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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How Copy and Paste Enters Practice

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

Medication lists

Chronic conditions

Demographics
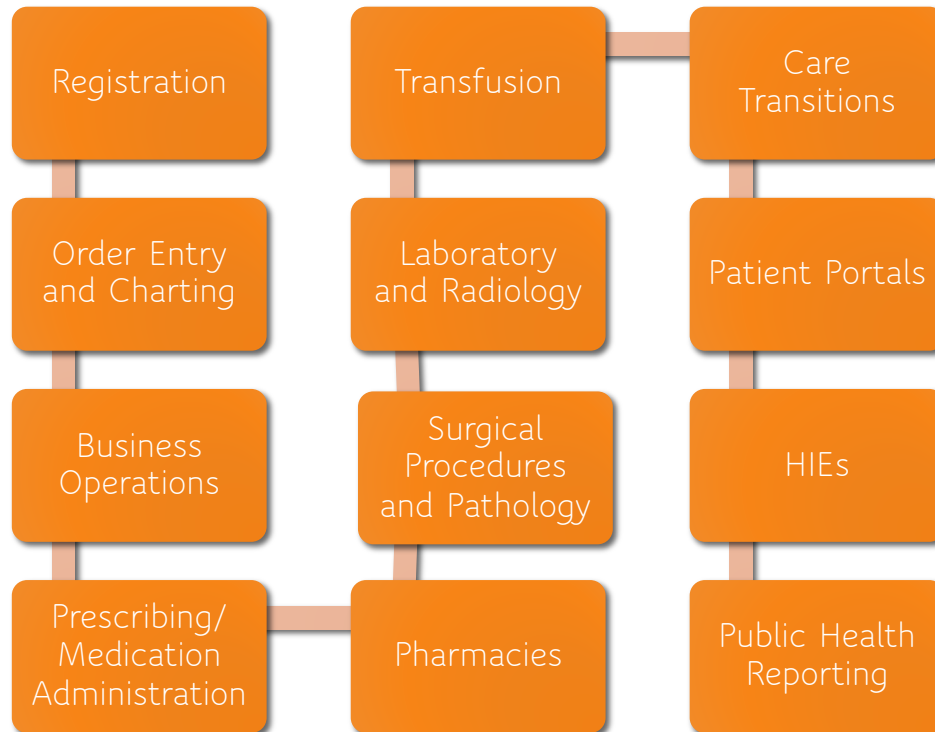
Medical/Surgical history

Allergies

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 interoperatable

Where and What

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

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

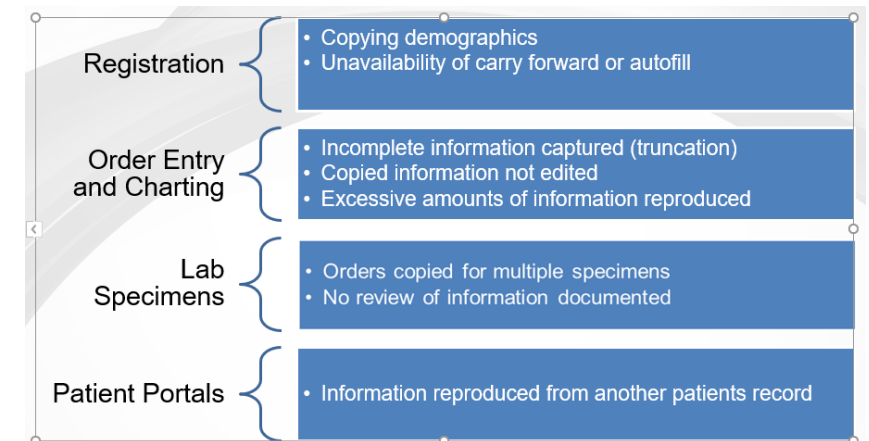Admission plan specified heparin for venous thromboembolism prophylaxis, but heparin *never ordered* → Transferred to another service, plan **copied and pasted** for 5 days; heparin never administered → 2 days after discharge, patient re-hospitalized with pulmonary embolism
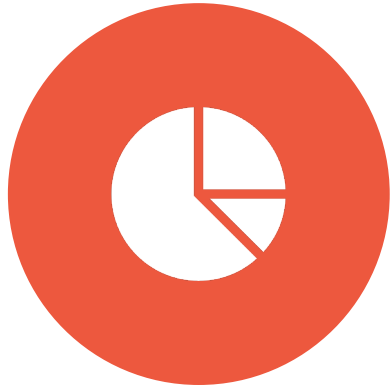
https://psnet.ahrq.gov/webmm/case/157

