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## Managing Copy and Paste Functionality in the Electronic Health Record

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Running head: MANAGING COPY AND PASTE FUNCTIONALITY IN THE  
ELECTRONIC HEALTH RECORD

Managing Copy and Paste Functionality in the  
Electronic Health Record

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## MANAGING COPY AND PASTE FUNCTIONALITY

### Abstract

The increased adoption of Electronic Health Records (EHR) has identified a significant need to develop tools to help providers maximize time spent documenting in the EHR. Copy and paste functionality, also known as carrying forward, cut and paste, and cloning, is one of many tools that can help providers save time and has been around longer than computers. A survey of thirteen Health Information Management (HIM) professionals responsible for HIMS functions within an acute care hospital in North Carolina was conducted. The survey response rate was 53%. The data gathered in this research study will add to HIM body of knowledge, in providing up-to-date data showing how copy and paste functionality is being addressed in acute care hospitals in North Carolina.

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Managing Copy and Paste Functionality in the  
Electronic Health Record

**Chapter 1 Introduction**

The explosive growth of Electronic Health Records (EHRs) in the United States has been stimulated by the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 which authorized nearly \$30 billion dollars to support the increased adoption and use of health information technology (Hsiao et al., 2013). In 2011, the Centers for Medicare and Medicaid Services (CMS), Office of the National Coordinator for Health Information Technology (ONC), and State Medicaid programs began offering incentives to Eligible Hospitals (EH) and Eligible Providers (EP) to adopt EHRs that meet “Meaningful Use Criteria” (MU). Meaningful Use criteria is a staged process based on the following principles: improving quality, safety and efficiency, engaging patients in their care, improving coordination of care, improving population health and ensuring adequate privacy and security protections are in place (HealthIT.gov, 2014). A 2013 study conducted by the Center for Medicare and Medicaid Services (CMS) revealed that by May 2013, more than 3,800 hospitals or about 80% of eligible hospitals had received incentive payments to adopt EHRs (Sheehy, Weissburg, & Dean, 2014). In addition, a 2012 study conducted by the Centers for Disease Control (CDC) showed that 78 percent of office-based physicians use EHR systems, which was up 60 percent from a 2001 CDC study. The 2001 study showed that only 18 percent of healthcare providers use EHRs.

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With the increase in EHR adoption, there is significant need to develop tools to help providers maximize time spent documenting in the EHR. Copy and paste functionality is one of many tools that can help providers save time and has been around longer than computers. The term was originally coined, in reference to the physical process of cutting and pasting paragraphs in different locations in manuscript editing (Weis and Levy, 2014). Today, copy and paste functionality, also known as cut and paste, copy forward and cloning, allows healthcare providers to copy a note from a previous time, insert in under a new date and time and alter it, rather than writing an entirely new note (O'Donnell, Kaushal, Barron, Callahan, Adelman, & Siegler, 2008). This functionality is available in most EHR systems, and serves as a timesaving tool that allows the healthcare provider to share vast amounts of information with other healthcare providers involved in the care of a patient. A 2013 report published by the American Health Information Management Association (AHIMA) showed that 74 to 90 percent of physicians use the copy and paste functionality in their EHR and 20 to 78 percent of physician notes are copied text (Gelzer et al., 2009). While many believe there are appropriate uses of this functionality, the identified risks may outweigh the benefits in many cases. Many of the known risks of misusing copy and paste functionality can affect patient safety and can open the door to legal implications. The potential consequences make this a continued topic of discussion by key leaders in the healthcare industry. This research study will explore the risks and benefits of using copy and paste functionality in EHRs and outline the steps acute care hospitals in North Carolina are taking to manage the use of copy and paste functionality.

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### **Purpose of Study**

The purpose of the study is to evaluate the risks and benefits of using copy and paste functionality in EHRs, identify usage of resources developed by the American Health Information Management Association, and outline the steps acute care hospitals in North Carolina are taking to manage the use of copy and paste functionality.

