

# Follow-up audit on the implementation of key recommendations for the electronic patient record and current status

General Secretariat of the Federal Department of Home Affairs and Federal Office of Public Health

## Key facts

---

The Swiss Federal Audit Office (SFAO) conducted a follow-up audit on the implementation of recommendations at the Federal Department of Home Affairs (FDHA) and the Federal Office of Public Health (FOPH). These stem from the 2019 audit on the introduction of the electronic patient record (EPR).<sup>1</sup> The majority of the recommendations focused on improvements in view of the planned introduction in April 2020. Since then, additional problems have arisen and existing ones have worsened. The main reason for this lies in the basic legal principles established around 10 years ago, such as the decentralised, private-sector organisation of the EPR. Due to this development, the recommendations from 2019 far from cover the current need for action to ensure the successful introduction and further development of the EPR.

This follow-up audit showed that the FDHA and FOPH have taken up most of the recommendations and implemented appropriate measures. A large number of the recommendations can therefore be closed. However, this result should not give the impression that the EPR is on target. On the contrary, the rough analysis of current developments and planned solutions carried out as part of this audit made it clear that there is still a long way to go. It remains to be seen whether the chosen route is promising.

### **Three recommendations remain open, and implementing them would help the EPD move forward**

Based on the feedback from the FOPH, three of the ten recommendations from 2019 had already been closed prior to the SFAO's follow-up audit.

In its statement, the FOPH de facto rejected the recommendation to encourage the cantons to create standard, ready-to-use models to make the task easier for hospitals. The SFAO found the reasons for this to be comprehensible and has closed the recommendation.

The SFAO considered three other recommendations (informing the Federal Council, publication of the opening points and master plan for the further development of the EPR) to have been implemented, and it closed them.

Two recommendations relating to the monitoring of expenditure by healthcare institutions remain open, as the knowledge derived from this can still be used to analyse problems that may arise during implementation.

The recommendation to take measures to reduce inhibitions among outpatient service providers has not yet been implemented.

---

<sup>1</sup> See audit report (audit mandate 19265), available on the SFAO website.

### **The introduction of the EPR is not complete and the legal requirements have not been met**

The introduction of the EPR has been severely delayed and is far from complete. For example, all eight (core) communities that offer the EPR were only certified one to two years after the introduction date provided for by law. As of October 2022, it was possible to open a patient dossier at around 70 opening points and, in some cases, online. As of April 2023, only 19,500 residents had opened an EPR.

Three years after the statutory connection date for hospitals (April 2020), 44% are connected. In the case of nursing homes, the figure is 33% one year after the cut-off date in April 2022. In total, this leaves a large number of hospitals and nursing homes that do not fulfil the requirements for providing services covered by compulsory healthcare insurance.

The major difficulties are partly due to the fact that the FOPH lacks the means to enforce and/or accelerate the introduction of the EPR. Hospitals and nursing homes are under the authority of the cantons.

### **Identified problems have proved to be true, further fundamental challenges have arisen**

Since the SFAO's audit, further fundamental problems and obstacles have arisen; worse still, the problems have intensified. These challenges are well documented in various reports.<sup>2</sup>

To date, the FOPH has committed to various measures within its narrow legal framework of possibilities. In addition, as instructed by the Federal Council in August 2021, it has drafted two legislative revisions with measures. However, these will not come into force until 2024 at the earliest, or 2027 in the case of the comprehensive revision.

The various measures will address a number of key problems. Nevertheless, there is a high risk that they will not go far enough. A comprehensive analysis of the basic principles enshrined in law, which are over ten years old and sometimes problematic, would also be necessary. For example, the fact that the EPR is decentralised and privately organised, or that healthcare facilities can choose their core communities irrespective of cantonal borders. The current revision phase, following the first consultation on the legislative revisions, would be a timely and favourable occasion to conduct this analysis. The SFAO therefore strongly recommends that the FOPH systematically compares a centralised EPR with the current model and approaches the legislative revision on this basis.

**Original text in German**

---

<sup>2</sup> See, for example, the SFAO audit report from 2019, the reports and evaluations prepared on behalf of the FOPH and the Federal Council's report in response to the Wehrli postulate.