

Electronic health records fail to detect many medication errors

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(HealthDay)—There is wide variation in the safety performance of



electronic health record (EHR) systems used in U.S. hospitals, according to a study recently published in *JAMA Network Open*.

David C. Classen, M.D., from the University of Utah in Salt Lake City, and colleagues used data from the National Quality Forum Health IT Safety Measure EHR computerized physician order entry <u>safety</u> test administered by the Leapfrog Group (2009 to 2018) to assess EHR safety performance in U.S. adult hospitals. The Health IT Safety Measure test used simulated medication orders known to have either injured or killed patients to assess how well hospital EHR systems can identify medication errors associated with potential harm.

The researchers found that during the 10-year study period, mean overall test scores increased from 53.9 to 65.6 percent. For the categories representing basic clinical decision support, the mean hospital score increased from 69.8 to 85.6 percent. The mean score also increased for advanced clinical decision support categories (29.6 to 46.1 percent). Test performance varied by EHR vendor.

"These systems meet the most basic safety standards less than 70 percent of the time," the researchers conclude. "These systems have only modestly increased their safety performance during a 10-year period, leaving critical deficiencies in these systems to detect and prevent critical safety issues."

More information: Abstract/Full Text

Editorial

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