## Chapter 2 Review of the Literature

An extensive review of the literature using various electronic database searches of scholarly peer-reviewed journals from the past twelve (2003-2015) years. The following key terms copy and paste, electronic health record integrity, electronic health record, carry forward, data integrity, copy forward, and cloning were used to search databases. Searches were conducted using two prominent databases PubMed and CINAHL. Each search returned hundreds of potential journals. The literature review centered on ten articles published between 2008 and 2015.

The populations studied were healthcare providers in academic settings in the United States. The articles focused on the risks of using EHR copy and paste functionality in two clinical settings. One of the studies focused on physicians and residents attitudes toward copy and paste at two academic medical centers (O'Donnell et al., 2008). Another article focused on the amount of information copied by attending physicians and residents in critical care progress notes (Thornton, Schold, & Venkateshaiah, 2013).

The two studies included in this literature review used different survey designs. One of the studies focused on physician attitudes toward copy and paste technology, using a twenty-two question cross-sectional survey design and conducted fifteen semi-structured interviews with residents, faculty, and leaders in patient safety, legal affairs, billing compliance, and clinical informatics (O'Donnell et al., 2008). Another study, focused on the impact of copy and paste functionality in critical care documentation, used a retrospective cohort study (Thornton et al., 2013).

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The studies were similar in the population studied, purpose of the study, but varied in the types of survey methods used. For example in the Thornton et al., (2013) study, they focused on critical care documentation in an academic acute care setting and in the O'Donnell et al., (2008) study, they looked at electronic notes documented on pediatric and general medicine patients in academic acute care setting. In addition, the O'Donnell et al., (2013) study incorporated interviews with fifteen workforce members.

In summary, the review of literature showed that the use of copy and paste functionality is widespread and ever increasing with growth of EHR adoption in support of the HITECH Act. A tremendous amount of the literature centered on risks associated with using copy and paste functionality. According to Bowman (2013), some of the risks to documentation integrity resulting from misuse of copy and paste functionality include:

- a. Inaccurate or outdated information;
- b. Redundant information, which causes the inability to identify the current information;
- c. Inability to identify the author or intent of documentation;
- d. Inability to identify when the documentation was first created;
- e. Propagation of false information;
- f. Internally inconsistent progress notes; and
- g. Unnecessarily lengthy progress notes (Bowman, 2013, p. 3).

Furthermore, the literature shows that the impact of copy and paste technology has been building for greater than ten years (Weis & Levy, 2014). The identified risks to documentation integrity and patient safety concerns are in the forefront however, there

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are also regulatory concerns associated with billing and reporting quality data. For example documenting an extensive office note for a minor problem, should not be used as justification to bill for a higher level of service. In addition, incorporating documentation authored by medical students or other unlicensed professionals could create regulatory risks as well (Weis & Levy, 2014). A 2008 survey of physician attitudes towards copy and paste survey found that 90 percent of physicians and residents used copy and paste functionality in daily electronic progress notes and 71 percent felt that inconsistencies and outdated information were more common in the copy and pasted notes (O'Donnell et al., 2008). A 2009 survey on the prevalence of copied information by attending physicians and residents in critical care documentation found that 82 percent of resident and 74 percent of physician progress notes contained greater than or equal to 20 percent of copied information (Thornton et al., 2013).

In 2012, the American Health Information Management Association, (AHIMA) published the Copy Functionality Toolkit to educate and guide HIM professionals, providers, and information technology professionals on how to govern its use in the EHR (Gelzer, et al., 2012). The toolkit recommends that healthcare organizations develop policies and procedures to address the following areas:

- a. Organizational acceptable uses
- b. Operational processes
- c. Documentation guidelines
- d. Responsibility
- e. Auditing and reporting
- f. Sanctions

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In addition, the Copy Functionality toolkit identified examples of appropriate use of the functionality. For example, copying information such as:

- a. Demographic
- b. Medications
- c. Allergies
- d. Problems
- e. Labs and treatment or therapies (Gelzer, et al., 2012).

