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
- Healthcare Quality
- Supervision
- Clinical Experience

Aim: To create an Electronic Procedure Note with a multi-disciplinary 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

Methods

Procedure Description

Complications, Post Studies

Signature

Time Out

Procedure Date/Time
06-May-2017 [10:00 AM] [12:00 PM] [2:00 PM] [4:00 PM] [6:00 PM]

Duration
12:00 PM - 02:00 PM

Procedure Name

Preparation

Time Out

Procedure Date/Time
06-May-2017 [10:00 AM] [12:00 PM] [2:00 PM] [4:00 PM] [6:00 PM]

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Duration
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Procedure Name

Preparation

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

Acknowledgements / Select Reference
Special thanks to the Department of Epidemiology, Patricia Renn, and Dr. Schneider for their assistance with implementing this project in compliance with CMS law and hospital policy. Special thanks to Holly Brilla for creation of the EMR note.

Chart Review
- Procedure: Procedure without Sedation
- Procedureist: Dr. Sich PGY-3
- Assistant and/or Supervisor: Sherry Hendel, RN
- Date and Time of Procedure: 05-May-2017 11:21

I notified the patient’s nurse of this procedure and confirmed availability. The procedure was discussed with the responsible attending and pre/procedural completed. Safety Precaution check (medical record, history, and medications reviewed prior to procedure). After obtaining informed consent which is documented in the physical chart, the patient was placed in the correct position. The patient was prepped and draped in usual sterile fashion. A verbal timeout was performed with nursing present to confirm the correct patient, procedure, and site.

After prepping and draping in the supine position with the arm raised, the anatomic landmarks of the left 4th-5th rib space were identified between the anterior and mid-axillary lines. The incision was made using a #15 scalpel down to subcutaneous tissue. Tissue dissection was aided by a Kelly clamp which was performed over the rib until the pleura was encountered. The left pleural cavity was then entered with a closed Kelly clamp, spread open. A finger sweep was performed to ensure no adherent lung parenchyma to the chest wall. The chest tube was inserted anteriorly and posteriorly into the chest and inserted in place. A sterile inclusive dressing was applied to the chest tube site and the chest tube was attached to a pleura pack placed to wall suction. CT Box: 36 Fr.

Fluid Evacuated Upon Placement: 400 cc Dark Thin Blood
Air leak: O2/N: N/A
Position of the procedure all sharp equipment accounted for and properly disposed.

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Page#: 0910

Figure A: Working Prototype of Note Input
Figure B: Example of Note Output
Figure C: Selecting Custom Procedures