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Transparencies of Documentation Across Disciplines.

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Transparencies of Documentation Across Disciplines

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OBJECTIVES

- Achieve documentation transparency across disciplines through use of the electronic medical record (EMR).
- Provide examples which have achieved a more transparent workflow of real-time data based on evidence based practice for all disciplines

BACKGROUND

- Documentation across disciplines is an important component to multi-disciplinary practice
- Real time documentation provides data at the point of care, providing comprehensive snapshot of patient's data to assist with care decisions
- Documentation must be transparent and coordinated across disciplines
- Information previously lived in silos according to discipline.

STRATEGIES

- Evaluated current state of documentation and decision made to move from smaller, niche systems to integrated EMR.
- Involvement of staff in development of documentation in EMR.
- Reviewed, redesigned, and standardized documentation among disciplines with redrafting process.
- Tested EMR in several test environments to ensure accuracy and usability. User acceptance testing completed.
- Opportunity to enhance patient experience, care and improve quality outcomes.

ASSESSMENT

- PROBLEM: Assessments could not be seen by other disciplines
- SOLUTION: Transparency of assessment documentation across disciplines



Medical record

Home Service Laboratory Shedule Patients

Diagnosis

ersonal Informat

Diagnosis

Medical His

Schedule

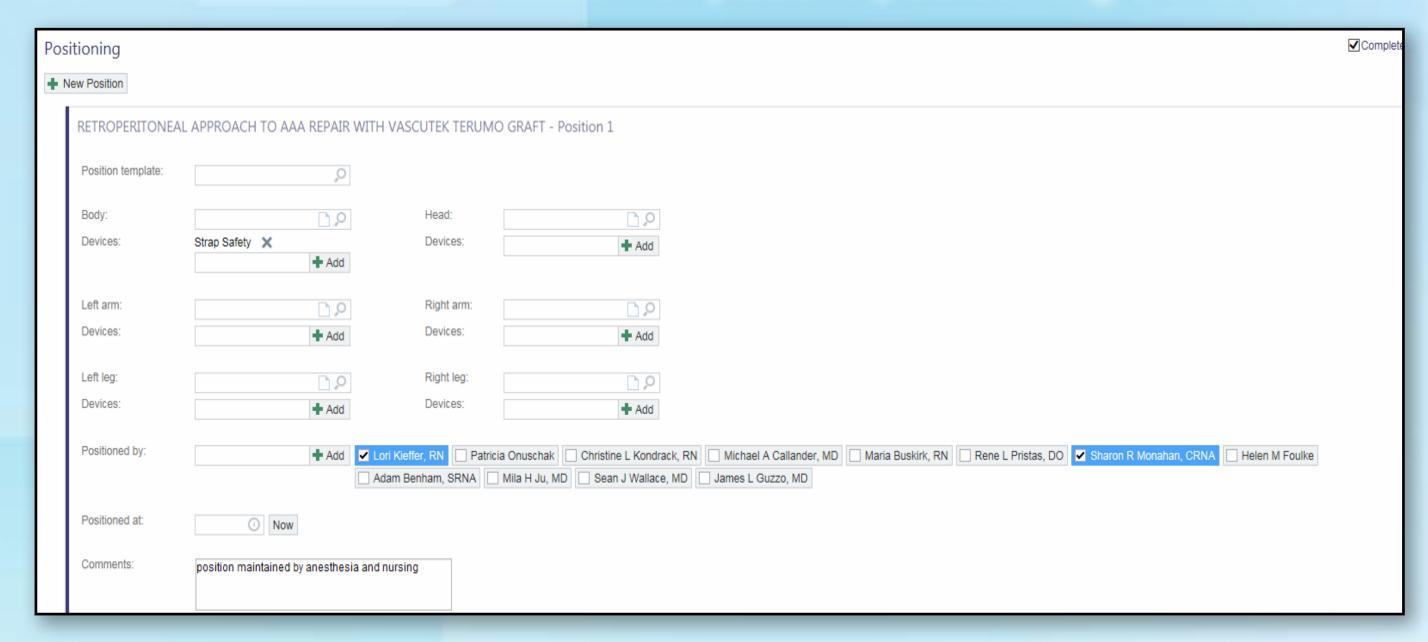
INTAKE/OUTPUT

- PROBLEM: I/O documented in niche systems
- SOLUTION: I/O can be viewed in different phases of care with patient movement, from procedure room to post anesthesia care, to inpatient bed

Flowsheets	_	
Eile Add Rows Add	200	A Cascade Add Col Insert Col Hide Device Data Las
Adult PCS Body Syst	em	OR LDAs OR Incisions/Wounds Checklist Pediatrio
Intake	~	Mode: Expanded VigwAll
Intake	~	
Intake IV Pump	V	
Maintenance	~	0846
IV Piggyback	~	Intake
PCA/PCEA Assessment	~	P.O.
PCA / PCEA / Epidural	V	Intake (%)
Medications	V	Grams CHO
Urine	V	Total IV Pump In
CRRT	V	Total IV Pump In LR infusion
Stool	V	Start: 01/24/17 0734
Emesis	>	Rate
Blood	\ <u>\</u>	Volume (mL)
Output Other	₹ ·	NS infusion
Other		Start: 01/24/17 0811
OTHER	V	Rate
	Ī	Volume (mL)
		albumin human 5 % bottle
		Start: 01/24/17 0840
		Dose
		Volume (mL)

POSITIONING IN THE OR

- PROBLEM: Differences in documentation between anesthesia and nursing staff
- SOLUTION: Standardization of patient positioning documentation



Positioning	
	1/24/2017 0810
Body Position:	Right; Axillary Support; Lithotomy; Bean Bag
Head Position:	Gel Donut
Neck Position:	Head Turned Right
Left Eye Protection:	Eye Tape
Right Eye Protection:	Eye Tape
Left Arm Position:	Across Chest;Blankets
Right Arm Position:	Thumbs Anatomic;Gel Pad;Armboard < 90 degrees
Left Leg Position	Flexed; Pillows
Right Leg Position:	Flexed; Pillows
Comment:	positioned with surgeon. Left arm across chest and supported with blankets to be neutral with torso. No brachial plexus stretching. Short neck supported with blankets. +BBS with position characteristics.

OUTCOMES

- Searchable data across disciplines
- Streamlined documentation
- Standardized workflow across disciplines
- Use of standardized evidenced based practice in EMR.

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