Some of the limitations found in the review of the literature show there have not been any recent studies on copy and paste functionality. The two studies included in this review of literature used data from 2007 and 2009. Several of the scholarly articles included in this literature review referenced studies as far back as 2001. In addition, I did not find articles from members of the Health Information Technology industry outlining how they plan to reduce the impact of copy and paste functionality on documentation integrity.

### **Chapter 3 Methodology**

This chapter provides a detailed overview of the following sections of this research project: research design, population to be studied, data collection procedures and instruments to be use, and proposed techniques used to analyze the results from the survey data.

A descriptive research design was used in this research study to obtain a current status of how hospitals are managing copy and paste functionality in the EHR in North Carolina. The population selected for this description study was ten percent (10%) of the 126 hospitals in North Carolina. HIM professionals responsible for HIMS functions were selected to complete the survey. This population was selected for the following reasons: based on their role as the Custodian of the legal medical record; their involvement in EHR implementation; knowledge of electronic health record documentation; and because the HIM department would be the most likely area to discover a copy and paste documentation error in through the medical coding process and/or qualitative or quantitative analysis of the medical record. A survey was developed and an administered using SurveyMonkey a Web-Based survey tool. A link to the Web-based survey was included in the email to the participants. A total of thirteen surveys were sent out, and the desired sample size was thirteen. The survey results were analyzed using a quantitative approach. The survey questions focused on how healthcare organization in North Carolina are managing copy and paste functionality and if HIM professionals are utilizing tools made available by the American Health Information Management Association (AHIMA) such as the Copy Functionality Toolkit, (Gelzer, et al., 2012) to develop solutions to tackle these challenges.

**Chapter 4 Results**

In total, seven responses were received via SurveyMonkey an electronic survey tool. The response rate overall was 53%. The survey was emailed to thirteen HIM professionals responsible for HIM functions at a hospital in North Carolina. Summaries of the responses to each of the 18 survey questions are illustrated below in Tables 1 through 18.

**Table 1**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>What is the bed size of your healthcare organization?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>6 - 99 beds</i>	<i>14.3%</i>	<i>1</i>
<i>100 - 299 beds</i>	<i>0.0%</i>	<i>0</i>
<i>300 - 499 beds</i>	<i>28.6%</i>	<i>2</i>
<i>500 or more beds</i>	<i>57.1%</i>	<i>4</i>
<i>answered question</i>		<i>7</i>

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**Table 2**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>How familiar are you with AHIMA's Copy Functionality Toolkit?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Very Familiar; use it on my job</i>	<i>42.9%</i>	<i>3</i>
<i>Somewhat familiar; I have read it</i>	<i>42.9%</i>	<i>3</i>
<i>Familiar; but have not read it</i>	<i>14.3%</i>	<i>1</i>
<i>I have no knowledge of document</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>7</i>

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**Table 3**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>How familiar are you with AHIMA's "Appropriate Use of the Copy and Paste Functionality in Electronic Health Records" position statement?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Very Familiar; use it on my job</i>	<i>42.9%</i>	<i>3</i>
<i>Somewhat familiar; I have read it</i>	<i>57.1%</i>	<i>4</i>
<i>Familiar; but have not read it</i>	<i>0.0%</i>	<i>0</i>
<i>I have no knowledge of document</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>7</i>

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**Table 4**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>How long has your facility used an EHR?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>1- 3 years</i>	<i>28.6%</i>	<i>2</i>
<i>3- 5 years</i>	<i>0.0%</i>	<i>0</i>
<i>6 - 9 years</i>	<i>42.9%</i>	<i>3</i>
<i>10 or more years</i>	<i>28.6%</i>	<i>2</i>
<i>Not sure</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>7</i>

