

Obtaining Electronic Medical Record (EMR) Access

Frequently Asked Questions

Which hospitals do I ask?

Start with the hospitals where your patients are admitted most often. Draft a list with your Interdisciplinary Team (IDT); then you can try working with the top two hospitals where your patients most frequently visit.

Who do I contact?

Contact as many offices and individuals as you can. Contacting only the medical records or IT departments may lead you to a dead end. Helpful allies may be found in Case Management, the Office of Nursing, Infection Prevention, and/or the inpatient Nephrology Unit. Explain your objective—that you are contacting them as part of a quality improvement effort to reduce bloodstream infections (BSIs) and improve transitions of care for end stage renal disease (ESRD) patients who require outpatient dialysis. Let them know that this is a joint initiative between the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS).

What is an Infection Preventionist?

Because healthcare-associated infections (HAIs) are an industry-wide challenge, hospitals created the infection preventionist position to monitor outcomes and comply with infection control regulations (data entry to the National Healthcare Safety Network [NHSN]). Infection preventionists collect data, identify trends, complete infection prevention audits, educate hospital staff, help write policies, and work with public health departments. The infection preventionist will know you are required to report positive blood cultures and therefore, is often a good contact.

How do I make contact?

The best way to elicit cooperation is to make personal contact via an in-person visit or by phone. Emails and letters can easily be ignored, lost, or forgotten. After you have had a meaningful discussion, remember to follow-up. Your request may not be a high priority until you establish rapport with that person/department. It may be helpful to have your medical director or another nephrologist in the clinic make the initial contact with someone they already know. Try discussing this at your next Quality Assurance and Performance Improvement (QAPI) meeting. Determine the hospitals of highest priority and make a plan of who will contact whom.

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What will I ask them for?

Work with your IDT to create a list of items you need access to in order to improve the care you provide your patients and to report via NHSN. Let your hospital contact know upfront you are requesting *read-only* access to track hospitalizations, medical procedures, e.g., vascular access procedures, dialysis treatment records, nephrologist notes, lab results, and discharge instructions.

Think about who will have access to the information. Include at least two staff members, such as a clinic manager and the charge nurse.

Do hospitals have to give us access?

No, though CMS is holding dialysis clinics responsible for connecting with acute settings, the hospitals are not required to comply. However, that does not mean hospitals will not work with you. Build your relationships with your hospital contacts by discussing the importance of coordinating transitions of care between the hospital and the clinic to prevent readmissions, missed treatments, and adverse events. CMS has asked the hospitals to reduce readmissions and report into NHSN, just like you. Establish yourselves as partners and show them you have mutually beneficial goals.

Is this a HIPAA Violation?

NO! the health Insurance Portability and Accountability Act (HIPAA) includes provisions for continuity of care and need to know basis, which outline the **responsibilities of healthcare providers to share information when it is necessary for an individual's care.**

For more information, visit www.hhs.gov/hipaa/for-professionals/training/index.html, especially the FAQ section. See 45 CFR 164.506 and 45 CFR 164.501, which cover communications between providers for the purpose of treatment. **According to HIPAA, both entities (the clinic and the hospital) have an obligation to share data needed to provide safe, quality care to patients.**