

NIST panel expands recommendations for use of electronic health records in pediatrics

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To speed development and adoption of electronic health records (EHRs) for pediatrics, a group of experts from industry, academia and government convened by the National Institute of Standards and Technology (NIST) has focused its attention on three key audiences—records-system vendors and developers, small-group pediatric medical practices and children's hospitals.

In a paper in *The Joint Commission Journal on Quality and [Patient Safety](#)*, the panel of medical, [human factors](#) engineering and software-usability experts detail how specific recommendations from a recent guide to pediatric EHRs could be translated into practice.

In July 2012, NIST published "[A Human Factors Guide to Enhance EHR Usability of Critical User Interactions when Supporting Pediatric Patient Care](#)" (NISTIR 7865) to help improve the design of electronic [health records](#) for [pediatric patients](#) so that the design focus is on the users—the doctors, nurses and other clinicians who treat children.

The Joint Commission is a not-for-profit organization that accredits and certifies more than 20,000 [health care organizations](#) and programs in the United States and is the nation's oldest and largest standards-setting and accrediting body in health care. The peer-reviewed *The Joint Commission Journal on Quality and Patient Safety* serves as a forum for practical approaches to improving quality and safety in health care.

"In this article we provide tailored recommendations to the three

stakeholder groups we thought could most help in accelerating adoption of pediatric [electronic health](#) records," said Lana Lowry, one of the article's authors. "This was a good opportunity to reach a large and important health care audience."

The article offers additional details on the methods used to develop the original guidance, and on how to translate its methodologies to similar efforts in other areas where [electronic health records](#) are being designed and implemented.

[Pediatric care](#) differs substantially from adult care because of differences in developmental status, size, and the measurements used to convey this type of information, as well as the patient's ability to communicate. These differences make the selection and arrangement of information displays, definition of "normal" ranges, and thresholds for alerts more challenging than for EHR use with adult populations.

The guide's recommendations take into account these differences between adult and pediatric patients, recommending a "one-click" access to growth charts, and supporting dose information out to more decimal points—critical for low-weight patients for whom slight differences in dosing can have significant impacts.

The guidance recommends EHR system users—from the small practice to the large hospital—be active participants working with their vendors to design displays and other aspects of systems to their own needs. For example, small practices could create committees made up of a few staff members from different disciplines (nurses, doctors, and IT specialists) to determine how to customize their EHRs for their own needs. Large hospitals could request unit-specific banners to avoid any confusion between adult and pediatric patients who may have the same names.

A Human Factors Guide to Enhance EHR Usability of Critical User

Interactions when Supporting Pediatric Patient Care (NISTIR 7865) is available at [www.nist.gov/manuscript-public ... ch.cfm?pub_id=911520](http://www.nist.gov/manuscript-public...ch.cfm?pub_id=911520).

More information: Patterson, E. et al. Enhancing electronic health record usability in pediatric patient care: A scenario-based approach. *The Joint Commission Journal on Quality and Patient Safety*. Vol. 39, no. 3. (Mar 2013): 129-135.

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