

Going Paperless: Improving the Patient Admission and Registration Process

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Background Information: The New York-Presbyterian Weill Cornell Endoscopy Unit was responsible for registering patients upon arrival and completing the pre-procedure nursing assessment in multiple modalities including paper forms and computer applications. This led to repeat and inconsistent documentation. Several multidisciplinary teams were created to address (3) key focuses: decrease registration time, create an integrated electronic admission note, and reassign key roles. The registration process was improved by moving to electronic registration, centralizing the admitting department, and encouraging patient's to complete online pre-registration. An electronic pre-procedure note was implemented that ensured integration with the electronic medical record (EMR) and facilitated communication with patient's previous visits. Admission tasks were delegated to the appropriate roles, allowing the registered nurse (RN) to complete a timely pre-assessment.

Objectives of Project: Streamline the admission process thus decreasing the amount of time between patient arrival to nursing assessment completion.

Process of Implementation: The registration and patient admission process was modernized by removing 17 paper forms. A multidisciplinary team was created to simplify pre-procedure registration including admitting and endoscopy front line staff. A pre-registration online form was created and advertised during appointment scheduling and centralized registration was moved to the entrance of the institution. RNs worked with Information Technology department to create a pre-procedure admission note in the hospital wide EMR. This allowed for information from the pre-anesthesia evaluation record to automatically populate patient's medical and surgical history for RN review reducing input of information and increasing accuracy. Another multidisciplinary team was created, consisting of RNs, preoperative patient assistants, GI physicians, anesthesia, and pharmacy, who designated the roles and responsibilities of each team member. Training was provided to the expanded roles and utilization of telehealth pharmacy tech was implemented to reduce time the RN spent on assessment.

Statement of Successful Practice: There was a 42% decrease from the time of patient arrival time to nursing assessment completion. This reduced the average time a patient spent in the preadmission phase from 62 minutes to 36 minutes.

Implications for Advancing the Practice of Perianesthesia Nursing: Streamlined registration process and the removal of paper documentation to a fully integrated EMR ensures that the patient's information is documented entirely and consistently. These technology upgrades reduced registration and nursing admission length.