Electronic health records (EHRs) are transforming how hospital and health clinic professionals provide services. By making patient histories, current medications and other data available to providers in real time at the point of care, EHRs help healthcare providers provide faster and more accurate diagnoses, fewer medical errors and more successful outcomes for patients.

EHRs, however, do more than collect and organize patient data. Organizations can program EHRs to alert clinicians if certain medications are in conflict with others already prescribed to a patient. EHRs can support collaboration between medical professionals in different rooms, floors, facilities and even states. And they can help enhance communication and information-sharing with patients, payers and pharmacies.

A 2012 survey by the National Center for Health Statistics shows that 88 percent of responding doctors who are ready for meaningful use said EHRs result in “clinical benefits for the practice,” while 75 percent said EHRs enable them “to deliver better patient care.”

Nurses also report generally positive experiences with EHRs. In a new survey of more than 600 nurses in the U.S., conducted by HIMSS Analytics on behalf of Allscripts, an overwhelming majority of respondents agreed that EHRs help healthcare providers improve patient safety, make it easier for them to have immediate access to comprehensive health records and enhance collaboration on patient care with clinicians inside their organizations.

Many nurses, however, also expressed frustration that EHRs both hinder collaboration with clinicians outside their organizations and reduce efficiency, leading to less time spent with patients. A minority of survey respondents reported being so dissatisfied with EHRs that they would consider reverting to paper-based records.

The HIMSS Analytics Nursing Healthcare Satisfaction Study drew 626 online respondents working in a variety of capacities, including directly with patients in hospitals and clinics, as nursing managers and directors and in nursing informatics. Nearly half of the respondents (46.2 percent) described their role as ambulatory nurse. Allscripts was not involved in data collection or tabulation of the survey, which solicited opinions about EHR systems from at least 20 vendors (including Allscripts).

**Improved patient safety**

At least 70 percent of respondents to the nurses’ survey agreed that EHRs can help healthcare providers improve patient safety (73 percent), reduce medication errors (72...
percent) and provide nurses and other clinicians with more complete information about patient histories, conditions and medications (70 percent). An even higher percentage of nurses whose jobs involve acute care (82 percent), in which rapid diagnosis and treatment are essential, agreed that EHRs support improved patient safety.

“EHRs are able to provide the clinical decision support that can help the clinician prevent an acute patient from having a critical event.”

Beth Godwin, RN
Senior solution specialist
Allscripts

“Instead of clinicians having to gather data and make decisions as they get to it, EHRs can help assemble the data and present alternative courses of treatment much faster,” said Beth Godwin, a registered nurse and senior solution specialist for Allscripts. “EHRs are able to provide the clinical decision support that can help the clinician prevent an acute patient from having a critical event.”

Collaboration a mixed bag

One of the main advantages of EHRs over paper-based health records is the ability to share medical information simultaneously with other clinicians. “Multiple clinicians in different locations can’t look at a paper chart together,” said Paul Minton, Allscripts director of solutions management, who is also a nurse. “But because EHRs are electronic, EHRs can help enable multiple people to look at them at the same time and foster a real collaboration to help the patient.”

More than two-thirds of respondents (69 percent) said they were satisfied with the ability of their organization’s EHR to help enable sharing with other clinicians. However, the level of satisfaction over EHR-based collaboration varied depending on the location of collaboration partners. Nearly three-quarters of nurses surveyed (73 percent) said EHRs effectively help enable collaboration with other clinicians inside their organization. Yet only about half of respondents (49 percent) agreed the EHRs help enable collaboration with clinicians outside their organizations.

This disparity in responses regarding collaboration indicates that different and proprietary EHR systems routinely have problems communicating with each other. “Having non-interoperable EHR systems in a care setting is almost as bad as having to wait for the paper record,” said Kerry Bruning, a pediatric oncology nurse and director of marketing for the Allscripts Sunrise organization.

Minton said an EHR based on open architecture, such as the platform built by Allscripts, can communicate information with other EHRs better than a closed system. An open EHR platform also encourages third-party vendors to create applications that can “add an immense amount of value” for healthcare organizations, he said.