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**Table 5**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>Is your organization participating in the Medicare and Medicaid EHR Incentive Programs?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Yes</i>	<i>100.0%</i>	<i>7</i>
<i>No (If no, skip questions 6 and 7)</i>	<i>0.0%</i>	<i>0</i>
<i>Not sure</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>7</i>

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**Table 6**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>Does your organization use a certified EHR?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Yes</i>	<i>100.0%</i>	<i>7</i>
<i>No (If no, skip question 7)</i>	<i>0.0%</i>	<i>0</i>
<i>Not sure</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>7</i>

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**Table 7**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>If using a certified EHR, what is your compliance with Meaningful Use Objectives?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Stage 1</i>	<i>0.0%</i>	<i>0</i>
<i>Stage 2</i>	<i>85.7%</i>	<i>6</i>
<i>Stage 3</i>	<i>0.0%</i>	<i>0</i>
<i>Not sure</i>	<i>14.3%</i>	<i>1</i>
<i>answered question</i>		<i>7</i>

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**Table 8**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>Does your EHR have copy and paste functionality?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Yes</i>	<i>85.7%</i>	<i>6</i>
<i>No (If no, skip questions 8 – 18)</i>	<i>14.3%</i>	<i>1</i>
<i>Not sure</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>7</i>

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**Table 9**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>Can you disable the EHR copy and paste functionality?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Yes</i>	<i>16.7%</i>	<i>1</i>
<i>No</i>	<i>66.7%</i>	<i>4</i>
<i>Not sure</i>	<i>16.7%</i>	<i>1</i>
<i>answered question</i>		<i>6</i>
<i>skipped question</i>		<i>1</i>

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**Table 10**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>Does your organization permit the use of copy and paste functionality in the EHR?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Yes</i>	<i>83.3%</i>	<i>5</i>
<i>No</i>	<i>16.7%</i>	<i>1</i>
<i>Not sure</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>6</i>
<i>skipped question</i>		<i>1</i>

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**Table 11**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>Do you have a current, working organization-wide policy regarding the use of copy and paste functionality?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Yes</i>	<i>66.7%</i>	<i>4</i>
<i>No</i>	<i>33.3%</i>	<i>2</i>
<i>Not sure</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>6</i>
<i>skipped question</i>		<i>1</i>

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**Table 12**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>Do EHR end-users receive comprehensive education and training on the proper use of copy and paste functionality?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Yes</i>	<i>83.3%</i>	<i>5</i>
<i>No</i>	<i>16.7%</i>	<i>1</i>
<i>Not sure</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>6</i>
<i>skipped question</i>		<i>1</i>

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**Table 13**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>What category of EHR end-users have copy and paste capability?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>All end-users</i>	<i>16.7%</i>	<i>1</i>
<i>Clinical end-users</i>	<i>83.3%</i>	<i>5</i>
<i>Not sure</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>6</i>
<i>skipped question</i>		<i>1</i>

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**Table 14**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>What type of audit capability does your EHR have to show that documentation has been copy and pasted?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Original source information is visible in the documentation</i>	<i>50.0%</i>	<i>3</i>
<i>Original source traceable in an audit trail</i>	<i>33.3%</i>	<i>2</i>
<i>Not sure</i>	<i>16.7%</i>	<i>1</i>
<i>Other (please specify)</i>	<i>0.0%</i>	<i>0</i>
<i>answered question</i>		<i>6</i>
<i>skipped question</i>		<i>1</i>

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**Table 15**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>Does your organization monitor compliance with using copy and paste functionality?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Yes</i>	<i>66.7%</i>	<i>4</i>
<i>No (If no, skip questions 16, 17, and 18)</i>	<i>16.7%</i>	<i>1</i>
<i>Not Sure</i>	<i>16.7%</i>	<i>1</i>
<i>answered question</i>		<i>6</i>
<i>skipped question</i>		<i>1</i>

