Shared Access to Electronic Medical Records (EMR)

The widespread adoption of Electronic Medical Records (EMR) has significantly impacted the collaborative efforts of Organ Procurement Organizations (OPOs) and their local hospitals. To ensure a seamless transition from patient care to end-of-life care, including the opportunity for organ, eye and tissue donation, it is essential for OPOs to obtain federally mandated access to hospital EMRs. Joint access enables streamlined communication, improves the quality of care and patient outcomes and promotes timely screening for medical suitability of potential donors. Ideally, OPOs should be granted both onsite and remote access.

### Onsite EMR Access

- Onsite EMR access is used to determine and monitor medical suitability of potential donors who have been referred to the OPO.
- OPOs review the patient’s current admission as well as any prior visits to assess labs, medications, vitals and diagnostic reports.
  - Granting coordinators with read/write access helps alleviate the burden on hospital staff to provide this information and ultimately, helps them facilitate the organ donation process.
- Hospitals should provide staff with individual usernames, passcodes and program login sites.
- Each hospital has its process and requirements for providing EMR and badge access.
  - Most hospitals require specific information and training completed before access is granted.
  - Hospitals are required under the Public Health Service Act authority and CMS regulations to work with the designated OPO by providing physical, EMR and family member access for OPO staff to facilitate organ, eye and tissue donation.
  - Hospital credentialing programs for vendors, business associates or contract service providers are not applicable to OPO staff. Denying access to OPO staff on the basis of such a credentialing program is in violation of CMS regulations.

### Remote EMR Access

- OPOs require EMR access to review post-mortem charts as part of their evaluations for potential tissue donors as well as retrospective death record reviews.
- The various tissues that can be recovered for the purposes of donation such as skin, heart valves, bones, and veins must be recovered within 24 hours of the donor’s death. EMR access needs to be readily available to the OPO to ensure timely assessment of the donor’s suitability.
- Per 42 CFR 486.348, all hospital deaths are required to be reconciled with referrals to OPOs on a routine basis. The goal of the reconciliation process is to determine donor potential and confirm all hospital deaths were reported to OPOs. Additionally, OPOs prepare reports for its hospitals that supplies data on key performance metrics and compliance with the hospital’s responsibilities regarding donation, such as the timely referral rate, conversion rate and planned approach (effective request rate). OPO staff need access to charts to validate the data supplied on these reports.

### Benefits of EMR Access

- EMR access allows staff to have an accurate and uniform look at a patient’s demographics and medical history.
- For OPOs, effective EMR access is the difference between accepting or declining a donor.
- Access allows staff to have accurate and timely evaluations of donors and effectively allows them to match donors and recipients – most times without physically being present in healthcare facilities.

Many OPOs have a dedicated employee (EMR Access Administrator) to facilitate hospital access for their staff. If staff leave the organization, the hospital is notified in a timely manner so that the user’s access can be discontinued. It is recommended that the hospitals assign a resource, within the IT department, to OPOs, that can help facilitate the access process.