Anesthesia systems catching on as liability concerns start to ease

Anesthesia information management systems (AIMS) have been slow to catch on, but the pace is accelerating. More than one-fourth (26%) of organizations with OR information systems now have an AIMS, up from 6% in 2007. And 63% of those that currently have only an OR system plan to purchase an AIMS, according to a new report from KLAS Enterprises, an independent firm that develops user ratings of health care software. (KLAS user ratings for AIMS are in the chart.)

Liability exposure, a reason for hesitation in the past, seems to be easing, notes Mark Allphin, research director, clinical/ancillary for KLAS. In fact, users think their liability is reduced with an AIMS. “[The system] makes very legible charts that lawyers hate,” said one user KLAS interviewed.

“As more anesthesia groups embrace these systems, the fear seems to be subsiding,” Allphin says. “In reality, they say they are protected. They have a tight record with all of the time stamps, medications given, and patient vital signs.”

AIMS users see other benefits as well. “A lot reported they are making better decisions, have better access to historical data, and the information is more accurate. It is easier to analyze and do a drill-down analysis,” he says.

Users also mentioned financial benefits they are seeing through more accurate, timely charges and the ability to use data to project revenue.

Pain points
The biggest drawbacks for AIMS, the study found, were limited integration and reporting capabilities.

“Most vendors can communicate smoothly with patient monitors, but most struggle with EMR (electronic medical record) and surgery management system integration,” KLAS reports. Currently, only Epic and Cerner offer fully integrated AIMS solutions, the report notes.

Reporting is another perceived weakness. “Reporting was an issue mentioned across the board by participants,” Allphin notes. “I think every vendor had room for improvement with regard to reporting capabilities out of its anesthesia system.”

Reporting capability is receiving more emphasis as organizations move toward meeting the meaningful use requirements for the government’s health IT incentive program, he adds.

Push toward integration
Integration is also more of a focus for the same reason. Though surgery and anesthesia have not seen as much pressure to move toward an integrated IS platform as some other departments, the pressure is increasing. There is a need for information to flow between the surgery and anesthesia systems as well as into the medical record.

“We are starting to hear more comments about folks looking at integrated solutions,” Allphin says.

With some exceptions, he says nearly half of the pure best-of-breed clients inter-
viewed said they plan to replace their vendor in the long run.

Though organizations haven’t adopted AIMS as rapidly as other systems, they usually are pleased once they go ahead.

“We have received nothing but positive feedback,” said one IS manager who was interviewed.

The KLAS report, titled Anesthesia Documentation 2011: Slow but Steady Progress, is based on interviews with 189 representatives from organizations that are using AIMS as well as information from other sources.

KLAS data and reports are available for purchase. Hospitals that submit data can access data at a reduced rate. More information is at www.KLASresearch.com.