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**Table 16**

<i>Managing Copy and Paste Functionality in the EHR</i>					
<i>How do you monitor copy and paste functionality usage?</i>					
<i>Answer Options</i>	<i>Response</i>		<i>Response</i>		
	<i>Percent</i>	<i>Count</i>			
<i>Review audit logs</i>	<i>0.0%</i>	<i>0</i>			
<i>Conduct random documentation audits</i>	<i>50.0%</i>	<i>3</i>			
<i>Not sure</i>	<i>33.3%</i>	<i>2</i>			
<i>Other (please specify)</i>	<i>16.7%</i>	<i>1</i>			
<i>answered question</i>			<i>6</i>		
<i>skipped question</i>			<i>1</i>		
<i>Number</i>	<i>Response Date</i>	<i>Other (please specify)</i>	<i>Categories</i>		
<i>1</i>	<i>Nov 16, 2015 9:02 PM</i>	<i>Not implemented yet a formal way to audit, but plan to look at software to assist.</i>			

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**Table 17**

<i>Managing Copy and Paste Functionality in the EHR</i>		
<i>How often does your organization conduct copy and paste audits?</i>		
<i>Answer Options</i>	<i>Response Percent</i>	<i>Response Count</i>
<i>Monthly</i>	<i>50.0%</i>	<i>3</i>
<i>Quarterly</i>	<i>0.0%</i>	<i>0</i>
<i>Annually</i>	<i>16.7%</i>	<i>1</i>
<i>Not sure</i>	<i>33.3%</i>	<i>2</i>
<i>answered question</i>		<i>6</i>
<i>skipped question</i>		<i>1</i>

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**Table 18**

<i>Managing Copy and Paste Functionality in the EHR</i>			
<i>Who is responsible for auditing the use of copy and paste functionality?</i>			
<i>Answer Options</i>		<i>Response Percent</i>	<i>Response Count</i>
<i>Health Information Management</i>		<i>33.3%</i>	<i>2</i>
<i>Information Systems</i>		<i>0.0%</i>	<i>0</i>
<i>Quality Improvement</i>		<i>0.0%</i>	<i>0</i>
<i>Not sure</i>		<i>33.3%</i>	<i>2</i>
<i>Other (please specify)</i>		<i>33.3%</i>	<i>2</i>
<i>answered question</i>			<i>6</i>
<i>skipped question</i>			<i>1</i>
<i>Number</i>	<i>Response Date</i>	<i>Other (please specify)</i>	<i>Categories</i>
<i>1</i>	<i>Nov 17, 2015 5:07 PM</i>	<i>Compliance</i>	
<i>2</i>	<i>Nov 13, 2015 10:13 PM</i>	<i>A combination of HIM, Quality and IT</i>	

## Chapter 5 Analysis and Discussion

Fifty-seven percent (57%) of responses are from a HIM professional managing HIM functions at a hospital with 500 or more beds. Twenty-nine percent (29%) of the responses was from a HIM professional working at a hospital with 300 – 499 beds. Fourteen percent (14%) of the responses were from HIM professionals working at a hospital with between 6 and 99 beds reflected in Table 1.

Forty-three percent (43%) of the responses in Table 2 were very familiar with AHIMA’s Copy Functionality Toolkit. Forty-three percent (43%) were somewhat familiar with the toolkit. Fourteen percent (14%) of respondents were familiar, but had not read the toolkit.

Fifty-seven percent (57%) of the respondents were somewhat familiar, and forty-three percent (43%) were very familiar with AHIMA’s “Appropriate use of the Copy and Paste Functionality in Electronic Health Records” position statement in Table 3.

Forty-three percent (43%) of the respondents have been using an EHR for 6 – 9 years, twenty-nine percent (29%) 1-3 years, and twenty-nine percent (29%) have been using an EHR more than 10 years in Table 4.

