

## Fixing EHRs: Better Interface and Workflow



Many in the healthcare field, especially physicians, often have unpleasant things to say about EHRs. A common complaint is that EHRs are not designed to streamline physician workflow.

## See Also: EHR Optimisation: Key Things to Consider

In a survey on how EHRs can be fixed, Healthcare IT News received nearly 100 answers from insiders at provider organisations, technology vendors and consulting shops. Many of the answers focused on the concept of usability.

"Focus more on provider workflow and less on the tool," wrote one health system's vice president. "Better user interface and workflow to reduce data entry clicks," wrote a consultant who answered the survey.

Some of the more detailed responses gathered from the survey are listed below (information on respondents in parentheses):

- Reduce the amount of data that is required by government regulations. (Manager of EHR Applications, Hospital/Health System)
- · Incorporate AI and cognitive computing tools. The data is already in the system. (CMIO, Hospital/Health System)
- Creating a more simple, easy to use user interface that follows the workflow of the individual role using it. Too many options can be too confusing. (Nursing Informaticist, Hospital/Health System)
- · EHRs can be improved by increasing interoperability across various systems. (Senior Business Analyst, Vendor)
- It is always about the patient, the very nature of healthcare is the person who delivers care to the patient. (CEO, Vendor)
- It's not a click count issue, it's a problem with data not being presented in a meaningful manner to users whether clinical or administrative. (Junior Systems Admin, Hospital/Health System)
- EHRs increase the burden on physicians. They don't make our jobs easier. They were built for billing, not clinical tasks. (Physician, Hospital/Health System)
- The true crux of the issue is optimising the EHR workflow to support and enhance clinical tasks as opposed to hindering it. (Senior Director, Vendor)
- · User training could be smoother. Software needs to be made in mind that not every user is tech savvy. (Systems Analyst, Consultant)
- Clinicians should be driving the design of EHRs, not technology professionals. CIOs in healthcare facilities should have clinical backgrounds. (Nurse, Vendor)

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