WHEREAS, accurate real-time information regarding a patient is critical during transfers of care between acute care hospitals and skilled nursing facilities;

AND WHEREAS, medical documentation has moved to electronic health records and is now a required documentation modality through the Centers for Medicare & Medicaid Services;

AND WHEREAS, skilled nursing facilities and primary providers practicing in the long-term care setting often do not have access to the same electronic health records systems used by acute care facilities/primary care physicians/specialty physicians within the same geographic domain, and vice versa. Most EHR programs used in SNFs do not interface with the electronic health record systems used by their local hospital systems and primary care networks;

AND WHEREAS, due to this non-compatibility lack of interface between EHR systems, hardcopy records are commonly used in transfer of care between the care providing entities. Hardcopy information transfer is time consuming, runs a risk of transcription errors, and is more prone to privacy violation than information shared via EHRs. Hardcopy transfer creates an inherent risk of information loss before the receiving provider reviews the information;

AND WHEREAS, serious harm to patients has been documented due to the inability of the receiving provider to access electronic records review accurate real-time patient information from the sending facility;

AND WHEREAS, AMDA-The Society for Post-Acute and Long-Term Care Medicine has been engaged in advocacy around the adoption of interoperable electronic health records through the LTPAC HIT Collaborative and other initiatives.
THEREFORE BE IT RESOLVED, that AMDA—The Society for Post-Acute and Long-Term Care Medicine, actively advocate along with its partner organizations and all relevant stakeholders, including hospital systems and vendors, to ensure appropriate funding and adoption of electronic communication modalities that achieve the real-time transfer of information between settings of care;

AND BE IT FURTHER RESOLVED, that AMDA—The Society for Post-Acute and Long-Term Care Medicine inform its membership at regular intervals of the findings of this collaboration.

FISCAL NOTE:
If passed by the House of Delegates and adopted as Society policy by the Board of Directors, this resolution could have no to low financial impact, as it would be incorporated into AMDA’s existing and ongoing advocacy and coalition work.

RESOLUTION RESULTS: <FOR AMDA OFFICE ONLY>