One hundred percent (100%) of respondents in Table 5 and Table 6 are participating in the Medicare and Medicaid Incentive programs and use a certified EHR.

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Eighty - six (86 %) percent of respondents in Table 7 are compliant with Stage 2 Meaningful Use Objectives. Fourteen percent (14%) of the respondents were not sure of their organizations Meaningful Use compliance stage.

Eighty- six percent (86%) of respondents in Table 8 have EHRs with copy and paste functionality. Fourteen percent (14%) of respondents EHRs do not have copy and paste functionality. Sixty-six percent (66%) of respondents in Table 9 do not have the ability to disable copy and paste functionality within their EHR. Seventeen percent (17%) have the capability to disable the functionality and seventeen percent (17%) were not sure if they could disable the functionality in their EHR. One respondent did not answer this question.

Eighty-three percent (83%) of respondents in Table 10 permit the use of copy and paste functionality in the EHR. Seventeen percent (17%) do not permit the use of copy and paste functionality in the EHR. One respondent did not answer this question.

Sixty-seven percent (67%) of respondents in Table 11 have an organization-wide policy regarding the use of copy and paste functionality. Thirty-three percent (33%) of respondents do not have a policy. One respondent did not answer this question.

Eighty-three percent (83%) of respondents in Table 12 provide EHR end-users comprehensive education and training on the proper use of copy and paste functionality. Seventeen percent (17%) of respondents do not provide end-user education and training on the proper use of copy and paste functionality. One respondent did not answer this question.

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Eighty-three percent (83%) of respondents in Table 13 allow only clinical EHR end-users copy and paste functionality. Seventeen (17%) allow all EHR end-users copy and paste functionality. One respondent did not answer this question.

Fifty percent (50%) of respondents in Table 14 reported that their EHRs audit capability shows documentation has been copy and pasted by showing the original information copy and pasted. Thirty-three percent (33%) of respondents reported that their EHR allows the original source to be traceable in an audit trail. Seventeen percent (17%) of respondents did not know the type of audit capability available in their EHR. One respondent did not answer this question.

Sixty-seven percent (67%) of respondents in Table 15 monitor compliance with copy and paste functionality. Seventeen percent (17%) do not monitor compliance and seventeen percent (17%) were not sure if their organization monitors compliance with copy and functionality. One respondent did not answer this question.

Fifty percent (50%) of respondents in Table 16 monitor copy and paste functionality usage by conducting random documentation audits, thirty-three percent (33%) were not sure, how monitoring of copy and paste functionality usage is happening in their organization. Seventeen percent (17%) responded “other”, reporting that they had not yet implemented a formal way to audit, but plan to and were looking for software to assist with the monitoring. One respondent did not answer this question.

Fifty percent (50%) of respondents in Table 17 conduct copy and paste functionality audits monthly, seventeen percent (17%) conduct them annually, and thirty-three percent (33%) were not sure. One respondent did not answer this question.

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Thirty-three percent (33%) of respondents in Table 18 reported HIM is responsible for auditing copy and paste functionality, thirty-three (33%) were not sure. Thirty-three (33%) responded “other”, reporting compliance and a combination of HIM, Quality and Information Technology were responsible for auditing copy and paste functionality.

### **Limitations and Discussion**

Though the response rate was low, the data gathered can be used to establish a reasonable baseline of how hospitals in North Carolina are addressing copy and paste functionality. Some of the identified limitations of this study are:

- a. Literature review revealed there have not been any recent large-scale studies on copy and paste functionality. The two studies included in this literature review used data from 2007 and 2009.
- b. Several of the scholarly articles included in this literature review referenced studies as far back as 2001.
- c. The survey sample focused on hospitals in North Carolina. A nationwide survey would likely yield more responses.
- d. The survey population only included HIM professionals. Expanding the survey to Information Technology leaders would yield more responses.
- e. Survey questions centered on hospitals with EHRs and excluded hospitals with a hybrid medical record.
- f. The survey response rate was low.

