



# Optimizing Pre-Admission EHR Messaging: A Quality Improvement Initiative

Elizabeth Donaldson BSN, RN, CPAN, MaryPat Lesser BSN, RN, Tissa Pierce LPN, Medical Secretary, Lisa Leader-Spataro RN, Nancy Murphy RN, CMSRN



## Virtua Marlton Pre-Admission Testing Department

### BACKGROUND

Marlton Pre-Admission Testing (PAT) Nurses and the Secretary 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.

#### Barriers:

- phone communications, such as scheduler not being able to answer their phone calls. PAT is unable to take phone calls due to already being on the phone. Not listening to messages, delays in callbacks between departments
- not knowing who to forward information to if the primary scheduler is away
- Lack of technological understanding/EHR capabilities

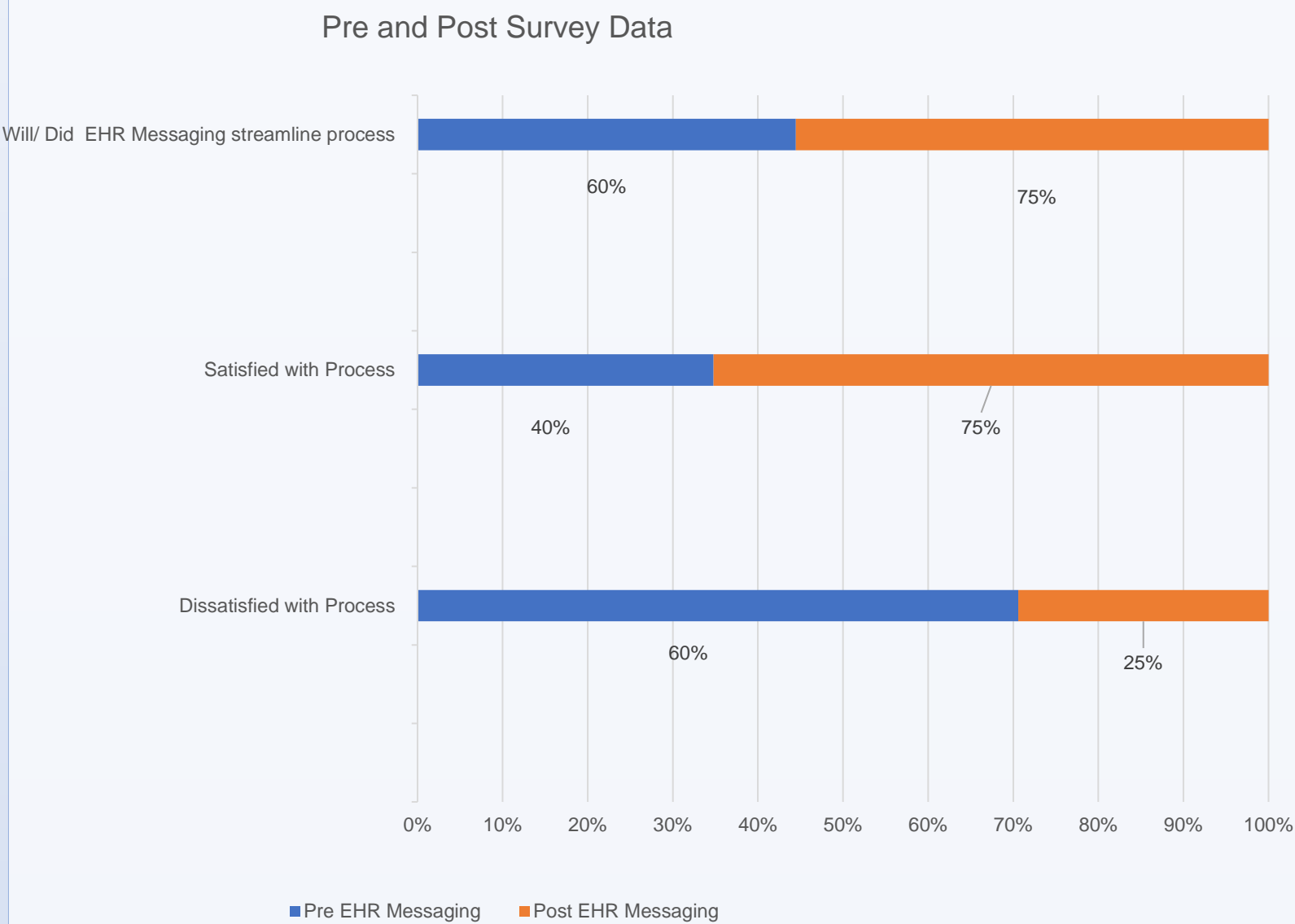
### OBJECTIVES

1. Streamline communication between departments via EHR messaging
2. Improve proficiency in chart readiness, completion of Health Survey Order Form, and reduce unlabeled media files
3. Reduce number of phone calls between offices and department
4. Increase patient safety.

### METHOD

- Identify One Office to trial QI improvement process via EHR messaging.- NJ Urology willing to trial EHR messaging
- Interdisciplinary meetings between departments to develop plan for EHR messaging.
- Survey departments Pre and Post initiation. On satisfaction with Current method, EHR messaging, ease of chart readiness process and ease of uploading documents to EHR
- Continued reinforcement of Health Survey Order form completeness necessity
- Track Incomplete Health Survey Forms, Escalation to phone calls, and Large Unlabeled Media Files post EHR messaging initiation

### RESULTS



#### 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:

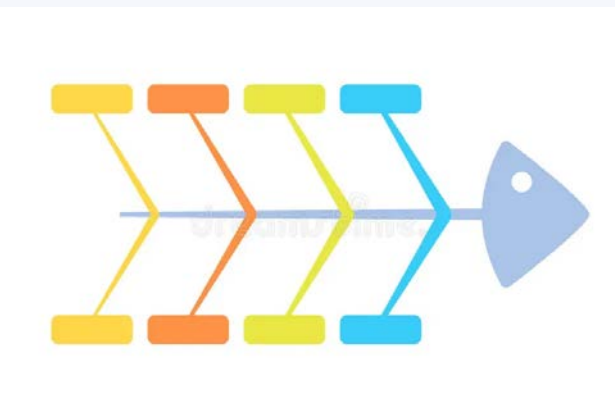
- 75% responded strongly agree or agree for question asking if messaging made the process easier and more streamline
- 75% responded with very satisfied or satisfied with the messaging process.

#### 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 practice

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 that 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



### REFERENCES

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