EMR: A brave new world?

ANN ALSAffAR is a family practice nurse in Ottawa, Ontario. She is president of the Canadian Family Practice Nurses Association.

I work in a busy solo family practice in Ottawa's Centretown. Our team of four (GP, RN, receptionist and clerk) has been using one EMR (electronic medical record) system or another for about 12 years, happily generating real-time doctor's and nurse's notes at each patient encounter.

Having EMR is like having an MSN account: it's useless if your friends and colleagues don't have one too. In January of last year, we convinced the other practices in our Family Health Group to join us in signing up with a new EMR system. Our practice would switch from a system that was familiar, but I was looking forward to the same ease of use, with more functions, in the new one.

The four days of training seemed so rushed that months later we're still struggling to set up and learn how to use the system.

While we waited for our application to be approved, I joined a CNA team working with the Canadian Institute for Health Information to develop standardized primary care EMR data. I also joined two Canada Health Infoway committees that are advising on the implementation of EMR across the country. My enthusiasm for the technology was boundless.

However, a couple of reality checks have tempered my zeal. Last fall, I was admitted to hospital for surgery. Finding myself on the receiving end of care, I hoped to experience the miracle of EMR first-hand. The admitting nurse sat beside the bed, her attention focused not on me but on the bedside laptop as she struggled to find the codes and keystrokes to enter the data and complete my admission. I tried to help by suggesting alternative codes for the broken wrist that had been fixed at that same hospital the previous year but wasn't listed in the system.

Never raising her eyes from the screen, the nurse persevered, clearly frustrated. It was only when it came to keying in my BP and pulse that she directed her attention to me, the nervous patient. She grumbled about the time it was taking to enter the data and how “everyone hates computers.” I made a mental note for my Infoway colleagues: More EMR training for nurses.

The post-op duty nurse was younger and much more tech savvy — someone used to texting and tweeting. She gently reassured me, and we chatted as she effortlessly typed in my stats. Vindication for EMR!

Back at the office, the implementation date was looming. Our funding was in place, our GP colleagues were on board, the nurses were eager, and I continued to promote the new EMR. But then I had reality check number two. The four days of training seemed so rushed that months later we're still struggling to set up and learn how to use the system. Appointments are way behind because we're navigating unfamiliar screens and trying to find the right codes for entering each patient's data. Knowing that a mistake in data entry could affect care down the line is slowing us down and making us extra cautious. And the time we're spending keying in data is taking away from patient care.

The reaction of patients has been mixed. There are those who are happy their clinic didn't have to shut down during the transition and those who are frustrated and angry at the delays. Some are amused and enjoy helping us find the screen where their lab results are waiting, while others look fearfully at the ceiling as if they know Big Brother is watching.

We're still trying to convince all the labs to send results electronically; we're having to print out prescriptions (on big sheets of paper) because pharmacies ranging from the big chains to the "mom and pop" stores aren't yet signed up to receive them electronically; faxes following up on our EMR training are flying in via our new monster scanner/fax/printer; and I have never seen so much paper being used in a so-called paperless system.

EMR is certainly not for the faint-hearted.