

## Electronic medical records improve care, says local informatics nurse



Enterprise photo by Aaric Bryan  
**Sharon Sweeney Fee, an expert in electronic medical records, discusses a COW, or computer on wheels, in an ICU room at Livingston HealthCare, Monday. COWs are changing the way doctors keep records and deliver care, Fee said. She will travel to South Korea next month to deliver a lecture on the ethical uses of electronic medical records.**

By Liz Kearney  
 Enterprise Staff Writer

**A** Livingston HealthCare nurse's expertise in the uses of electronic medical records has earned her a trip to South Korea.

Sharon Sweeney Fee, who holds a Ph.D. in the subject, is an expert in the relatively new field called Health Informatics. Her knowledge on the ethical uses of electronic medical records led to her being invited to South Korea to speak at that country's second Global Healthcare & Medical Tourism Conference.

Medical tourism, Fee explained, is the term used for patients traveling abroad to get medical care that may not be available in their home country.

Some people also travel abroad for treatments which may be less expensive than in their home country, Fee said.

Fee also serves on the national American Nurses Association's Ethics Committee. She travels frequently to talk about the ethical uses of electronic medical records.

For example, a patient's electronic medical records are often accessible to a number of hospital staff and departments. A patient's privacy must be protected, Fee said.

And one way to protect privacy is to allow the various departments in a hospital varying levels of access.

A doctor can prescribe medications and order procedures for the patient electronically. A nurse's assistant would not be able to do so, Fee explained.

But along with protecting privacy, Fee said the electronic process also helps doctors and nurses provide bet-

ter care.

She said fewer errors are made now that nurses don't have to try to deci-

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—Sharon Sweeney Fee

pher a doctor's handwriting.

Fee described a scene from the days of paper charts.

She said it was common to see a group of nurses clustered over a chart, trying to decipher a doctor's handwritten order.

"There's no more 'What is that word?' (discussions) over a chart," Fee said.

Another component of electronic records, Fee said, allows for comparing statistical data quickly. Fee said, as an example, if a doctor saw 40 patients with the same condition, it would be possible to quickly compare treatments and outcomes — helping the doctor provide better care for that condition.

"I can run a report that would have been impossible," based on the staff hours it would have taken in the past, Fee said.

And those reports can be processed without patient names attached to them, she said.

Fee said medical record keeping will never be completely paperless because there are still consent forms and other paperwork that must be signed by a patient.

### In the patients' rooms

In the hospital, LHC uses COWs, or computers on wheels. They even have cow names like Elsie and Bessie, Fee laughed.

Fee said the changeover from paper to computers has gone well at LHC.

"The culture here has been amazingly positive," she said.

But one problem has been space, Fee said. Some of the examining rooms are quite small. Adding a computer has created new challenges, she said.

To address that problem, two doctors are currently testing iPads that communicate with the computer system, Fee said.

### Fee's background

Fee, 52, is both a doctor and a nurse, she joked. A person who holds a Ph.D. degree may refer to themselves as "doctor," she said, even though they may not be a medical doctor.

She and her husband, Kerry Fee, came to the area from Arizona. She taught nursing at Montana State University, but wanted to get out of the academic setting.

She came to LHC and worked as an ICU nurse. Her interest in informatics led to her earning her Ph.D. from the University of Arizona. She was able to complete much of her coursework online.

Today she spends much of her day at her computer, but does work nursing shifts when needed, Fee said.

Hospitals, clinics and doctors' offices across the nation making the change from paper charts to electronic records are investing a lot of money in new computers and software.

"If we're not going to use technology to improve care, what's the point?" Fee said.