

Specialty Task Force: A Strategic Component to Electronic Health Record (EHR) Optimization

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Background

- Optimization- next stage that follows after deployment of an electronic health record (EHR) system
- Concepts and designs planned and created by analysts may not be complementary to the users' workflow
- Stress, anxiety and dissatisfaction with the system ensues resulting in poor "buy in"
- Redundant ticket submission creates backlog for Information Technology (IT) personnel resulting in delays in resolving issues and concerns with system
- Ineffective decision making process creates inefficiency during the optimization period.

Literature Review

- Optimization allows for evaluation of system and reassessment of users' needs.
- A solid and well executed optimization infrastructure helps minimize unexpected end-user disruptions and tailors the system to meet regulatory agency goals and practice standards (HCI, 2014)
- Creating a specialty specific collaborative task force is efficacious and expedites resolution of users' concerns through a more structured process.

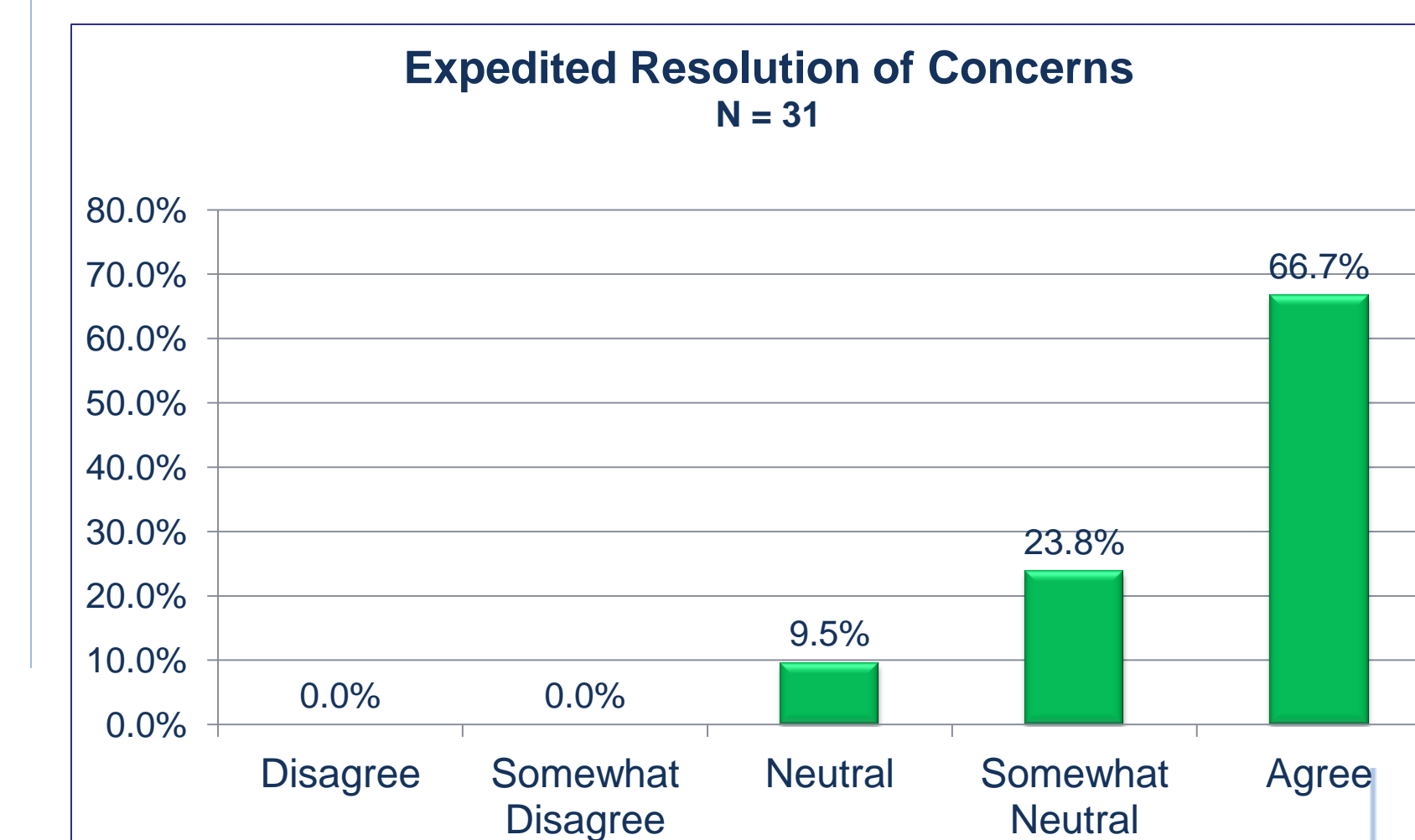
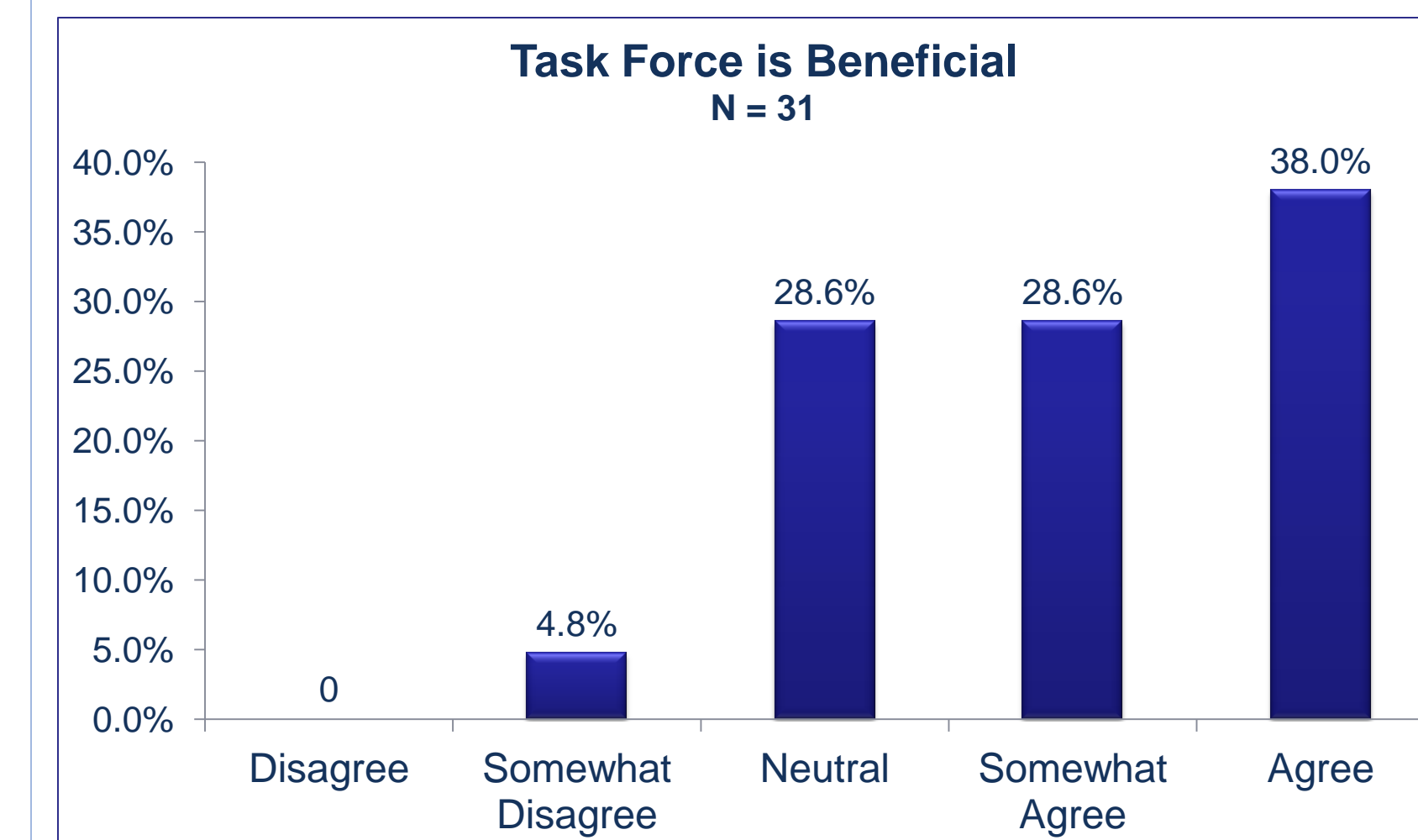
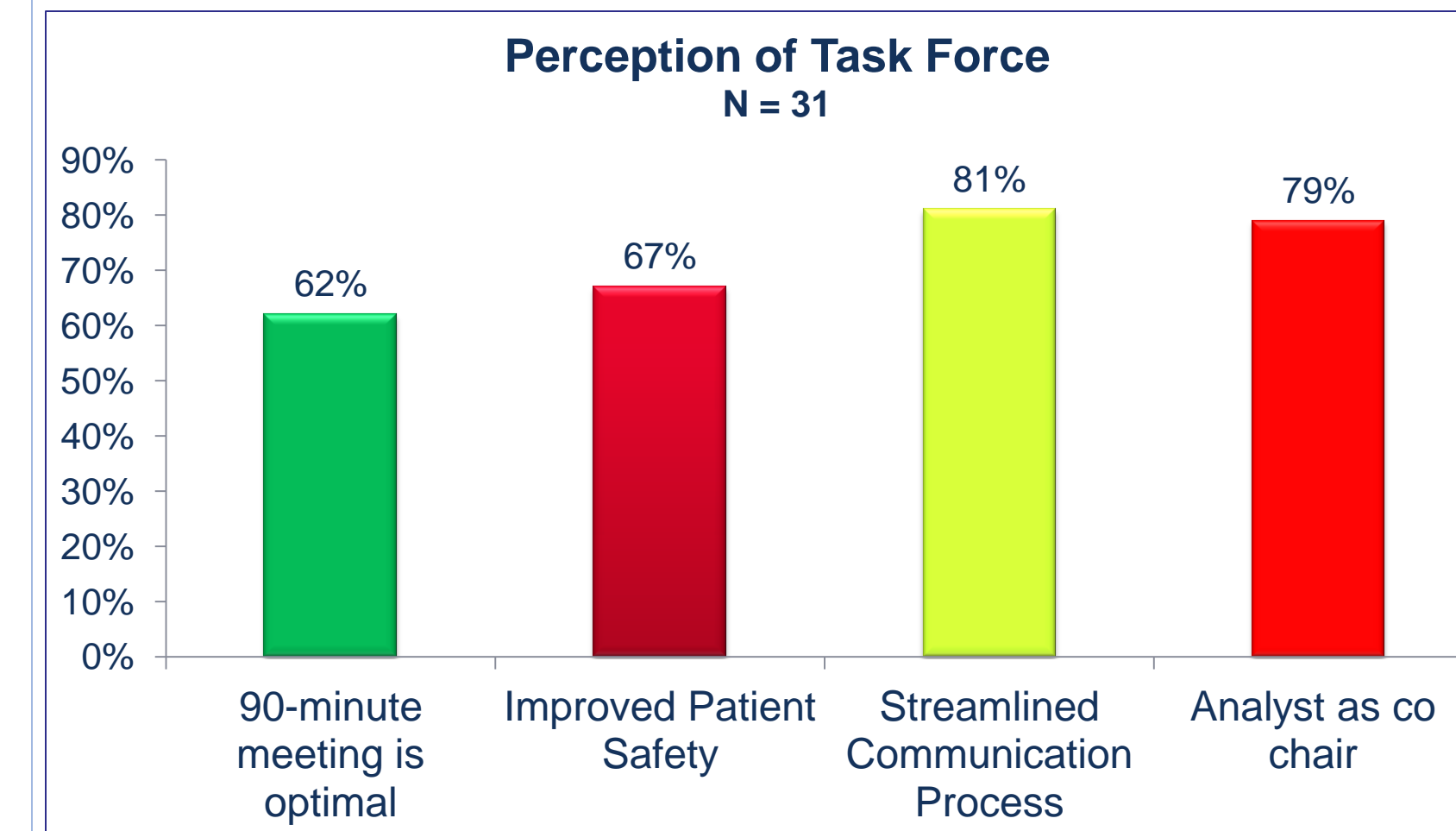
Objectives