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 patients record

Copy and Paste: Benefits

COMPLETE CAPTURE AND
REUSE OF INFORMATION

GETTING THE
INFORMATION CORRECT

TIME SAVING AND
EFFICIENT

Prevalence and Concerns

'Copy and paste' in EHRs may jeopardize patient safety, report says

Daily Briefing

Using the copy and paste function in EHRs presents significant safety concerns, according to a **National Institute of Standards and Technology** (NIST) report released last month.
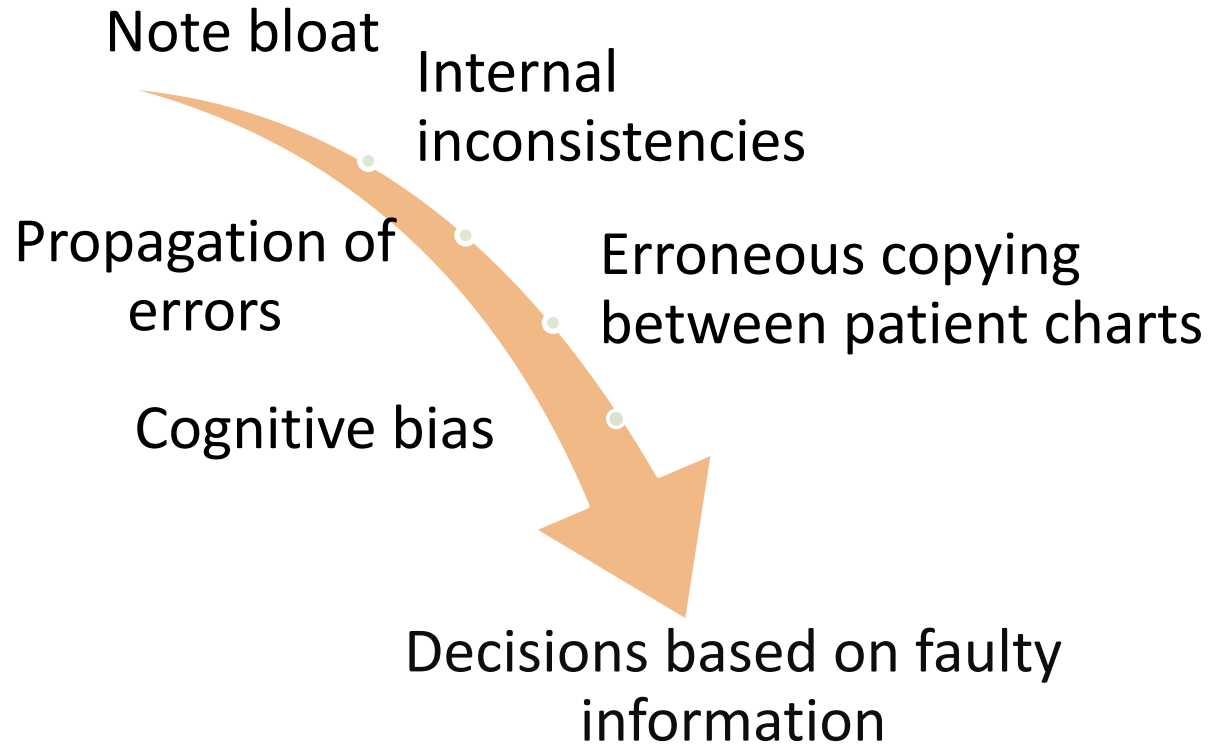
For the report, NIST partnered with the **ECRI Institute** and the **U.S. Army Medical Research and Materiel Command** to conduct an in-depth analysis of how providers use the copy and paste function in EHRs, as well as providers' perceptions of whether the function could cause errors that could potentially affect patient safety. Researchers between July 2016 and August 2016

https://www.advisory.com/daily-briefing/2017/02/13/ehr-copy-paste)

Self-reported Use

- 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)

