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NeuroInterventional Post-Procedure Assessment and Documentation Compliance

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NeuroInterventional Post-Procedure Assessment and Documentation Compliance



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Plan

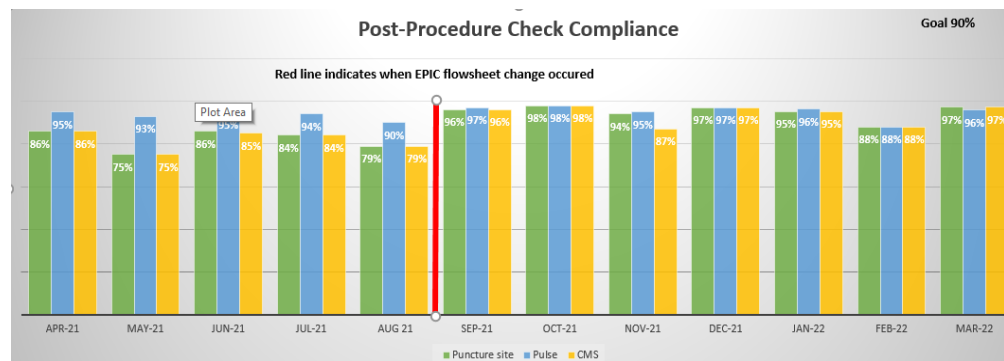
Per stroke best practice guidelines, pulse and groin checks need to be completed post-neurointerventional procedure per orders. Our plan is to improve assessment and documentation of post-procedure pulse and groin checks by improving the flow of the Electronic Medical Record (EMR). By enhancing clinical documentation and improving the documentation process, nursing practice can be supported, and best patient care delivered.

Do

7.23.2021: DNV issued nonconformity due to poor compliance with completing pulse and groin checks.
7.20.2021: Stakeholders discussed via email possibility to create a bidirectional flow for documentation between the “Physical Assessment” and “Sheath” flowsheets. Stakeholders determined that best practice would be to include a staff RN at input meeting.
7.29.2021: Group of stakeholders, including unit nurse representative and Nursing Informatics, met to discuss possibility of creating bidirectional flow between the Physical Assessment and Sheath flowsheet tabs. The Physical Assessment flowsheet is more intuitive to many nurses than the additional tab for the Sheath flowsheet. Group felt that the additional location and step to utilize a separate flowsheet impeded documentation compliance. Group felt the previously established goal of 90% compliant documentation appropriate.
7.30.2021: IS ticket submitted for documentation change request.
8.4.2021: Documentation change request approved at Clinical Documentation Committee meeting.
8.31.2021: Go live for bidirectional flow between Sheath and Physical Assessment flowsheets.

Study

Compliance by month for pulse and groin checks, pre and post implementation of bidirectional flow within the EMR documentation flowsheets:



Epic tip sheet detailing EMR update for bidirectional flow:

Sheath flowsheet integration to flowsheet template physical assessment, ICU physical assessment, and ECC physical assessment.

When documenting Abnormal in the above templates under Peripheral Vascular, add Sheath site #1/IABP site. This will improve documentation of pulse/groin checks.

- When using templates PHYSICAL ASSESSMENT [799], PHYSICAL ASSESSMENT ICU [670], ECC PHYSICAL ASSESSMENT [1225]

Select Peripheral Vascular

When selecting Abnormal,

- From the Cascading groups/rows highlight **Sheath site #1/IABP site** > Add > Accept

Peripheral Vascular	Abnormal
Sheath site #1/IABP site	
Sheath site #1	
CMS	
Hematoma	
Site description/drainage	
Surrounding skin	
Dressing	
Additional sheath sites	

- Documentation will flow to template SHEATH [634]

Peripheral Vascular	Abnormal
Sheath site #1/IABP site	
Sheath site #1	Left
CMS	Cool
Hematoma	Soft
Size of hematoma	3-5 cm
Site description/drainage	
Surrounding skin	Intact
Dressing	Gauze
Additional sheath sites	

Sheath site #1/IABP site	
Sheath site #1	Left
CMS	Cool
Hematoma	Soft
Size of hematoma	3-5 cm
Site description/drainage	
Surrounding skin	Intact
Dressing	Gauze
Additional sheath sites	

Act

As with prior to the implementation of bidirectional flow within the EMR, all charts of post-procedure patients are audited weekly for adherence to documentation guidelines. The weekly summary and audit results are sent to unit educators and the stroke program manager. Educators follow up and review incomplete assessments and documentation with nursing staff as needed. While improvement was immediately noted, this audit process will continue for several months to ensure ongoing best patient care. Follow up will continue by unit educators until 90% compliance is obtained consistently.

Team Members

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References

Rogers, M.L., Fox, E., Abdelhak, T., Franker, L.M., Johnson, B.J., Kirchner-Sullivan, C., ... Marden, F.A. (2021). Care of the patient with acute ischemic stroke (Endovascular/Intensive care unit-postinterventional therapy): Update to 2009 comprehensive nursing care scientific statement: A scientific statement from the American Heart Association. *Stroke*, 52(5), e198-210 <https://doi.org/10.1161/STR.0000000000000358>