- Develop a systematic approach to expedite resolution of problems encountered with documentation system
- Streamline system wide decision making process, avoiding delays in approving changes
- Improve communication between analysts, managers, subject matter experts and end users

Methodology

- Created perianesthesia practice task force (P4G): Pre-Admission Testing (PAT), PreOp, PACU, Phase II, GI Lab
- Members: Perioperative/Perianesthesia Analyst, Clinical Informaticist, Risk Management, Pharmacy, Unit Managers, Educators, Subject Matter Experts, Clinicians in three hospital facility
- Conducted 90-minute monthly meetings to discuss documentation and system concerns
- Utilized audio/video conferencing and emails
- Conducted survey to evaluate effectiveness of task force

Survey Results



Outcomes of Optimization

Prescription Fills from 5/4/2015 to 5/18/2015

| Summary SBAR | Date | Rx # | Medication Name | Authorizing Provider | Quantity |
|----------------------|-----------|--------------|---|---------------------------|---------------------|
| Pre-op Staff | 5/13/2015 | 1-0189361-02 | prednisolONE acetate 1% ophthalmic suspension | Leonard Keith Seibold, MD | 5 mL Day Supply: 19 |
| H&P & Summary | 5/13/2015 | 1-0189362-02 | ketorolac 0.5% ophthalmic solution | Leonard Keith Seibold, MD | 5 mL Day Supply: 19 |
| Travel Screen | 5/13/2015 | 1-0189363-02 | VIGAMOX 0.5% ophthalmic solution | Leonard Keith Seibold, MD | 3 mL Day Supply: 14 |
| Checklist | 5/13/2015 | 1-0189363-02 | VIGAMOX 0.5% ophthalmic solution | Leonard Keith Seibold, MD | 3 mL Day Supply: 14 |
| Discharge Planning | 5/13/2015 | 1-0189363-02 | VIGAMOX 0.5% ophthalmic solution | Leonard Keith Seibold, MD | 3 mL Day Supply: 14 |
| Health Screen | 5/13/2015 | 1-0189363-02 | VIGAMOX 0.5% ophthalmic solution | Leonard Keith Seibold, MD | 3 mL Day Supply: 14 |
| Allergies | 5/13/2015 | 1-0189363-02 | VIGAMOX 0.5% ophthalmic solution | Leonard Keith Seibold, MD | 3 mL Day Supply: 14 |
| Home Medications | 5/13/2015 | 1-0189363-02 | VIGAMOX 0.5% ophthalmic solution | Leonard Keith Seibold, MD | 3 mL Day Supply: 14 |
| Healthcare Directive | 5/13/2015 | 1-0189363-02 | VIGAMOX 0.5% ophthalmic solution | Leonard Keith Seibold, MD | 3 mL Day Supply: 14 |

Creating access to view prescription status has reduced unnecessary phone calls to the pharmacy

Mode: Expanded View All 05/18/15 1300

Admiss: 1300 Nausea / Vomiting

Select Multiple Options: (F5)

| Peri-op Vitals | Options |
|-------------------------------|--------------------|
| Temp | Nauseous |
| Heart Rate | Retching |
| Resp | Dry heave |
| BP | Patient denies |
| MAP (mmHg) | Mild vomiting |
| SpO2 | Moderate vomiting |
| A-line | Severe vomiting |
| ETCO2 | Clear output |
| CVP (mmHg) | Yellow output |
| Patient Position | Green output |
| Temp Source | Blood-tinged |
| Heart Rate Source | Brown output |
| Cardiac Rhythm | Food content |
| Resp Rate Source | Medication content |
| BP Location | Small amount |
| BP Method | Moderate amount |
| Nausea / Vomiting | Large amount |
| Moline-Roberts Sedation Scale | Mild nausea |
| RASS Sedation Scale | Moderate nausea |
| | Severe nausea |

Built documentation row to accurately assess nausea and vomiting

Implications for Practice

- Creation of a practice-specific optimization task force ensures efficiency in dealing with end users' problems and regulatory changes.
- Specialty/practice specific task force expedites deployment of enhancements, improving patient safety and users' satisfaction
- Inclusion of individuals from various levels builds a collaborative decision making process, ensures "buy in" and stakeholders satisfaction



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