

Using the EMR to Address the Needs of At-Risk Patients and Improve Safety

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Introduction/Background

Boston Children's Hospital established a Behavioral Subject Matter Expert group to respond to growing concerns of workplace violence and develop strategies to identify patients at risk for agitation and aggressive behaviors. A workgroup was charged with finding a solution to 'Flagging and/or communication of potential behavioral issues in order to meet the needs of child/family'. Workgroup goals were to assess feasibility of using the EMR to identify at-risk patients, develop an implementation plan, and to determine who will own upkeep of the systematized flagging. A search of other facilities indicates that while some do not flag at risk patients due to concerns of stigmatizing patients, others are using 'FYI' flags to draw attention to high risk care plans or using other means to identify patients at risk for 'Disruptive Behavior'.

Methods

Input from BCH Ethics Committee, legal department and family advisory committee clarified the need to link the notification to a behavior plan to better meet the needs of the patient, family and staff. Some of the challenges faced were identifying a work flow which would function with two EMR systems that do not have a bidirectional interface, so that information could be seen by clinical and administrative staff. Workgroup representation was expanded to include stakeholders who offered specific expertise to advance the project which included quality improvement consultation and input from the clinical informatics team. Final approval from Medical Staff Executive Committee assured institutional support.

A workflow was identified to place an order for 'Precautions: B' which is viewed on the patient level demographic Banner Bar. The order opens a form which is completed by a clinician with the patient/family to identify triggers, interventions and special accommodations.

Results

The order and form have been created in the EMR and are currently in testing with plans for rollout within the next few months. Plans are in place to finalize guidelines and develop strategies for education and enterprise wide implementation. Monitoring after implementation will include number of patients with plans in place and outcomes of number safety events reports, patient and family satisfaction and staff feedback.

Discussion/Conclusion

The goal for our project was to use the EMR to alert administrative and clinical staff to patients with specific behavioral needs and link the alert to a plan to better meet the needs of the patient. A project of this magnitude required networking across the enterprise in order to have the right skill mix to complete the project and assure institutional support. Since we have not completed our implementation, outcomes are not yet available. Our poster will display the behavior plan form as well screen shots of the notification in the EMR.

References

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