In with the New, Out with the Old: A Collaborative Approach to Impact Nursing EHR Documentation

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Problem
Electronic health record (EHR) documentation is time-consuming, redundant, and lacks value-added information with admission workflows consuming a significant amount of nurses’ time. Data elements have been added to meet regulatory and other requirements contributing to increased documentation time, number of data elements, and burden for nurses. “In with the new, out with the old” is not necessarily the case when EHR updates are made to support health care and regulatory changes. Many organizations are looking for guidelines and evidence-based standards to define what is required and essential for nurses to document.

Purpose
Determine if a pediatric essential clinical dataset (ECD) intervention impacted nursing:
• Documentation time of a pediatric admission history form
• Dataset completion rate of a pediatric admission history form
• Satisfaction with documentation of a pediatric admission history form

Method
• Quasi-experimental pre/post-test design within a pediatric hospital setting
• EHR data analysis of medical-surgical nursing documentation time and dataset completion rate of a pediatric admission history form pre and post pediatric ECD intervention
• A survey was administered to nurses pre and post study intervention to compare satisfaction of pediatric admission history documentation

Results
- EHR nursing documentation time of the pediatric admission history form decreased 1.31 minutes and the number of clicks decreased 38%
- Dataset utilization increased 8% indicating improved nursing documentation of essential questions within a pediatric admission history form
- Nursing documentation satisfaction of the pediatric admission history form was minimally impacted by the study intervention

Conclusion
Nursing EHR documentation time, dataset completion rate, and satisfaction of a pediatric admission history form are impacted with a pediatric ECD intervention. The study contributed to EHR content standardization, optimization, and documentation efficiencies for medical-surgical nurses within a pediatric organization. Clinical and informatics collaboration created real-world evidence to address a gap that existed for determining if a pediatric ECD intervention decreased documentation burden and increased time for children and families.

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“Nursing documentation satisfaction of the pediatric admission history form was minimally impacted by the study intervention”

“Children’s Mercy Nurses, 6 Henson”

“I love it!”

“It cuts down time”

“Parents like it!”