

Real-Life Story

Where's My Chart?

A 63-year-old man went to his doctor's office in Kentucky complaining of chest pains and tightness in his chest. He was immediately transferred to the local hospital, where a stress test and cardiac catheterization confirmed he had had a heart attack. He was hospitalized overnight.

Early retirement from his stressful job as well as a regimen of exercise, diet, beta blockers, aspirin therapy, and other medications proved successful. He moved from Kentucky to Florida and tried unsuccessfully to have his medical records concerning the previous heart attack transferred to his new doctor in Florida. The ECG and stress tests were repeated in Florida. Finally, after two years, the records from Kentucky arrived.

In subsequent years, he moved twice more but, wiser now, he took copies of his medical records with him. He continued a normal and active life until age 77, when he slipped in his workshop and broke his right knee. With his leg in a cast he was less active; a blood clot formed and broke free.

Three weeks after he broke his knee, he went to the doctor's office with what he described as very severe flu symptoms, extreme fatigue, a bad cough, and sharp pains in his back when he moved or coughed. The doctor sent him to the emergency room, where he was diagnosed with a pulmonary embolism in the lower lobe of the right lung. He was hospitalized and put on a therapy of blood thinners.

At age 79, he was continuing to lead an active lifestyle, but he was experiencing occasional sharp brief chest pain and brief dizziness. His doctor scheduled a stress test and cardiac catheterization at a cardiac center connected to the hospital. A blockage was discovered and a double bypass surgery was performed at the same hospital. The patient tolerated the surgery well and recovered quickly.

However, one of the veins used in the bypass operation had been harvested from the leg that had the previous broken knee. Three weeks after he was discharged, he passed out and fell. He was taken by ambulance to the ER at the same hospital where he had had his surgery and where he had been hospitalized for the previous pulmonary embolism. Here is what happened:

- ▶ When the ambulance crew arrived at the house, they took a medical history from the patient and his wife. They gave him oxygen and transported him to the hospital.

- ▶ When the ambulance arrived at the hospital, the nurses and ER staff again took a medical history from the patient and patient's family.
- ▶ The patient's primary care physician had a complete medical history of the patient, including copies of his records dating back to his heart attack in Kentucky, but the hospital system was not connected with the physician's office system.
- ▶ The patient reported that he had just had surgery at the same hospital only three weeks before. The hospital system surely had his medical history, but the ER was on a different system and the ER doctors did not have access to the records.
- ▶ Although the ER was in the same hospital as the cardiac lab, the ER doctors did not have access to those records, either.
- ▶ The patient told the ER staff he thought the symptoms felt similar to his previous experience with a pulmonary embolism, but even though the ER was in the same hospital where the patient was hospitalized for a pulmonary embolism two years before, the ER doctors did not have access to the records from his past condition.
- ▶ A CAT scan was ordered based on patient history of the embolism provided by a family member, not his medical record.
- ▶ After waiting in the ER for 14 hours, he was hospitalized with two pulmonary embolisms, one in each lung.

Seven days later, the patient was discharged from the hospital. He has fully recovered and is doing fine.

This is not the story of poor medical care or a bad hospital. The hospital is affiliated with a major teaching hospital and is as good as or better than most. This is a story of the unfortunate state of medical records. Paper records are not accessible and can take months to transfer. The lack of timely copies of existing records often causes tests to be reordered or the obvious conditions to be overlooked. Electronic records are better, more accessible, but even the most sophisticated systems do not necessarily have the infrastructure in place to communicate with other EHR systems even in the same community or, as in this case, not even in the same facility!