



Are You Ready for Full Note Transparency?

December 1, 2022

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Article type: [Pediatrics Blog](#)

Topics: [Health Information Technology](#), [Hospital Medicine](#)

In 2019, the 21st Century [Cures Act Final Rule](#) mandated that hospitals provide patients and caregivers with free, online access to clinical notes written by their physicians. While exceptions exist for sensitive issues such as mental health, child abuse, and adolescent reproductive discussions, in general every hospital with an electronic health record must comply with the guidance in the law. Because this act is so new, and hospitals are just beginning to implement it, little is known about the impact of open record sharing to parents and providers of children in the inpatient hospital setting. Fortunately, in this month's issue of *Pediatrics*, Kelly et al ([10.1542/peds.2022-057756](#)) provide insight into the benefits and challenges of this new act while children are in the hospital.

First, the benefits. Parents provided examples of how having access to open notes improved their knowledge of their child's condition and enhanced both communication and empowerment to advocate for their child's needs. Additionally, parents reported increasing autonomy, and how open access to notes built trust in the care team. But most importantly, just having access to a "recap" of what was going on with their child's care was seen as the most significant benefit.

But parents also recognized multiple challenges with note sharing, with the first being the inability to understand the words written in the chart. One parent provided an illustrative quote, noting "There's a lot of words that I don't know ... I thought I could google this." Other important challenges included hindering communication with the medical team and inciting negative emotions reading the note. A mixed result was the finding of errors in notes – while this could cause problems, it could actually be a benefit if the errors can be fixed.

Overall, as we enter this new world of note sharing, everyone who provides care in a hospital setting needs to be aware of what they are writing and we should all take steps to provide clear communication not just to our colleagues, but to the parents of our patients. As the authors of this report note, there are proactive steps we should all be taking. These include pre-emptive communication about expectations of reading notes, optimizing the timing of note releasing for parents, considering parent-friendly note templates (like avoiding medical jargon, titling notes 'admission' instead of 'H and P'), and providing families with resources to understand what they are reading. These are great suggestions for all of us but will require a concerted effort from both clinicians and informaticists to implement, and future work is needed to develop parent-friendly documentation that helps both clinicians and parents care for sick children.

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