Misplacing paper consents, and a delay in filing important information into the patients’ medical record caused delays in the care of the surgical patient in the VA patient population. Therefore, a national VA initiative was developed to serve as a standard for the implementation of electronic documentation in all VA Hospitals.

The objectives of this standard was to streamline documentation for continuity of care, have tighter control of the patients’ medical record, and minimize the delay of patient care in the surgical patient.

The Primary and Co-Investigators met and instituted the use of IMED which is used for surgical and anesthesia consents, discharge instructions and education provided to the patient. The IT staff implemented the CPRS software program for documentation and storage of health information which includes all VA’s. CPRS is divided into folders for detailed information (e.g., labs, notes, visits, orders, and pharmacy). Within CPRS, the investigators worked together to develop electronic progress notes for Pre-Admission, PACU, and Same Day Surgery. A template was developed and the final draft forwarded to the Medical Records Committee for approval. Institution of the electronic documentation system has resulted in continuity of care and tighter control of the medical record. Surgery department staff are able to devote more time to the patient.

The implications for advancing nursing practice of the Perianesthesia nurse are a more accurate record keeping as well as maintaining ASPAN and JCAHO standards in a more efficient, and time saving manner.