



American College of
Emergency Physicians®

ADVANCING EMERGENCY CARE 

POLICY STATEMENT

Approved June 2015

Health Information Technology

Revised June 2015,

Revised August 2008 with
current title, replacing
“Internet Access” rescinded
August 2008

Revised February 2003

Originally approved October
1998 titled “Internet Access”

ACEP believes that:

1. Health Information Technology (HIT) presents ongoing opportunities to improve the quality of emergency care, promote patient safety, reduce medical errors, and enhance the efficiency of emergency departments (ED).
2. Hospitals have a duty to patients, staff, and the community to provide HIT that is suitable for use in the ED. HIT should facilitate the delivery of patient care, conform to relevant standards¹, and comply with applicable privacy and security constructs to ensure the secure availability of relevant health care information.
3. Evaluation, selection, implementation, and ongoing assessment of HIT that impacts emergency care is best accomplished with active involvement of emergency physicians, nurses, and other emergency care providers. Emergency physicians should have a role in the selection and approval of any HIT that impacts the ED or the local emergency medicine community.
4. Emergency Department Information Systems (EDIS) include best-in-breed (standalone) and ED modules of larger enterprise electronic medical record (EMR) systems, specifically designed to manage data in support of Emergency Department patient care and operations². EDIS should be properly implemented, sufficiently integrated, and well-maintained.
5. Emergency physicians must have a role in the selection and configuration of EDIS. Clinical functionality, usability, efficiency, and interoperability should be the primary criteria by which systems are evaluated. Preference should be given to systems that ensure support for ED workflow, clinical accuracy, patient safety, and operational support. System costs and assessment of return-on-investment should take into account the impact on physician and staff productivity.

6. Access to historical patient information, including data in Electronic Health Records and Personal Health Records, should be available for ED patients. Interoperability with external systems and participation by hospitals in health information exchanges should be encouraged. Provisions and policies for emergency access (i.e., “break-glass”) to critical health information should be in place for emergency physicians to access protected health information when necessary to prevent harm or risk to life.
7. Access to on-line tools including the Internet, hospital policies and procedures, medical reference materials, regional status of hospitals, EMS, mass casualty, and other pertinent information should be readily available.

References

1. The 2015 Interoperability Standards Advisory from the Office of the National Coordinator for Health Information Technology (ONC). <http://www.healthit.gov/standards-advisory>
2. Health Level 7 Emergency Care Special Interest Group: Emergency Department Information Systems Functional Profile. Health Level 7, 2007. http://www.hl7.org/documentcenter/public_temp_2767F812-1C23-BA17-0C9BE83B7C4E00EA/wg/emergencycare/EDIS_FP_R1.pdf