## **Chapter 6 Conclusions and Recommendations**

In conclusion, the literature review and data gathered in this research study shows that the use of copy and paste functionality is prevalent amongst healthcare providers at hospitals in North Carolina and throughout the United States. All of the hospitals in this study are participating in the Medicare and Medicaid EHR Incentive program and use a certified EHR. Eighty-five percent (85%) of respondents reported Stage 2 Meaningful Use compliance. Respondents were knowledgeable of AHIMA's Copy Functionality Toolkit and position statement. Sixty-six percent (66%) of respondents reported having an organization-wide policy regarding the use of the copy and paste functionality. The low number of hospitals with a policy to address the appropriate use of copy and paste functionality was surprising as implementing a policy is one of AHIMA's recommendations. Eighty-three percent (83%) of respondents that permit the use of the copy and paste functionality in the EHR, provide end-users with comprehensive education and training on the proper use of copy and paste functionality. Eighty-three percent (83%) of EHRs have audit capability to show that documentation has been copy and pasted. Sixty-six percent (66%) of the respondents monitor its use. Fifty percent (50%) do so by conducting random documentation audits monthly. Some of the respondents are in the early stages of developing a process and/or looking at prospective software solutions to aid in the process. Thirty-three percent (33%) of respondents reported that HIMS conducts audits and thirty-three percent (33%) report Compliance, Quality, and Information Systems perform audits.

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The survey data demonstrates on a small scale that hospitals in North Carolina are taking steps to manage copy and paste functionality through reviewing resources, developing policies, providing end-user education and training, and auditing to ensure compliance. Though the studies in the literature review and survey conducted for this research project did not include physician office setting, it is apparent that the same timesaving benefits in using this technology and monitoring to ensure appropriate use would likely be used to the physician office setting. The surveys show that there are significant impacts to documentation integrity when copy and paste functionality is misused and those errors can lead to patient safety and legal issues. While there are many articles that address the implications of misuse of this technology, I did not find articles addressing technology solutions to mitigate risks. The solutions revealed in this literature review suggests organizations that provide vigorous end-user training and develop policies and procedures to address the use of the functionality within their organizations reduce, but do not diminish the risk factors. Healthcare organizations should do extensive research to determine if the benefits of copy and paste functionality outweigh the risks.

This survey will benefit HIM professional as it provides a baseline of how acute care hospitals in North Carolina are addressing copy and paste functionality.

It is my recommendation based on the survey data and literature review that more research is needed to measure and analyze this functionality to develop technical solutions to mitigate the risks.

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**Appendix**

Figures

Figure 1: Cover letter: Managing Copy and Paste Functionality in the EHR Survey

Figure 2: Population Survey Questionnaire: Managing Copy and Paste Functionality in the EHR

## MANAGING COPY AND PASTE FUNCTIONALITY

### Figure 1 Cover Letter

Dear [*Insert Colleague's Name*]:

My name is Tricia Urquhart-Jones, RHIA, CHPS. I am a graduate student at the University of Tennessee Health Science Center, (UTHSC) majoring in *Health Informatics and Information Management* and a member of the North Carolina Health Information Management Association. For my final project, I am conducting a research study titled: **Managing Copy and Paste Functionality in the Electronic Health Record**. Because you are a Health Information Management professional responsible for HIM functions at a healthcare organization, I am asking for your assistance in completing a brief survey. Through your participation, I hope to gain insight as to how healthcare organizations are managing the use of EHR copy and paste functionality.

The survey will take approximately 5-10 minutes to complete. Your responses will be kept confidential and will only be reported in aggregate form. If you would like a copy of the survey results, send me an e-mail request at [turquhar@uthsc.edu](mailto:turquhar@uthsc.edu) . This survey has been approved by my Health Informatics and Information Management Program Director at UTHSC, Dr. Rebecca Reynolds, RHIA, FAHIMA.

