

The first study to examine the process of medical record acquisition at MDI offices in depth.

Almost no peer-reviewed literature exists on the problem of medical record acquisition by the medicolegal death investigation system.

- Dibdin (2001) identified information flow through MDI systems as a potential area of continuous quality improvement.
- Levy (2014) provides the single mention of medicolegal death investigation inefficiencies in medical record acquisition.

The current project conducted two concurrent studies:

- 1) Survey regarding medical record acquisition
METHODS: Online survey sent to the forensic pathologists and death investigators subscribed to the *NAME listserv* in the spring of 2016
- 2) Quality improvement project to provide direct access to electronic medical records (EMR)
METHODS: Survey of California Sheriff-Coroner office staff (pop. ~ 1.5 million) before and after efforts to obtain direct medical record access

KEY POINTS

46% of respondents to survey reported some level of EMR access

63% reported EMR credentials for both investigators and doctors

31% reported EMR credentials were limited to doctors or hospital-employed assistants only

Note: Autopsy facilities located in hospitals were significantly correlated with having EMR access

Why should we care whether MDI's have access to medical records?

- To accurately identify cause and manner of death, MDIs collect data from a variety of sources, including decedent health records from hospitals and other healthcare providers - both within, and beyond the jurisdiction where the death occurs
- Medicolegal death investigations serve important public health functions
 - Most medicolegal cases are sudden, natural, deaths
 - Other cases resulting from violence are also a public health problem
- Information obtained from MDI is the largest source of national mortality statistics and is used to:
 - Identify health and safety problems
 - Monitor trends and patterns of injury, infectious disease, violent crime, and incidents of bioterrorism
 - Provide feedback to healthcare systems and inform quality improvement
 - Inform Consumer Product Safety Commission (e.g. merchandise recalls and standards improvement)
 - Drive development of policy
 - Help evaluate community service effectiveness, access, and quality
- Wasted resources
 - Time spent trying to acquire the appropriate records
 - Copious amounts of paper (and ink) due to the length of faxes
 - Performance of unnecessary autopsies

Why does timeliness of access to medical records matter to MDI?

- potentially unnecessary cost or suffering for families or local government offices when complete, verifiable, information is not available from the outset

Identified barriers to medical records access

- Medical record providers lack understanding of:
 - importance of timely medical record acquisition
 - HIPAA-exempt status of MDI offices
 - *“A covered entity may disclose protected health information to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death, or other duties as authorized by law.”- Summary of CFR 145(?) HIPAA Privacy Rule*
- Issue related to logistics, efficiency, and timeliness
 - Time spent phoning or faxing hospitals to obtain records
 - Night shift death investigators having to wait for business hours to request medical records
 - Waiting for records to be faxed
 - 57% of survey participants reported waiting 1-3 days after requests were submitted; 17% said 4-6 days, or more
 - Time wasted sending staff to physically pick up records
 - Time wasted resubmitting requests for incomplete or incorrect records obtained
 - Time wasted when faxes jammed or run out of paper
- Issue related to security:
 - concerns that EMR access grants access to any patient records, not just those whose death or possible death (unidentified individuals) are being investigated
 - hospital concerns about granting access to individuals who have not undergone their security clearance and/or who are part of their organization
 - records can be faxed to the wrong address with only one misdialed or mistyped digit
 - retention and/or disposal of paper records
- Obtaining access to electronic medical record (EMR)
 - Identification of the staff member with appropriate level of authority can take “hours to months”, often with multiple follow-up phone calls
 - Some local systems may not have fully integrated EMR systems (despite the 2009 American Recovery and Reinvestment Act, which stipulated that healthcare systems which did not convert to EMR risk Medicare/Medicaid reimbursement)
 - Veteran’s Affairs Hospitals (VAH) may have “strong firewall” which prevent those not on a VAH computer from accessing (this change can only be approved at Washington D.C. level)
 - Potential difficulty of registering with and learning to use multiple EMRs utilized by multiple distinct hospital systems in one jurisdiction
 - The potential to accidentally access the wrong medical record by mistake

Potential Solutions

- Technological solution for security dilemma
 - Login credentials for EMS, but can only open EMRs of approved patients
 - Though this adds a step in the process, approval can be sought/given any time of day, including outside of business hours
- Education
- More research