

Educational Interventions to Improve Clinician Documentation

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Published In/Presented At

Strohecker, J., Miller, K., Cornman, L., Lal, K., Torres, K., & Brezak, M. (2012). *Educational interventions to improve clinician documentation*.

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Background

- Timely and accurate documentation is essential:
 - enhances shift communications
 - assists in evaluating the patient's clinical progress
 - evaluates the patient response to clinical interventions
- Accurate and timely documentation can have legal ramifications.

Departmental Policy

- A clinical note is required at the start and end of each clinician's shift.
- The clinical note is to utilize the SBAR format:
 - S** = Situation
 - B** = Background
 - A** = Assessment
 - R** = Recommendation
- Documentation can occur between notes if warranted.

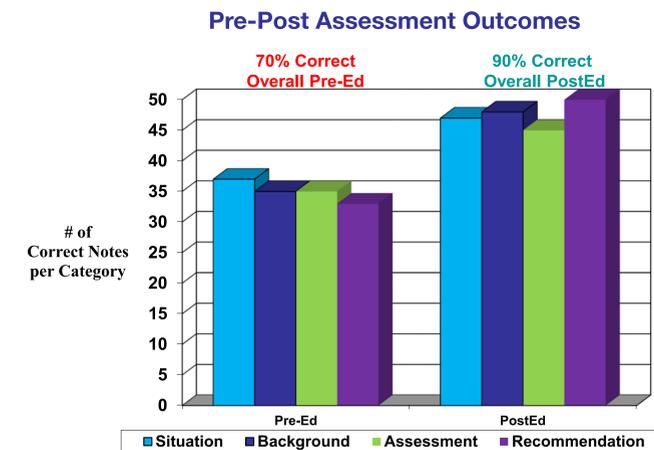
Study Design

- We collected fifty random pre and post shift assessment notes.
- We reviewed these notes to examine if they contained the elements of SBAR per our departmental policy.

Results

- Based on the review we required:
 - a **SBAR** format review session at our annual educational days.
 - staff to complete an on-line learning module focusing on the correct SBAR formatting.
 - A documentation presentation was provided by our institution's legal/risk management team.

Status	Activity Type	Start Date	End Date	Code	Primary Domain	Facility
	2009 IC SBAR Program for Clin...	ILT Course (w/ Offe...			1000 - LVHN-Internal	
	2009 SBAR Hand Off Communicat...	Course	CDNTEDEC09	1000 - LVHN-Internal		
	2010 SBAR Hand Off Communicat...	Course	CDNTEDEC10	1000 - LVHN-Internal		
	2011 SBAR Hand Off Communicat...	Course	CDNTEDEC11 DOE EVAL	1000 - LVHN-Internal		
	5K SBAR Competency	ILT Course (Standal...		USKCBP09	1000 - LVHN-Internal	
	6K RN SBAR Competency Tool	ILT Course (Standal...		USKCBP09	1000 - LVHN-Internal	
	Offering of 2009 IC SBAR Prog...	ILT Class			1000 - LVHN-Internal	
	SBAR For Residents	Course	CDSBAR09 RESIDENT	1000 - LVHN-Internal		
	SBAR for Residents 2012	Course	FDSBAR12	1000 - LVHN-Internal		
	US102 Rounding, SBAR	ILT Course (Standal...		US102Rounding, SBAR	1000 - LVHN-Internal	



- Post education there was an improvement in SBAR documentation from 70% to 90%.
- Monthly QA was performed to insure that SBAR notes continued to be written per policy.

Conclusions

- Content education and vigilant monitoring insure precise and appropriate staff documentation.
- Precise documentation helps to provide clear clinical goals and optimizes patient outcomes.