25 by 5: Symposium to Reduce Documentation Burden by US Clinicians by 75% by 2025

Copy and Paste: Its Impact on Safety and Burden

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An initial note in the EHR indicated no history of tuberculosis (TB) exposure despite recent travel to a TB endemic country.

Subsequent office visit notes included copy and pasted documentation related to the negative exposure to TB.

Two weeks later the child was diagnosed in the emergency room with TB meningitis suffering significant residual deficits.
Defining Copy and Paste

Selecting data from an original or previous source to reproduce in another location
### Copy and Paste in Documentation

<table>
<thead>
<tr>
<th>Medication lists</th>
<th>Chronic conditions</th>
<th>Demographics</th>
<th>Medical/Surgical history</th>
<th>Allergies</th>
</tr>
</thead>
</table>

#### Desired:
- Information capture
- Re-use of information
- Access, retrieval, search
- Ability to report
- Maintain integrity
- Ensure reliability
- Map or link information
- Prevent corruption
- Support billing

#### Ask:
- What stays stable over time
- What requires more updating
- Does this meet usability
- Is it interoperable
Where and What

- Registration
- Order Entry and Charting
- Business Operations
- Prescribing/Medication Administration
- Transfusion
- Laboratory and Radiology
- Surgical Procedures and Pathology
- Pharmacies
- Care Transitions
- Patient Portals
- HIIs
- Public Health Reporting
- Transfusion Care
- Transitions
- Patient Portals
- HIEs
- Public Health Reporting

77 year old woman w/remote history of pulmonary embolus, admitted for diarrhea/dehydration after chemotherapy

- Admission plan specified heparin for venous thromboembolism prophylaxis, but heparin never ordered
- Transferred to another service, plan copied and pasted for 5 days; heparin never administered
- 2 days after discharge, patient re-hospitalized with pulmonary embolism

https://cener.atm.gov/web/nnlcase/157

- Registration
  - Copying demographics
  - Unavailability of carry forward or autofill
- Order Entry and Charting
  - Incomplete information captured (truncation)
  - Copied information not edited
  - Excessive amounts of information reproduced
- Lab Specimens
  - Orders copied for multiple specimens
  - No review of information documented
- Patient Portals
  - Information reproduced from another patient's record
Copy and Paste: Benefits

COMPLETE CAPTURE AND REUSE OF INFORMATION

GETTING THE INFORMATION CORRECT

TIME SAVING AND EFFICIENT
Prevalence and Concerns

- 66% of Northwestern medical students copied their own notes frequently or nearly always (Heiman et al. 2014)
- 90% of physicians use to write daily inpatient notes; 78% use always or most of the time (O’Donnell et al. 2008)
- 81% of copy and paste users frequently copy notes from other physicians or prior admissions (O’Donnell et al. 2008)

https://www.advisory.com/daily-briefing/2017/02/13/ehr-copy-paste)
Using Copy and Paste Can Result In:

- Inaccuracies
- Inconsistencies
- Outdated information
- Note bloat
- Safety issues
- Clinical bias
- False billing
- Confusion
- Legal issues

Note bloat
Internal inconsistencies
Propagation of errors
Erroneous copying between patient charts
Cognitive bias
Decisions based on faulty information
Contributing Factors

**Inadequate Protocols**
- Lack of specific policies and procedures
- Limited audits and monitoring of practices
- Inadequate feedback to users
- Failure to communicate consequences

**Interoperability**
- Development of workarounds
- Assuring accurate and timely information exchange
- Timely exchange
- Information sent and received as intended

**Software Issues**
- Difficulties in evaluating the source and timeliness of the information
- Unable to clearly identify when information has been reused
- Attribution of authorship

**Documentation Requirements**
- Desire to improve efficiencies in documentation
- Inaccurate capture of information (truncation)
- Clinical bias
- Information overload
Thank You