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BRIEF COMMUNICATION

Are electronic medical records a medicolegal risk to the oculoplastic surgeon? A survey of British Oculoplastic Surgery Society Members

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Electronic Medical Records (EMRs) are used increasingly throughout medicine, with 45.3% of ophthalmology units reporting use in 2017 [1]; external pressures including pandemic-induced new ways of working may soon render them compulsory. With widely publicised benefits and challenges of EMR across specialities and nations [2–4], the Royal College of Ophthalmologists (RCOphth) issued standards EMR systems should meet to optimise usage [5]. The introduction of ophthalmology-specific EMR in the UK has generated ground-breaking high-volume data, particularly in cataract, anti-VEGF treatments and glaucoma surgery [1]. However, perhaps due to the subspecialty interests of the pioneers paving the way in this field, anecdotal grumblings exist about the quality of EMR in others, including oculoplastics.

We invited all full members of the British OculoPlastic Surgery Society (BOPSS) to complete an online survey exploring current practices and opinions regarding EMR in oculoplastics from January to June 2021, receiving 71 responses (39.4% response rate). Table 1 outlines the quantitative responses. 80% report using EMR (38% of these Medisoft, though 15 different systems were reported), 49% both for outpatient clinics and recording operations. 40/56 (71%) described documenting a complete examination as 'somewhat' or 'very challenging', 32/54 (56%) find recording important positives or negatives 'harder' or 'much harder'. 59% have been involved in medicolegal aspects of clinical care; 33% have undertaken formal medicolegal training. 57% perceive an increased medicolegal risk with EMRs compared with hand-written notes. However, no statistical association was found on chi square testing between involvement in medicolegal care, or formal training, with perception of increased risk. 23% report documenting inadequate clinical information to manage a complaint, 35% citing poor user-friendliness of the systems for this.

Thematic analysis of qualitative free-text responses was undertaken, summarised in Table 2. Negative comments outweighed positive/neutral comments in all questions. Most comments related to system design, with access to or reviewing records, and user–system interaction also featuring highly.

Concerns identified included lack of oculoplastic-specific, user-friendly programmes allowing rapid review of historical data and flexibly supporting complete data input. Difficulty integrating diagrams featured frequently, though some feel ability to upload photos mitigates this. Opinions conflicting regarding EMR templates included: lack of templates, template inflexibility, potential as educational tools and prompts for complete documentation. Comments on EMR being faster or slower than hand-written documentation included duplication of work due to poor integration with other specialties/IT systems.

Our survey highlights widely ranging opinions regarding EMR in oculoplastics, with overriding feelings still mostly negative. Reported concerns suggest that current systems do not meet the published RCOphth standards. It is particularly concerning that 23% of respondents believe they document inadequately in EMR to defend a complaint or medicolegal issue. Most EMR systems were not purposefully designed for oculoplastics, which may contribute to perceptions of poor user-friendliness and difficulty recording examination findings. Photographs form a valuable part of the patient's clinical record. However, imaging services are not readily available in all units, or outside traditional office hours. Oculoplastic surgery is uniquely positioned in often needing to document nuanced, subjective examination findings outside the immediate periocular region, including facial asymmetry and both static and dynamic function. Such details are ill-suited to documentation by frequently-adopted drop-down menus in EMRs and may create clunky, time-consuming data entry that poorly captures the clinical picture, or a heavy reliance on free-text input. We believe that specialists should work closely with software designers to develop systems tailored to oculoplastic needs that can be delivered safely and effectively within the clinical environment.

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Table 1. Outlines quantitative survey responses.

Question (paraphrased)	No. of responses	Response options						
		Operations	Clinic	Operations and clinics	Never			
Current use of EMR	68	12	9	33	14			
		Medisoft	OpenEyes	None	Other			
Which EMR software?	71	27	9	13	22			
		Very easy	Somewhat easy	Neither easy nor challenging	Somewhat challenging	Very challenging	N/A	Weighted average
Ease of recording complete examination findings	71	7	2	7	19	21	15	3.8
		Much easier	Easier	Neither easier nor harder	Harder	Much harder	N/A	Weighted average
Impact of EMR on documenting important positives and negatives	70	2	6	14	16	16	16	3.7
		Yes—operations	Yes—clinics	Yes—other	No			
Is EMR higher risk than paper notes medicolegally regarding documentation?	68	24	34	7	29			
		Paid expert witness	Called as witness for litigation case	Subject of litigation case	No			
Involvement in medicolegal care work	71	28	12	16	29			
		Yes	No					
Formal medicolegal training	70	24	47					
		Yes	No	Unsure	N/A			
Document enough on EMR to manage complaint or medicolegal issue?	71	25	16	16	41			
		EMR not user-friendly	Time constraints	Also document in paper notes	N/A	Other		
If not, why not?	68	24	20	14	34	9		

Table 2. Reports the results of thematic analysis of qualitative responses according.

Positive		Negative		Neutral		Desirable	
Access to/review of records	25	Access to/review of records	9	Access to/review of records	0	Access to/review of records	0
Cost of system	0	Cost of system	1	Cost of system	0	Cost of system	0
Education	1	Education	0	Education	0	Education	0
Non-specific	5	Non-specific	3	Non-specific	0	Non-specific	0
Security	3	Security	3	Security	0	Security	0
System design	37	System design	122	System design	16	System design	16
User–system interaction	1	User–system interaction	57	User–system interaction	19	User–system interaction	0
Total	72	Total	195	Total	35	Total	16

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COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

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