Optimizing Documentation for Inpatient Nurses

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**Purpose Statement**

For nurses (P) that document motor strength on the assessment flowsheet, will a new prototype for documentation (I) compared to the current system (C), reduce confusion (O) as to where motor strength should be located?

**Project Goals:** decrease double documentation, decrease confusion, improve end-user satisfaction, improve patient outcomes, improve ability to mine data

**Synthesis of Evidence**

- National Quality Strategy: accountable care organizations have launched projects to maximize informatics to improve workflows and increase the efficiency of nursing care (Weston & Roberts, 2013).
- Nursing documentation must be adapted adequately to reflect rapid technology changes (Healy, Hegarty, Keating, Landers, Leopold & O’Gorman, 2008).
- New technology infrastructure has required the adaptation to major changes to meet compliance with new regulations. These changes that used to take place every seven to eight years are now happening every two years (Case study, 2012).
- "Examining and continually updating processes is the key to successful documentation and reimbursement" (Hess, C. T., para 9, 2017).
- "By continually reviewing and updating documentation processes, clinicians can achieve better patient outcomes" (Hess, C. T., para 19, 2017).

*The majority of evidence was level D and E*

**Team Members**

- Sherri Spanier, RN, Epic Optimizer
- Amber Guzman, RN, Epic Optimizer,
- Haley Entner, Epic Application Specialist
- Clinical Documentation and Nurse Practice Committee
- Neuroscience/Spine RN's and LPN's of St. Cloud Hospital
- Tiffany Omann-Bidinger, BSN, RN, Director of Neurosciences
- Chandra Brower, BSN, RN, Educator of Neurosciences
- Melissa Freese, MSN, RN, Stroke Specialist of Neurosciences

**EBP Practice Change**

- Motor strength can be documented in two different places on the Physical Assessment Flowsheet within the Electronic Medical Record (EMR). This causes increased confusion, inability to mine data effectively, and decreased staff satisfaction.
- After stakeholder input, a new template for documentation was created.
- Tip Sheets were e-mailed and posted for staff education.
- A computer based module (CBT) was created for staff education.
- The stroke navigator was not an expected goal of this practice change, but it became a major part of it as the research and development continued.
- Continued analysis and optimization of these changes is being completed by a quarterly audit to assess and ensure the intended objectives are being met.

**Pre/Post Measures**

- Pre-Implementation: 100% Motor Strength, 75% Sensation
- Post-Implementation: 96% Motor Strength, 43% Sensation

Survey completed by Neuroscience/spine RN’s and LPN’s. There was a 44% response rate with the pre-implementation survey and a 30% response rate post-implementation.

**References**

Weston, M & Roberts D. (2013). The influence of quality improvement efforts on patient outcomes and nursing work: A perspective from chief nursing officers at three large health systems. OJIN. The online journal of nursing. Vol. 18 (3) (2). DOI: 10.3912/OJIN.Vol18No03Man02 | Level V


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