Optimizing Pre-Admission EHR Messaging: A Quality Improvement Initiative

Team Leaders: Elizabeth Donaldson BSN RN CPAN, Dolores Buonacuore BSN RN CPAN, MaryPat Lesser BSN RN

Team Members: Tissa Pierce LPN, Lisa Leader-Spataro RN, Nancy Murphy RN CMSRN Virtua Health, Marlton, NJ

Abstract Background Information: Pre-Admission Testing (PAT) expressed frustration with delays in responsiveness between surgical schedulers and PAT. "Health Survey Order Forms" were not accurately completed, and large unlabeled media files uploaded into the EHR. Leading to multiple phone calls between departments to complete chart readiness, potentially causing patient safety/Red Rule issues.

Objectives of Project:

- Streamline communication between departments via messaging
- Improve proficiency in chart readiness, complete Health Survey Form, and reduce unlabeled media files
- Reduce phone calls between departments
- Increase patient safety.

Process of Implementation:

- Identify One Office to trial EHR messaging
- Interdisciplinary meetings between departments to develop plan for messaging
- Survey departments Pre and Post initiation. Satisfaction with Current method, EHR messaging, ease of chart readiness and ease of uploading documents
- Continued reinforcement of Health Survey form completeness
- Track Incomplete Health Survey Forms, Escalation to phone calls, and Large Unlabeled Media Files post intervention initiation

Statement of Successful Practice:

Pre EHR messaging survey results:

- 60% responded dissatisfied or very dissatisfied with the current process
- 60% said messaging via the EHR would improve communication and chart readiness process
- 50% were neutral as to difficulty uploading files into EHR, 25% rated it "difficult", and 25% "very difficult"
- "Time" was noted as a barrier to correct Health Survey Form Completion

Post EHR Messaging Survey results:

- 75% responded strongly agree or agree for question asking if messaging made the process easier and more streamline
- 75% responded with very satisfied or satisfied with the messaging process.
- Log Data June 18-July 31, 2024
- Log recorded 6 total phone call escalations, prior to intervention average phone calls were
 6+ from all PAT desks
- 53 Large unlabeled media files
- 51 Incomplete Health Survey Order Forms

Implications for Advancing the Practice of Perianesthesia Nursing:

- In the future we want to use a fishbone model to drill down on why unlabeled files continue to be uploaded, and how to better ensure Health Survey Form completeness. It was noted in the post survey the offices might not have the ability to change labeling of records.
- Incorporate EHR messaging as our standard form of communication with all offices
- Incorporate EHR messaging with our Anesthesia department to better communicate patient optimization and reduce potential patient safety issues