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My EMR experience

Our practice is in Morden, a rural town in southern Manitoba of 6000 people and 14 physicians.

A new paper charting system or an EMR

Our clinic used computerized Billing and Scheduling with Clinicare for more than ten years before we decided to go to an electronic medical record. We decided to pursue an EMR at a time when we needed to purchase new paper chart covers. Previously charts were filed by MHSC number as family charts and we needed to move to individual patient charts.

Our filing area for charts was also full and we would have needed additional chart room space. Our staff spent many hours pulling charts to file results and put on our desks and charts were often difficult to find. A computerized record would take away this chart pulling and filing. We also wanted to move to a system with legible notes and where lab results would be easier to view and find when a certain test had last been done.

Network with current users

Our approach to finding the right system involved going to a few Clinicare user conferences that were held yearly in Banff. The users were there and voted on changes they wanted in the system. We liked the idea of so much user input. The software developers were in the room as we discussed the changes we wanted in the software. At the conference we networked with other clinics using the software and heard their experiences. There were also computer labs set up to trial the system with fake patients and results which was very helpful to evaluate the product.

Clinicare came out to our clinic and demonstrated the product to all the physicians. Initially their product was a UNIX based system involving dumb terminals. At the time we were sold on the stability of the UNIX system and ease of use compared to Windows products that could crash.

We went to computerized medical records in April 1999. We had two lead physicians and one lead staff organizing the process. This was essential to success and did require many hours of time. This group visited a clinic in Brandon using the Clinicare system to get advice about implementing the system and to be shown how theirs worked.

Time for Windows

In 2003 we needed a new server and decide then to make the move to a Windows environment. There were a number of advantages especially in prescription writing which was tedious on a Unix based system. At this stage we did look at a competitor a local clinic was using and had demos by the company and viewed our neighbouring town's system. We decided to stay with Clinicare.

Benefits

Because of all the time invested prior to getting the computer system the transition did go smoothly. A plan is essential to a smooth transition as well as adequate training of all users. Some of the benefits realized were somewhat dependant on the effort physicians put in to their patients record. Some physicians update problem lists, use the prescription writing and others do the bare minimum. Regardless, everyone's chart is legible and all have quick access to diagnostic images results, lab results and consultant results very easily. Being able to pull up family members charts when a mother has her child in tow is very useful.

Another huge benefit of the EMR is having remote access from home or the hospital. It allows you to finish work at home if desired to leave the office earlier. It also allows ability to access patient's records when seeing them in the emergency department.

Lessons learned

It is important to visit sites of physicians using a system you are interested in. A demo from the company is usually going to be polished. Talking to the users about their experiences both positive and negative is invaluable. Talking to a number of physicians other than the lead physician is useful. The lead physician usually knows the system and uses it to its fullest. It is useful to hear about the overall group's views and use of the system.

I think being involved with a company that has regular user meetings and gets input from users on the software is invaluable to having a better product. It also allows better use of the system as new ideas are always learned at these user conferences. The company we use also has a list serve where we can get input from other users throughout the year.

If I were looking at an EMR today I would look at more companies but when we chose the options were not as extensive. I would also consider the number of users of a certain vendor in my province and possible decisions of government to limit the number of vendors in the future.

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How long do you hold on paper charts ?

Try to minimize the amount of old information that is entered into the computerized record. That chart can always be pulled and it is surprising how little you look back at. Set a time when the old paper chart is not pulled.

While we initially dictated all our notes, we are now encourage all physicians to type their notes as this will help with decreasing transcription staff needed. Physicians often are too wordy when they dictate but won't be if typing their own notes. Using phrases (or word macros) can help in note making.

You need to realize that paperless is never paperless. There is so much paper that comes into the chart and you need decisions made on your approach to the many pieces of paper we get sent, not all of which we will ever look at again. I would recommend using a standard for entering data so it can be searchable. With our latest upgrade we now enter in smart fields so the data can be exported for a chronic disease management initiative.

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