects of Protecting Your Data

• Protecting your data at all times during its lifecycle
• Protecting from many perspectives
  • Data integrity
  • Hardware failure
  • Breaches and accidental or malicious disclosures
  • Disclosing the correct information
  • Defining and defending your LHR
  • Limiting and tracking access
  • Archiving, back ups, purging
Keep Up with Changing Environments

• Expand upon the Basics with what is learned from legal experiences and from Government led initiatives
• Risk assessments are critical
• Determine what standards you need to meet from a compliance stand point and do your best to meet them
• Audit your LHR against the source system accounts
• Communication is key
• Establish an LHR policy
Discussion Questions

• Does anyone have an EDMS to support your organization’s LHR? How has it been beneficial?
• Does anyone have any ‘lessons learned’ to share from defending the LHR through litigation?
Questions?