Obtaining EMR Access – Frequently Asked Questions

The Centers for Disease Control and Prevention (CDC) requires your clinic to report all patients’ positive blood cultures, including cultures drawn in the emergency department (ED) or within one calendar day of hospital admission, even if the draw was unrelated to dialysis. To find information on patients’ positive blood cultures, you should establish electronic medical record (EMR) access with the hospital. But how do you begin? Below are helpful resources to get you started.

Which hospitals do I ask?
Ideally, the hospital where your patients are admitted most often. Your interdisciplinary team (IDT) can draft a list, then you can try working with the first two hospitals before moving down the list.

Who do I contact?
Some facilities may hit a dead end with the medical records or IT departments at the hospitals, so try starting elsewhere. For example, many facilities find helpful allies in Case Management, Office of Nursing, the Infection Preventionist, or the Inpatient Nephrology Unit. Consider contacting as many offices and individuals as you can. Explain your project and describe how it is a joint effort between the CDC and the Centers for Medicare & Medicaid Services (CMS).

What is an infection preventionist?
Because health care-associated infections (HAIs) are an industry-wide challenge, many hospitals have created an infection preventionist position to monitor outcomes and comply with infection control regulations (e.g., data entry in the National Healthcare Safety Network [NHSN]). Infection preventionists collect data, identify trends, audit and educate staff, help write policies, and work with public health departments. The individual in this role knows you are required to report certain positive blood cultures and is often a good contact.

How do I make contact?
Letters and emails can easily be ignored, lost or forgotten. Instead, try calling or visiting in-person. Remember to follow up, a lot; your request may not be their highest priority. Many clinics find it helpful to have their medical director or another nephrologist in the clinic make the initial contact with someone they already know. Try discussing at your next quality assurance and performance improvement (QAPI) meeting.
What will I ask them for?
Make a list of items you need to access, and be sure to say upfront you need read-only access. Access may include the discharge summary, vascular access procedures, dialysis treatment records, nephrologist notes, lab results and more. Make a list with your IDT to know what you DO and DON’T need. Think about who will have access; nurses are your best choice.

Do you have a letter saying they have to give us access?
Though CMS is holding dialysis clinics responsible for connecting with the acute care setting, the hospitals are not required to comply. However, that does not mean hospitals will not work with you if you make an effort to build a relationship with them. Make a connection by talking to them about why it’s necessary to coordinate transitions of care between the hospital and the clinic. CMS has tasked them to reduce readmissions and report into NHSN, just like you. The idea is to establish yourselves as partners and show them you have mutually beneficial goals.

Isn’t this a HIPAA violation?
Nope! HIPAA includes provisions for Continuity of Care and Need to Know, which outline the responsibilities of health care providers to share information when it is necessary for that individual’s care.

For more information, visit: https://www.hhs.gov/hipaa/for-professionals/training/index.html, especially the FAQ section. See also 45 CFR 164.506 and 45 CFR 164.501, which cover communications between providers for the purpose of treatment. According to HIPAA, both entities (the clinic and the hospital) have an obligation to share data needed to provide safe, quality care to patients.