If you would be so kind, to complete this survey and submit it by [*Insert date*], I would be very appreciative. The link to the survey is <https://www.surveymonkey.com/r/8BT9HMN> .

Thank you for taking the time to complete the survey. If you have any questions or need additional information, please contact me at [turquhar@uthsc.edu](mailto:turquhar@uthsc.edu) or (910) 551-7559.

Sincerely,

Tricia Urquhart-Jones, RHIA, CHPS

## MANAGING COPY AND PASTE FUNCTIONALITY

### Figure 2

#### Managing Copy and Paste Functionality in the Electronic Health Record (EHR) Survey

1. What is the bed size of your healthcare organization?
  - a. 6 - 99 beds
  - b. 100 - 299 beds
  - c. 300 - 499 beds
  - d. 500 or more beds
  
2. How familiar are you with AHIMA's Copy Functionality Toolkit?
  - a. Very Familiar; use it on my job
  - b. Somewhat familiar; I have read it
  - c. Familiar; but have not read it
  - d. I have no knowledge of document
  
3. How familiar are you with AHIMA's "Appropriate Use of the Copy and Paste Functionality in Electronic Health Records" position statement?
  - a. Very Familiar; use it on my job
  - b. Somewhat familiar; I have read it
  - c. Familiar; but have not read it
  - d. I have no knowledge of document
  
4. How long has your facility used an EHR?
  - a. 1- 3 years
  - b. 3- 5 years
  - c. 6 - 9 years
  - d. 10 or more years
  - e. Not sure
  
5. Is your organization participating in the Medicare and Medicaid EHR Incentive Programs?
  - a. Yes
  - b. No (If no, skip questions 6 and 7)
  - c. Not Sure

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6. Does your organization use a certified EHR?
  - a. Yes
  - b. No (If no, skip question 7)
  - c. Not sure
  
7. If using a certified EHR, what is your compliance with Meaningful Use Objectives?
  - a. Stage 1
  - b. Stage 2
  - c. Stage 3
  - d. Not sure
  
8. Does your EHR have copy and paste functionality?
  - a. Yes
  - b. No (If no, skip questions 8 – 18)
  - c. Not Sure
  
9. Can you disable the EHR copy and paste functionality?
  - a. Yes
  - b. No
  - c. Not Sure
  
10. Does your organization permit copy and pasting in the EHR?
  - a. Yes
  - b. No
  - c. Not Sure
  
11. Do you have a current, working organization-wide policy regarding the use of copy and paste functionality?
  - a. Yes
  - b. No
  - c. Not sure
  
12. Do EHR end-users receive comprehensive education and training on the proper use of copy and paste functionality?
  - a. Yes
  - b. No
  - c. Not Sure

## MANAGING COPY AND PASTE FUNCTIONALITY

13. What category of EHR end-users have copy and paste capability?
  - a. All end-users
  - b. Clinical end-users
  - c. Not sure
  
14. What type of audit capability does your EHR have to show that documentation has been copy and pasted?
  - a. Original source information is visible in the documentation
  - b. Original source traceable in an audit trail
  - c. Other method; please specify \_\_\_\_\_
  - d. Not sure
  
15. Does your organization monitor compliance with using copy and paste functionality?
  - a. Yes
  - b. No (If no, skip questions 16, 17, and 18)
  - c. Not Sure
  
16. How do you monitor copy and paste functionality usage?
  - a. Review audit logs
  - b. Conduct random documentation audits
  - c. Other method; please specify \_\_\_\_\_
  - d. Not sure
  
17. How often does your organization conduct copy and paste audits?
  - a. Monthly
  - b. Quarterly
  - c. Annually
  - d. Not sure
  
18. Who is responsible for auditing the use of copy and paste functionality?
  - a. Health Information Management
  - b. Information Systems
  - c. Quality Improvement
  - d. Other; please specify \_\_\_\_\_
  - e. Not sure