
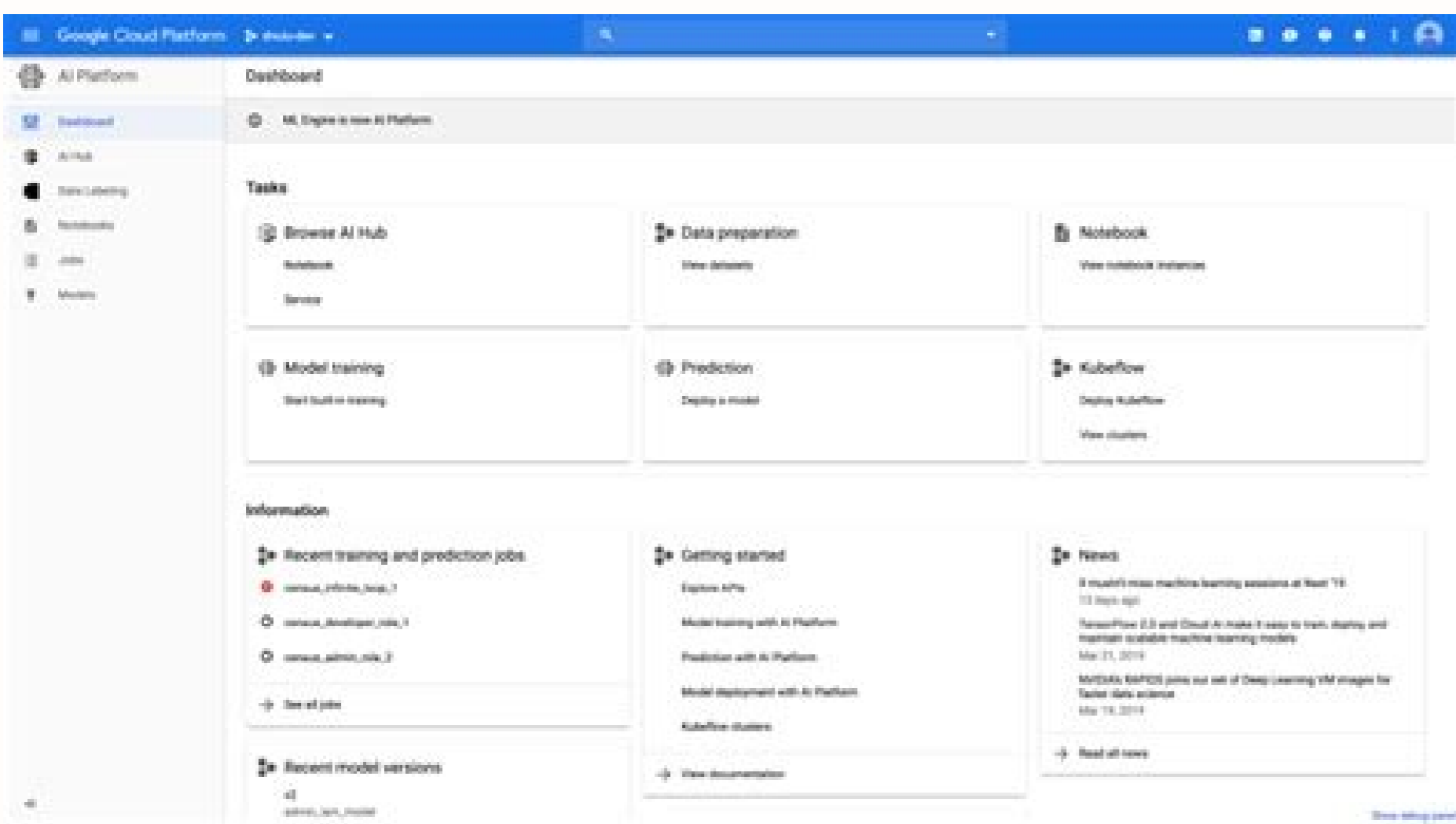


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CASE STUDY

Last month you were hired with the title Health Informatics Specialist at an independent community care hospital with 350 beds. The hospital includes a comprehensive outpatient clinic, a rehabilitation center with both inpatient and outpatient services, a cardiac care center, and an emergency room. In addition, four family health centers are located throughout the community. More than 930 primary care and specialty physicians are associated with the hospital, which has a staff of just over 2000 employees. The hospital has an EHR in place.

The hospital has a working relationship with a major academic medical center located 23 miles away. Acute care patients who need more extensive treatment are usually transferred to the medical center. These are often emergency situations, and data are freely shared among the institutions with the best interests of the patient in mind.

Located directly beside the hospital is a 194-bed skilled nursing home. While the nursing home has its own medical staff consisting of a physician and two nurse practitioners, patients needing consults or additional care are usually seen at the hospital with follow-up at physicians' offices. While the nursing home, most of the physicians' offices, and the hospital are independent institutions, there is a long history of sharing health-related data when treating patients who live

at the nursing home and are seen at the hospital or in the physicians' offices. This coordination is seen as a general benefit for a number of patients. It appears that most patients have signed a form giving the hospital permission to send information to the nursing home. However, these forms have been stored in individual offices, so it is difficult to determine who has signed what forms and what permission has or has not been given to share information among the nursing home, hospital, and independent medical practices.

Discussion Questions

1. What additional information is needed to clarify what problems may exist and what changes may be needed in terms of data that are shared among the institutions?
2. Can the EHR system and/or e-mail be used to share data among these different institutions more effectively and securely? If yes, how would this be done? For example, what agreements, policies, and procedures might need to be developed?
3. In your position as Health Informatics Specialist, how would you go about determining whether there are other potential security issues that now need to be managed by the hospital?

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