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Tracking and Improving Bedside Procedures Through Standardized Documentation

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Background

Abington-Jefferson Health (AJH) currently relies on handwritten notes for all bedside procedures. This leads to a multitude of problems including:

- Illegibility
- Missed Elements of Standard Hospital Protocol
- Failures in Documentation
- Inability to Track Procedures
- Inability to Generate Outcomes Data from Procedures

ACGME’s Clinical Learning Environment Review (CLER) has identified bedside procedures as an area of improvement for AJH that we suspect originated from poor documentation. CLER metrics targeted are:

- Patient Safety
- Health Care Quality
- Supervision
- Clinical Experience

Aim: To create an Electronic Procedure Note with a multidisciplinary team (Surgery, Informatics, Regulation, Compliance, Epidemiology, Safety/Quality) to improve documentation and tracking of all bedside procedures.

Proposal and Goals

1. We propose to create a standardized electronic procedure note that will replace all documentation for bedside procedures without sedation.
   - Makes notes legible and easily identified
   - Allows uniform tracking of metrics necessary to identify outcomes from a procedure (blood loss, specimens, post-procedure studies, complications)
2. The procedure note will be created in such a way as to allow specialized procedures to be added over time with minor customization to improve physician/nursing work flows and increase efficiency
   - Allows procedures to be sorted and tracked by type
   - Will be constructed to allow attaching CPT codes to patient charts via documentation
3. We propose using this procedure note to create a running database of all bedside procedures
   - Can be utilized by existing software (Qlik) to query all procedure notes to create large anonymized patient lists

Future Direction, Next Steps

- Procedure Note to go live in Summer of ’17
- Will need to build out custom procedures/named notes by Department in order to create easily queried lists/databases for each individual type of bedside procedure
- Once running can be used as a foundation/tool to address specific QI projects augmented by our own institutional data
  - Trialysis vs. Dialysis Catheters
  - ABx for Chest Tube Insertion
  - Surgery vs. Medicine Placing Central Access

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