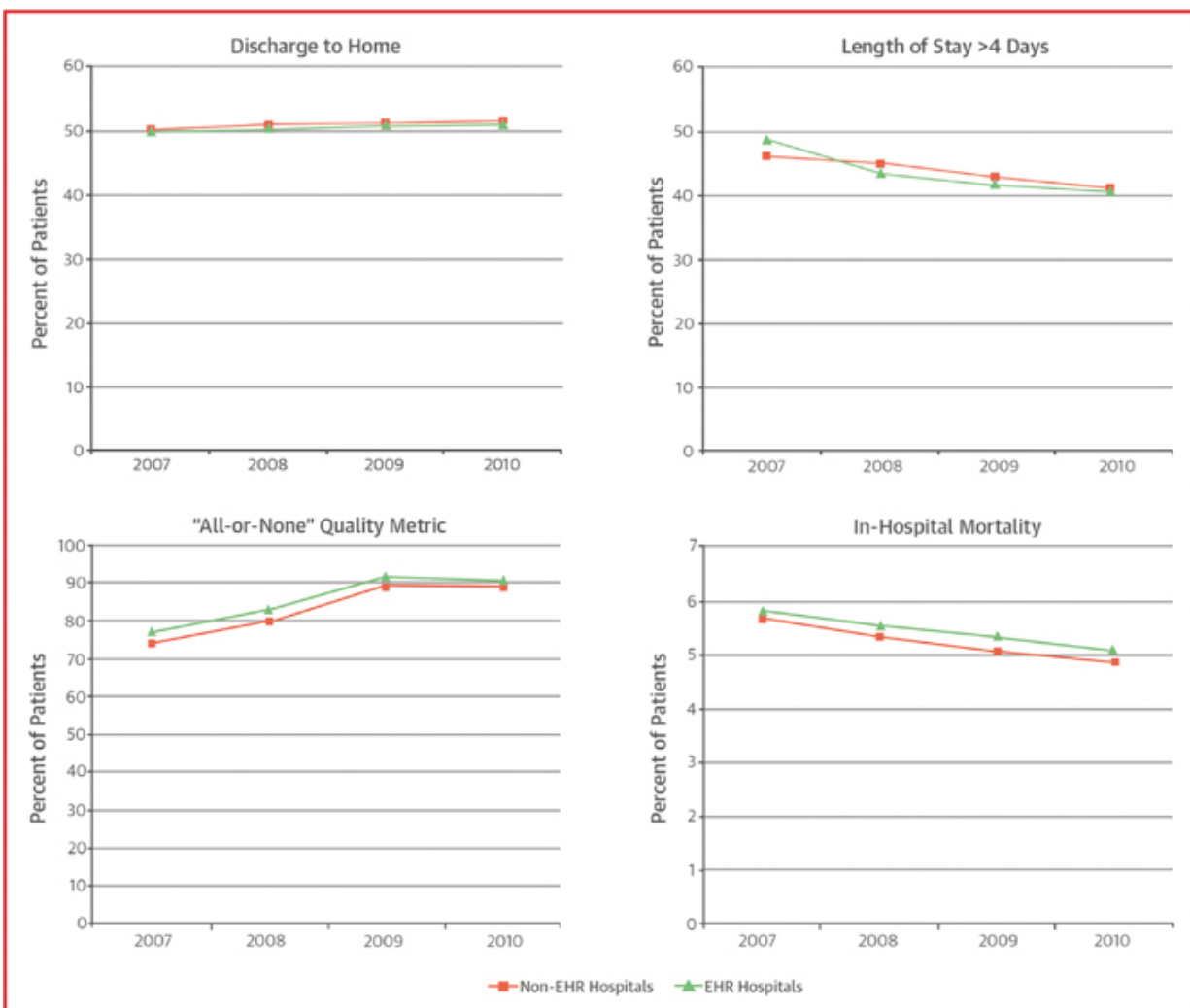


Electronic health records may not improve outcomes in ischemic stroke patients

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Electronic health records may be necessary for a more high-tech and transparent health care system, but hospitals with electronic health records for ischemic stroke patients did not demonstrate better quality of care or clinical outcomes for those patients when compared to similar hospitals without electronic health records, according to a study published today in the *Journal of the American College of Cardiology*. Credit: *Journal of the American College of Cardiology*

Electronic health records may be necessary for a more high-tech and transparent health care system, but hospitals with electronic health records for ischemic stroke patients did not demonstrate better quality of care or clinical outcomes for those patients when compared to similar hospitals without electronic health records, according to a study published today in the *Journal of the American College of Cardiology*.

Researchers looked at 1,236 hospitals in Get With the Guidelines-Stroke between 2007 and 2010 and compared the 511 that had [electronic health records](#) to those that did not. They found that after controlling for patient and hospital characteristics, having an [electronic health](#) record was not associated with higher quality of care, more patients discharged home or lower in-hospital mortality rates, though electronic records were associated with a slightly lower risk of having a prolonged hospital stay.

"EHRs do not appear to be sufficient, at least as currently implemented, to improve overall quality of care or outcomes for this important disease state," said Karen E. Joynt, M.D., M.P.H., lead author of the study and a cardiologist at Brigham and Women's Hospital and Harvard Medical School in Boston. Joynt has no disclosures relevant to the study.

Limitations include that the hospitals studied were a group already committed to quality improvement and not representative of hospitals in general; that all study hospitals were using a Get With the Guidelines

tool that may dilute the effect of EHR-based tools; and that the study only looked at one type of stroke patient.

In a corresponding editorial comment, John R. Windle, M.D., professor and chief of cardiology at University of Nebraska Medical Center in Omaha, Nebraska, said EHRs have not been shown to help achieve the Triple Aim of health care systems: improving the quality of health care, the health of populations and the efficiency of [health care](#) systems. Windle reported that he received funding from an Agency for Healthcare Research and Quality health IT grant.

"An EHR's first priority must be support of clinical care, not documentation for billing and reimbursement that adds a burden translatable into neither value, nor patient [health](#) or safety." Windle said. "The work by Joynt et al. is a wake-up call that we should heed."

Provided by American College of Cardiology

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