



Staying Alive? Maintaining Survival Post-EMR (Electronic Medical Record)

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Problem Statement: Upon conversion to an electronic medical record (EMR) in Feb 2013, MedStar Union Memorial Hospital's Emergency Department declared its documentation 'dead'. As a result, there was continued data collection for our 2014 project titled, Call 911: Our Documentation Died! EMRs directly impact patient safety, continuity of care, reimbursement criteria and liability protection. **Methods:** Emergency Nurses Building Emergency Excellence (ENBEE) was formed to resuscitate nursing documentation in April 2013. Guidelines were researched, standardized and broadcast to staff, followed by monthly chart reviews. 'Pulse checks' demonstrated a continued struggle by ENBEE, a quality improvement initiative, to keep nursing documentation alive post-EMR conversion. After a literature search, ENBEE created documentation guidelines and disseminated them to nursing staff. In June 2013, all nurses were assigned to an ENBEE member responsible for providing individual feedback via monthly chart reviews. Due to EMR and staffing changes the chart check was revised several times and guidelines expanded to include critical care topics. ENBEE is an evolving initiative committed to improving nursing documentation. A convenience sample of 800 chart reviews highlighted 22 variables for completeness, both pre-guideline (Feb/March 2013) and post-guideline implementation (Oct 2013, July/Aug 2014 & March-Aug 2015). **Results:** Nineteen of the 22 variables were monitored during the 'pulse checks'. During the latest check, March-Aug 2015: 32% (6 variables) improved compliance; 58% (11 variables) maintained compliance; 11% (2 variables) decreased compliance. Small sample size resulted in no statistical significance. **Significance:** Direct staff evaluations have slowly increased charting awareness and compliance to achieve department goals. Most staff welcomed the documentation guidelines and monthly feedback. ENBEE continues to meet monthly identifying areas of improvement. Limitations of our project include reviewer variability, diverse styles of feedback, chart review time, resistance from some staff members and high staff attrition. Reviving nursing documentation after EMR conversion requires intensive care monitoring.