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Tracking and Improving Bedside Procedures Through Standardized Documentation

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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

**Methods**

![Figure A: Working Prototype of Note Input](image)

![Figure B: Example of Note Output](image)

![Figure C: Selecting Custom Procedures](image)

**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**

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**Accreditation Council for Graduate Medical Education. CLER. Pathways to Excellence. IL, USA, 2014.** Accessed at https://www.acgme.org/Portals/0/PDFs/CLER/CLER Brochure.pdf