

## Guidelines for Effective Use of the Electronic Medical Record (EMR)

### Communication Guidelines

Clinical Documentation Task Force  
of the Medical Records Committee  
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#### Scope

These guidelines address clinician-to-clinician communication concerning the clinical care of a patient or group of patients. Types of communication that are out of scope for these guidelines include standard clinical documentation, training methods, administrative messages, meetings, or system-generated alerts and views.

#### EMR preferred

The EMR is the preferred method for electronic communication regarding clinical issues, for reasons of efficiency, security, and safety. Any communication that is related to a specific patient should be in the EMR. If a message is received about a patient and the information is not already documented in the EMR, the content of the message should be entered into the appropriate location in the EMR (e.g. if you receive an email with details about a patient's history). EMR documentation tools become part of the permanent record. If you do not want the communication to be in the permanent record, use a staff message.

#### Reliability and individual variation

The most reliable method for reaching a specific clinician should be used. The method may vary among roles and situations, and can include pager, phone, text message, email, EMR In Basket staff message, Vocera, routing of charts or results, and sticky notes. The best method will depend upon the type of technology that a clinician has available or uses routinely. For example, the best way to contact a staff nurse quickly is to call using Vocera. A primary care physician is frequently using EMR, so an In Basket message is usually appropriate for routine communications.

#### Urgent situations

When a clinical situation is urgent, staff should use a mode of communication that directly interrupts the recipient, such as pager, text message, phone call, or Vocera. Do not use a mode that may result in delayed response, such as email, In Basket staff message, or a sticky note in the EMR.

#### Non-urgent Patient-related communication

When a clinical situation is not urgent, providers should use an encounter to communicate with another provider. Examples include Office Visit, Telephone Encounter, or Chart Update encounter.

#### Response

If a response to a message is expected, the expectation should be stated explicitly in the body of the message. It is helpful to state "FYI" if no response expected.

**Professional etiquette**

Professionals should clearly communicate any expected action (advice, assumption of care, or none) when communicating with other professionals. Examples include cc'ing a result note or a chart.

**Patient communication to clinicians**

Providers should encourage patients to use MyChart for clinical communication. Using MyChart ensures compliance with HIPAA, and reduces any medico-legal implications. Compared to other ways of communicating with patients (like email), communication through the EMR allows for direct access to patient data (like prescription medication history or allergies) that may be helpful and allows providers to potentially provide a higher quality of care. The use of email for clinical communication should be highly discouraged for staff who are also patients. Email for clinical communication with other patients should not be done.

## Appendix A: Appropriate Actions

Mode	Do	Do Not
In Basket	Check the In Basket daily (provider or surrogate) Indicate action expected when cc'ing results or charts	Routinely copy results to other providers
MyChart	Use for clinical communication with patients	
Email	Use for work-related and departmental communication Attempt to use Physician Connect with outside providers. Use MyChart with patients. Email is discouraged for use with patients. See Hospital P&P 2442 before corresponding with patients. De-identify PHI if encryption is not available	Auto-forward to a non-UCDHS email account Use for clinical communication with patients
Vocera	Use for internal clinical communication Use for external business-related clinical communication Remain logged in during your shift Protect privacy of patients	Use for lengthy conversations Create or use vulgar, inappropriate, or malicious nicknames Use to give or receive verbal orders Sign on as another person or misrepresent yourself Send messages to groups outside your department Leave messages that include Protected Health Information
Page (numerical)	Use when expecting an immediate call-back Have someone monitor the call-back phone if you have to leave it for any reason	Leave the call-back phone unattended
Page (text)	Indicate the reason, urgency, and expected action Provide call-back number or contact information	
Telephone call	Give verbal handoff when routing a telephone encounter	Route encounters without explanation to another provider Disclose PHI if there is any doubt of the identity of the person Disclose PHI if there is any doubt as to the detail requested
Cell phones	Follow the Zone 1, 2, and 3 areas as outlined in policy Use only a UCD-issued device in Zone 2	Use cellular devices in Zone 3 Place a cellular device on medical equipment Use within 1 meter of medical equipment
Social media (e.g. Facebook, Twitter)		Use for any patient-related communication Include any Protected Health Information
Sticky note (EMR)	Sticky Notes are free-text areas that are not Legal Medical Record; can be edited; and do not have an audit trail. Use for non-urgent, general communication to clinicians	Use for communication that requires an individual response Use for Legal Medical Record documentation

## **Appendix B: Related Policies**

Hospital P&P 1313 – Protected Health Information (PHI) or Personal Information (PI) on Mobile Devices and Personal Computers

Hospital P&P 1314 – E-Mail Use for UCDHS Personnel (Employees, Faculty, Staff, Volunteers and Students)

Hospital P&P 1327 – Vocera Use

Hospital P&P 1331 – Use of Cellular Telephones and Other Cellular Devices

Hospital P&P 1334 – Digital Paging System

Hospital P&P 2314 – EMR In-Basket Guidelines

Hospital P&P 2434 – Disclosing Protected Health Information (PHI) by Telephone

Hospital P&P 2442 – Disclosing Protected Health Information (PHI) by E-Mail

Hospital P&P 2713 - [Clinical Consultation Policy for Patients](#)

Rules and Regulations of the Medical Staff, Section III (Consults/Communications)