Safe Practice Recommendations for Copy and Paste

The *Partnership for Health IT Patient Safety (Partnership)*, a multi-stakeholder collaborative program working to make health IT safer, with the support of numerous organizations, is pleased to provide Safe Practice Recommendations for Copy and Paste. An implementation toolkit, a list of supporters, and more information about the *Partnership* is available at: www.ecri.org/safepractices.

Recommendation A.
Provide a mechanism to make copy and paste material easily identifiable.

Rationale for practice: In order to protect and enhance patient safety, clinical documentation, regardless of how it is created, must be accurate, reliable, and timely. The time-saving efficiencies of reusing information in the electronic environment through copy and paste to document complex medical conditions can ensure completeness of encounter documentation and generally produces fewer transcription errors. However, in order to ensure information accuracy, reliability, and appropriateness, copied and pasted information must be verified prior to final submission. In order to achieve this goal, plans should be made to ensure that the copied and pasted information is readily visible so that it can be confirmed and validated.

Stakeholders impacted: providers, provider organizations, vendors, patients, professional organizations

Recommendation B.
Ensure that the provenance of copy and paste material is readily available.

Rationale for practice: Knowing the source, context, author, time, and date from which the source information was copied is important in ensuring the accuracy, reliability, and appropriateness of information that will be used to make clinical decisions. Relying on information that is inaccurate, out of date, or from an inappropriate source (e.g., unintended copying and pasting of information pertaining to the wrong patient) negatively impacts patient care and more importantly patient safety.

Stakeholders impacted: vendors, providers, provider organizations, and other professionals (including risk managers, legal counsel, clinical informaticists, and health information specialists)

Recommendation C.
Ensure adequate staff training and education regarding the appropriate and safe use of copy and paste.

Rationale for practice: Improper use of copy and paste information can jeopardize patient safety, causing inaccurate, inappropriate, or outdated information to be used in clinical decision making. Outlining proper procedures for copying and pasting information can standardize the process to ensure that all staff are following appropriate and best practice guidelines, as well as facilitate regulatory compliance and ensure that the record will be useful in the litigation setting.

Stakeholders impacted: provider organizations, providers, regulators, insurers, legal counsel

Recommendation D.
Ensure that copy and paste practices are regularly monitored, measured, and assessed.

Rationale for practice: Audit trails identify those key activities that are helpful in detecting the improper or unsafe use of copy and paste. Implementation of an audit policy will allow organizations and providers to monitor how copy and paste is used to identify safety issues and offer physicians and staff alternative ways to reuse correct and current information, when applicable, to make patients safer. Monitoring will help ensure that the identified solutions are appropriate and effective.

Stakeholders impacted: providers, provider organizations, vendors, professional organizations

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The copy and paste workgroup, chaired by Dr. Tejal Gandhi, president and CEO of NPSF, included providers, vendors, expert advisory panel members, collaborating organizations, and others.
Organizations should evaluate the HIPAA or regulatory implications associated with implementing specific approaches to these recommended practices.

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Conclusions

The National Institute for Safety and Technology in NISTIR 8166 (January, 2017) provided human factors recommendations addressing the *Partnership for Health IT Patient Safety's* safe practice recommendations released in 2016. In the report, NIST adds empirical evidence and human factor recommendations to those from the *Partnership* and provides additional insight on copy and paste activities.

Recommendation A

Provide a mechanism to make copy and paste material easily identifiable.

- EHR systems should enhance the visibility of information being selected to minimize the possibility of incomplete copying.
- EHRs should have a provision for efficient editing of copied and pasted materials.
- Users should properly review and edit all of the information they have coped and pasted.
- Never copy blood bank information.
- Never copy and paste demographic information within the chart or outside of the EHR platform.
- Never copy and paste dates.

Recommendation B

Ensure that the provenance of copy and paste material is readily available.

- User interfaces must display a clear chain of custody indicating the exact source of the information. This information should not be displayed by default. It should be available on user demand.

Human Factor-related Recommendations

- Copying and pasting a medication with its dosing is much safer compared to selecting a medication from a dropdown menu, but copying and pasting new medication orders should be discouraged.

- Copying and pasting in a discharge summary often increases efficiency and efficacy.

- Time stamping vital signs and including the time when the vital signs were measured, documented, signed, revised, or retrieved can help ensure the information's relevance.

- Copying and pasting may ensure that the reused information is exact, but it is essential to review and edit extracted information to ensure that only the essential information is repeated.

- A mechanism to orient providers to the appropriate record will facilitate accurate reuse of information.