Upfront involvement impacts adoption, satisfaction

Survey respondents were least satisfied with how EHRs impacted the way they do their jobs. The survey showed sharp disagreement over whether EHRs reduced workload, eliminated duplicated tasks or gave clinicians more time with patients. Fewer than half of the nurses surveyed (43 percent) agreed that EHRs eliminate duplicate work, while an even smaller percentage of floor/acute nurses (26 percent) said EHRs help eliminate duplicate work (FIGURE 1).

For nurses, patient care is always the top priority, and 38 percent said EHRs help reduce the time they can spend with patients, while 31 percent said EHRs help them to spend more time with patients.

Despite the perceived shortcomings of EHRs cited by the survey respondents, 71 percent said they would not want to go back to paper-based medical records. Still, 15 percent of the nurses in the survey said they would return to paper-based records if given the opportunity, while another 14 percent were unsure.
While many of those nurses who would return to a paper-based system said they believed paper files would enable them to spend more time on direct patient care, one survey respondent replied, “I would rather have an EHR, just the right one.”

That last comment, from the director of orthopedics at an independent ambulatory clinic, raises an important point: The dissatisfaction with EHRs among nurses may be traced to other factors. Those could include inadequate training, poor EHR implementation or failure to include nurses in the decision-making process regarding a platform they will be relying on for patient information and collaboration with other clinicians.

Indeed, two-thirds of respondents (66 percent) said they never have participated in an EHR-buying decision. Of the 27 percent of nurses who have been part of an EHR-purchasing process, only 11 percent have been the project leader or decision maker, with another 19 percent serving as part of the decision-making team (FIGURE 2).

Bruning said including nurses in the EHR-purchasing process could increase their level of satisfaction with a system. “Being disengaged during the selection process, not feeling you were part of it, impacts adoption,” she said. “We’ve all seen that happen. Nursing needs to be at the table.”

### Supporting nursing workflow and collaboration

For their part, systems vendors can reduce nurses’ resistance to EHRs by improving user interfaces and designing systems that will reduce duplicative work. “The EHR has to support your workflow,” Godwin said. “If the EHR is not helping to eliminate work and streamlining workflows, that’s a problem.”

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**FIGURE 1**

Nurses who agree on EHR benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves patient safety</td>
<td>73.2%</td>
</tr>
<tr>
<td>Helps avoid medication errors</td>
<td>72.4%</td>
</tr>
<tr>
<td>Gives me more complete information about my patients</td>
<td>70.0%</td>
</tr>
<tr>
<td>Simplifies my work</td>
<td>55.4%</td>
</tr>
<tr>
<td>Eliminates duplicate work</td>
<td>43.0%</td>
</tr>
<tr>
<td>Gives me more time with patients</td>
<td>33.1%</td>
</tr>
</tbody>
</table>

*Percentages based on number of respondents that selected 4 or 5 on a scale where 1 = highly disagree; 5 = highly agree out of the total number of respondents*

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Kerry Bruning, RN, BSN, MBA
Director of marketing
Allscripts Sunrise
Perhaps most critically, an EHR must be interoperable with other systems for nurses and other clinicians to collaborate and provide the best course of treatment for patients, particularly in emergency situations where it’s imperative to quickly access and exchange information. Allscripts’ open architecture is built to enable communication with other EHR systems.

“That’s one of our big differentiators,” Godwin said. “Clinicians can be in our system and see a message that informs them that a patient’s allergy resident in another EHR is not in their system. Additionally, our clinical decision support can use that allergy information before they even realize it’s there because of this interoperability.”

Open architecture, interoperability key to improving satisfaction

The HIMSS Analytics survey shows that while nurses believe EHRs help improve patient safety, they are concerned that the time required to enter electronic data and maintain EHRs takes away from the time they could be spending with patients. Further, nurses are frustrated that EHRs too often do not facilitate collaboration with clinicians outside their organization who are using other EHR systems. An EHR platform built using open architecture provides the interoperability necessary for outside collaboration. This capability promotes greater efficiency and enables nurses to focus more of their time and energy on patient care.