

[Home](#) - [Cover Story](#) - [Article](#)



The EHR Story in NHS

An analysis of NHS doctors of Indian origin using EHR

The practice of medicine is inextricably entwined with the management of information—Shortliffe

Dr Mithun Barik

Practicing medicine can be unforgiving, dangerous and unrewarding. Life is often a nightmare if it comes to treating patients in a completely new and advanced set-up like National Health Service (NHS), UK. Especially doctors from developing countries can find it quite hard to adjust to a setting governed by strict protocols designed to maintain its high standards. The fact that bothers them most is that the amount of detailed documentation to be done for each patient and that too in a 'computer-based medical record system' which is totally unique to them. So, do computer-based patient records help these young doctors to cope with the challenges or does it make their life more dreadful?

To find out the effects of Electronic Health Records (EHR) on the practicing life of Indian doctors in the UK, several informal interviews were conducted with NHS doctors of Indian origin. The synopsis is that EHR is indeed a boon and it actually has helped to dramatically improve the outcomes of their treatment process.

Experiences Galore

As Dr Nitin, SHO, General Medicine recalls, "When I first saw nurses carrying laptops in ward rounds, I thought that it was a complete waste of time and money. But soon I realised that these were more than just gadgets, they are actually the backbone of the whole patient medication system." According to Nitin, the laptops are used to maintain patient medication charts and the nurses fill up a checklist for every patient after giving them medicine. "This way, I can see the exact amount of medicine a patient has received during his inpatient days and accordingly calculate the doses required after his discharge." Nitin also feels that computer-based patient records significantly decrease human errors through alerts and contraindications of drugs. It is also a great learning experience for her, as the system contains detailed information about drugs: indication, dosages, pharmacokinetics, pharmacodynamics etc.

Dr Nrupaditya, SHO, Geriatric Medicine, feels that EHR boost team working. "An integrated computer-based patient record improves the communication between different axes of clinical care team. The supervising and referral consultants, radiologists, pharmacists and nurses can interact within the system which enhances team work as well as saves valuable time." For example, the prescriptions by the SHOs are regularly validated by pharmacists and views about the appropriate medicine are often exchanged between them in the form of notes.

The long-term use of computerised medical records makes the patient monitoring easier, especially in chronic disease specialities such as psychiatry. Past history of medication and their effect on psychiatric patients is one of the important indicators on which the future treatment methods rely heavily. "It helps me a lot to treat long-term patients as I can dig records of their past visits and then decide the future course of action," comments Dr Trehan, SHO, Psychiatry.

The experience of Dr Bhatt is not as pleasant, however. Though he agrees that EHR is far better than paper-based record. In most aspects, it actually slows the treatment process. He believes that the method of writing down case notes on paper is much faster than entering data in a computer. "It takes a lot of time to find out the name of medicines from the drop down menus. Also, it makes doctors forget the doses of medicines as it comes automatically in the system." According to him, doctors become too dependent on the system over a period of time and in turn become less efficient. Despite this, he is in the favour of the system as ultimately it leads to totally computerised patient records, which is of immense importance to medical researchers.

On the other hand, PACS as a part of computerisation of patient records has revolutionised the concept of medical imaging, feels Dr Nimbalkar who is attached to the Department of Radiology in a leading NHS hospital. "PACS helps me to focus on the specific image showing disease pathology and thus helps to reach diagnosis faster. It also gives me the opportunity to report quickly by providing disease specific templates which describes the common diagnoses." The possibility to select and enhance specific slides containing disease pathology has helped the surgeons to focus better on the exact site of the disease. "The system includes complete pre-surgical protocols for common operations which saves lot of time as they are very lengthy to write," comments Dr Vaidya, SHO, General Surgery.

Better Auditing Systems

EHR is also of paramount importance in medical audits. According to Dr Bhattacharya, Endocrinologist and Clinical Research Fellow, computer-based patient records fasten up the data collection and analysis process of medical audits. "Whenever I need any information about any patient, I search the database by providing specific criteria and the data just appears in a flash. This saves time, especially in retrospective clinical studies." The results of drug trials can be closely monitored and accordingly the findings lead to foundation of new research activities. Overall, the doctors believe that EHR has helped them to serve their patients better and feel that this kind of system should be introduced to Indian hospitals as well. As expressed by Dr Arora, who is currently doing a clinical attachment in a NHS hospital: "It is really exciting to see that such a system exists and I am looking forward to use it." Oxford Handbook of Clinical Medicine states that the most elemental thing of clinical house job is 'survival' amongst adverse working conditions. It appears that electronic medical records have provided few more 'lives' to the combating medicos.

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(All names changed on request)

