

Using Rapid Cycle Testing to Implement In Room Documentation

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Introduction/Background

Due to the impending implementation of Partner's eCare at Brigham and Women's Faulkner Hospital in 2015, computers were installed in every patient room to facilitate just-in-time documentation of patient care. The need to have both staff and patient buy-in for successful transition to in-room documentation were priorities for this project.

Methods

Engaging nursing unit councils, every inpatient unit and several outpatient areas were asked to start using the in-room devices in small rapid cycle tests, documenting the issues they encountered and meeting with staff that were charged with resolving them. Rapid cycle testing involves using short testing cycles to evaluate a process or practice change to make rapid assessment and change in the process prior to moving on to the next unit, or staff member, to institute a change. From September 2014 through February 2015 all 130 inpatient rooms and two outpatient units were engaged in testing cycles. Using a patient satisfaction survey we monitored the impact on patients. Staff was asked to fill out an assessment on the amount of time it took them to complete documentation of shift assessment and AM medication distribution. The overall goal of this project was to enable staff to complete assessment documentation and medication administration in the first 4 hours of their shift so that information could be shared with other disciplines. This is the intended process in our future electronic documentation system that will be initiated in May 2015. Staff were given handouts to assist them with the transition. These included tip sheets on the placement of furniture as well as how to position the device for ergonomics and patient engagement. Staff were oriented to the workstations through images of do's and don'ts and a training video prior to starting each pilot. A nurse-patient based article was also distributed to help the staff in the best process for engaging patients.

Results

During a 2 month period the first unit tested this process through a total of 30 staff members moving to the next unit. Initially several issues were identified including making sure that the bedside barcode scanners were associated with each computer as well as mapping to an appropriate printer. Seventeen staff completed the time documentation on how long it was taking them to complete both their initial assessment as well as medication administration. This was for a full 4 patient assignment. The average completion of documentation fell between 9:30 am and 1:00pm, and there was one at 2:00 pm. As the cycle went on the time to completion shortened.

Patients were also given a small survey to understand the impact of using in-room devices to document their care. As of this writing we received 48 patient surveys. The results were overwhelmingly positive with greater than 95% stating that they felt engaged.

	1	2	3	4	5
On a scale of 1 to 5 please rate your interaction with the nurse while he/she was completing documentation in the room.		3		1	44

Discussion/Conclusion

The process of rapid cycle testing for large scale implementation was successful. Staff engagement was the single most effective measure used to ensure success. Knowing that they had control of the environment surrounding the use of these devices was perhaps the key factor in the success of this process. Patient engagement was also reviewed and found to be overwhelmingly positive.

References

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