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

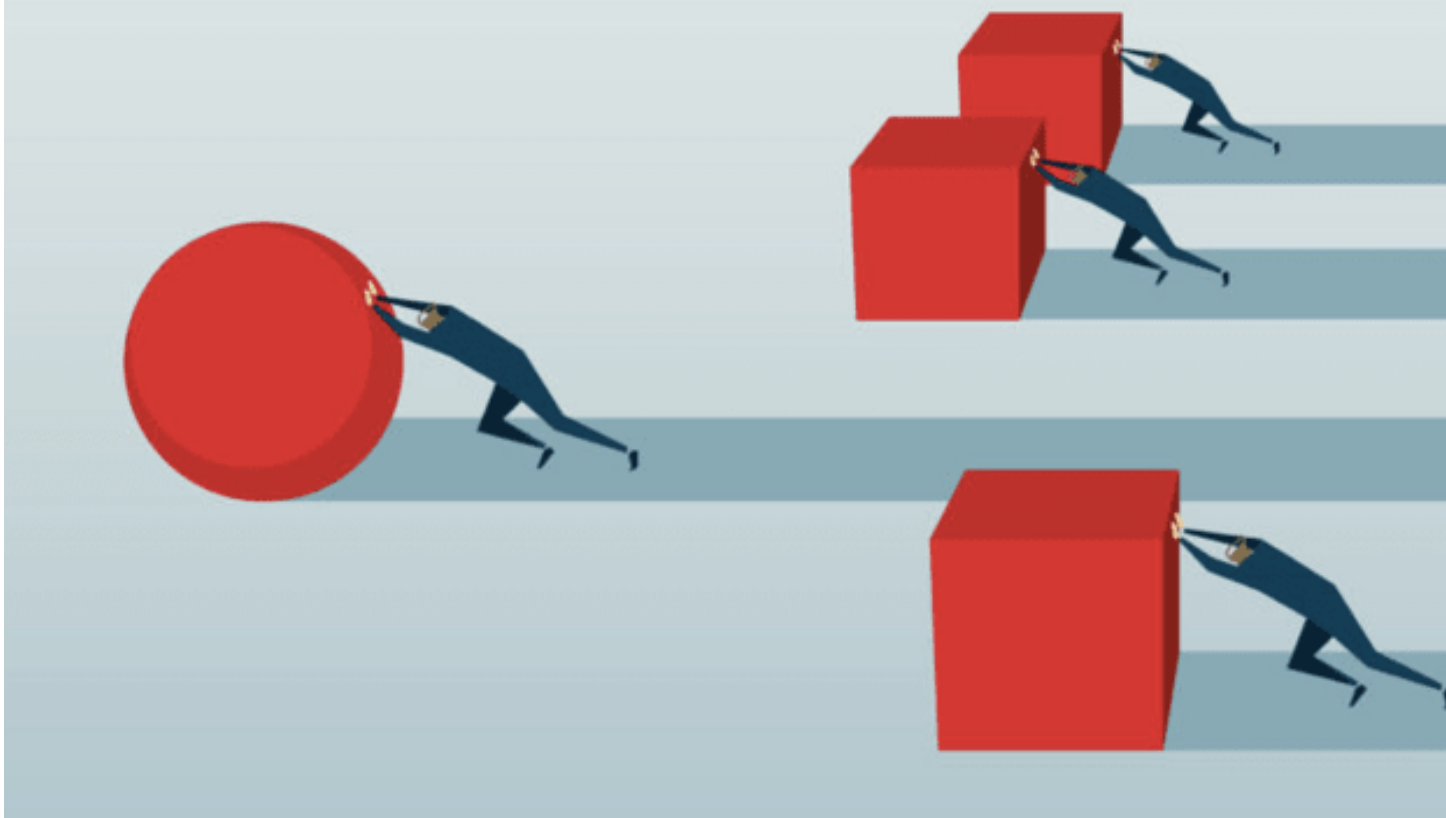| Inadequate Protocols	Interoperability	Software Issues	Documentation Requirements
• Lack of specific policies and procedures • Limited audits and monitoring of practices • Inadequate feedback to users • Failure to communicate consequences	• Development of workarounds • Assuring accurate and timely information exchange • Timely exchange • Information sent and received as intended	• Difficulties in evaluating the source and timeliness of the information • Unable to clearly identify when information has been reused • Attribution of authorship	• Desire to improve efficiencies in documentation • Inaccurate capture of information (truncation) • Clinical bias • Information overload

Thank You