**Librarians and the EHR: Envisioning the Future**

**Notes from small group discussions:**

PAT DEVINE, NOTE-TAKER

Chris Shaffer, Gail Kouame, Janet Tapper, Pat Devine, Carolyn Adams, Carol Galganski

Look at the environment in the hospital: Is the IT Department totally separate from the Library? Should we sidestep them or embrace them?

At many institutions the IT Department is the leader and the library is not of equal status.

It’s important to consider the patient. Some health libraries are for health care professionals, some are for patients, and some are for both. Start from the perspective of the patient, as the “hook” to get ourselves in the door. Come at it from a patient safety perspective.

Recognize that Billing and other systems are the most important interfaces in an EHR, and that the library comes after that. Have resources ready for the Info Buttons, so that when the EHR is ready, you are.

Librarians should make sure we have the products that will work with whichever EHR product the hospital administration selects. To have more of an influence, get on the Safety Committee or other appropriate committee. Partner with pharmacists or other clinical departments who use the resources. Become familiar with the resources so we can teach others to use them.

HIPPA concerns can prevent library computers from having access to the EHR, but libraries could provide access via computers on a different network, or remove the need for users to come into the library by making the resources available elsewhere – through the EHR or the institution’s website.

Librarians can work with clinical staff to update protocols by supporting the clinician’s research in the library.

CATHY BURROUGHS, NOTETAKER)

Judith Hayes, Nanette Welton, Leilani St. Anna, Dana Haff, Linda Milgrom, Susan Klawansky

Role for health sciences librarian:

The librarian role with EHR implementation may not be apparent at first.

Assume the hospital is in the development phases (and has not included librarian yet) here are some approaches to become involved.

Need to look for opportunities and ways to develop a role. The goal is to get into the early decisions and don’t wait for the “committee” to call on the librarian.

-- find a way to express interest in the project. Tell library champions or seek out the influencers (i.e. chief physicians, head nurses, medical records dept, IT committees?)

-- suggest ways to be helpful in the decision process, i.e. researching what kinds of systems are available, their costs, features, a cost/benefit analysis; piloting/testing various system modules; --ask for permission to attend EMR committee meetings, to observe. Suggest ways to assist the committee in their process;

-- research what other institutions have purchased; the pros/cons of each vendor, etc; and approaches used to integrate knowledge-based resources or application of knowledge management skills to design of effective interfaces. Be prepared to propose why librarian skills are “up to the challenge” and could be useful to implement or improve the system chosen by the hospital.

--know the environment and workflow at the hospital very well. Ask to attend grand rounds and also have tours of patient care services by various types of healthcare personnel (nurses, allied health professionals). Envision the features of EMRs and how clinical decision support features would help the workflow, and what the barriers/realities are that need to be considered.

--keep working at visibility in the hospital. Promote your expertise and knowledge about metadata, organization, storage, and retrieval of information, evidence-based searching, and knowledge resources for point of care decisions.

Barriers
-- politics and timing – by pushing too much and too early, might sabotage chances to be included later

--cultivating the champions that understand and can help represent your expertise and interests to those that influence decisions.

Idea:

--Have your director or champion get you on the agenda to make a presentation for the appropriate committee(s)---maybe IT committee at first. Show them what you know and have found out about EMRs that might be useful in their investigation. If appropriate, do market and competitor research to show what other similar-sized hospitals have accomplished w. EMRs, and what librarians have done to enhance their success.

FOR PNC:

Develop a clearinghouse or database of examples about librarian’s roles in EMRs. Could be a source of ‘lessons learned’ and best practices—as a source for future networking and referral.

-----------------------------------------------------------------------------------------------------

NIKKI DETTMAR – NOTE-TAKER

One of the hardest things is time to find to do things with EMR involvement at the hospital. Read through forums and blogs about how to save libraries and librarians as we are closed/devalued, we are redefining libraries. Doing something like serving on EHR committees, although time consuming, does offer value. Find your niche: do what you can

Everyone wants to integrate external resources into point of care, one way to to help is to serve as the intermediary between the company and that happening for your EMR.‘Your HL7 people have been talking with us about CINAHL’ Other perspectives include feeling uneducated about these things, not sure what they have to offer. Find out who in your institution is on committees and ask to be invited to committee meetings to see what you can contribute that others aren’t from the user perspective.

The process of implementing an EHR all at once involves orders, patient records, patient billing etc are embedded in it, rolling in features. Tried to do it all at once at one hospital and it didn’t work well. We have to fight for real estate in the EMR to put a button in for librarian/consumer health information and it’s still a right hand click button which is not intuitive.

If there are a lot of infobuttons on the screen it’s really difficult to find information and cluttered. An infobutton has to go straight to an answer and not a bibliography. How to deep link and manipulate all the different searches? It’s kind of a nightmare. No one understands search, if you don’t do it right it’s going to be horrible.

IT partners do all the programming, bigwig kind of people involved, you can’t do it by yourself but you have to get someone to listen to you first.

**Role**: Bridge – go between with IT and clinicians? Use the names of high demand information resources (UpToDate, etc), learn the lingo and pitch a focus on reducing diagnostic errors.

Timing plays an important role, roles evolve and you have to be nervy and speak up. Hard to convince non-librarians at first but once you prove your value it is easy to be thought of in an overload of assumption that you can do it all.

Assessment of EHR tools mean you can still be in library, but work involving indexing and comprehensive user interface information may require that you be out of the library and may need to make hard decisions. This path of involvement really can be a one way street. It’s like deciding to leave California, there’s no going back.

---------------------------------------------------------------------------------------------------------------

ALISON ALDRICH, NOTE-TAKER

**Group Exercise Notes**

Sally Bremner, Lynn Hauer, Mary Beth Simiele, Kim Hart, Tori Koch, Alison Aldrich

Ideas for getting a foot in the door

* Request to be included in a training session
* Find superusers or someone willing to show a record, maybe your own record
* Find a champion
* Go on rounds to understand workflow

Possible roles for librarians

* Linking library resources. Library link at the top of every record is a start, but nobody uses that link—too generic
* Call ourselves information liaisons – the title implies flexibility
* Linking your library’s PubMed link for better full text access
* Linking to printable patient data – pamphlets or MedlinePlus, Dynamed pages
* Link the literature search request form
* Link to send test results to library printers
* Integrate instant messaging and staff that service
* Be the one to contact database vendors

People to convince/allies:

* Everybody!
* Information Systems
* Marketing and business people, especially if linking to patient information
* The administrator who supervises the library is hopefully a strong ally
* Hospitalists can be great advocates

Barriers

* HIPAA and gaining access to EHRs in the first place
* Challenging to get up to speed when you are not included on the ground level
* Juggling regular library responsibilities with trying to get involved in EHR project
* Not encroaching on what others perceive as their territory – IT/IS, marketing

---------------------------------------------------------------------------------------------------------------