CHART SMART: STANDARDIZING CATH LAB DOCUMENTATION AND IMPROVING INTEROPERABILITY FOR SEAMLESS CONTINUITY OF CARE

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POSTER OBJECTIVES

- Identify two documentation challenges the Cupid Staffing Committee have addressed
- List 2 benefits of having a unit Epic Documentation Optimization Committee

PLAN

FRAMEWORK: PDSA

PROBLEM STATEMENT: Variability in documenting impacts workflow efficiency, data accuracy, and increases risk of patient harm

BACKGROUND

- System wide CLABSI initiative identified differences in Lines, Drains, and Airway (LDA) documenting exists between different units and disciplines
- Chart audits found Cath Lab documentation did not synchronize/cross-populate to other areas of Epic, and variability between Cath Lab documentation exists
- Epic Cupid Committee existed prior to VOLOL/Virtua partnership. Committee helped optimize CCL documenting with input from end users

GOAL

- Re-create Cupid Staffing Committee to standardize and optimize CCL Documentation, ensure alignment with organizational expectation, and promote continuity of care without disrupting CCL workflow
  - **First goal improve CCL line documenting using Avatar:** Post intervention compliance rate ≥70%chosen showing satisfactory return on investment for time, effort, and resources extended to improve nursing compliance with clinical documentation (Bunting et al., 2022)

DO

- Cupid Staffing Committee formed and includes volunteer RN and RT (R) staff from each division, unit leadership, members of the Cupid Instructional Design team, and Clinical Informatics Teams
- Identify current practices and current barriers to standardizing documenting

LINES IN CCL	CURRENT VARIABILITY: COMMENTS
RADIAL DOCUMENTING	Current Cath lab not do same way as neuro (uses LDA VASC puncture) for radial band doc. Variability across labs on what being done intra-proc so where crossing to is different
PERICARDIAL DRAIN	Seen put in 3 ways: chest tube-does show up on complex but if put as closed drain does not: also, have seen ICU put as open drain
IABP	Not all labs add as LDA: when do it doesn't show up on complex assess though like impella? But is on ? Its' own IABP flowsheet- Also: if click it in blue in toolbox once added doesn't open to a place you put in all settings like it does with Impella. (SHOW LABS HOW TO ADD ON TOP OF SHEATH TO SHOW LINK)
IMPELLA	Not all labs add as LDA: does show up on complex assess /not have it's own flowsheet like IABP: when click on blue in toolbox does let you put in settings at crosses to flowsheets (SHOW LABS HOW TO ADD ON TOP OF SHEATH TO SHOW LINK)
ARTERIAL & VENOUS SHEATHS & CLOSURE DEVICES	Not all labs adding as LDA's. Does not have spec qualities like introducer LDA has that lets you doc swan, temp wire, pressure lines : do we need line necessity section like introducer has also? Extra sections in plog for closure devices: how is each lab documenting: Angioseal/Perclose/ Mynx/ etc.
PA CATH/SWAN	Current can only put as comment under OTHER when doing assessment of sheath under line properties: ICU put as introducer then has section called: SPECIFIC QUALITIES that swan ganz/PA cath is in that is clicked: can we add that section for Venous sheath? c
TEMP WIRE	Like swan: no place to add as placed under venous sheath like there is for introducer option.
FOLEY CATH	Doc under Urethral catheters : all should doc 2 person insertion
NG/OG	All same
ETT	Anesthesia capturing placement or resp
HEMODIALYSIS CATHETER	? Marlton inserts: doc as Tunneled 2 lumen RIJ hemodialysis catheter? - dressing change due 7 days
PORT LDA	?Marlton inserts: procedure type tunneled central venous- Right chest?

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- Consensus determines standardization and changes required
- Committee members perform follow up tasks to facilitate changes and report back to committee at future meeting
- Committee gave recommendations to System Line committee to update line qualities for venous and art sheath

STUDY

- Chart audits performed for baseline LDA documenting and weekly from December through to July
- Committee members informally evaluate staff feedback on changes and discuss at monthly meetings

ACT

- Weekly Chart audits with immediate 1:1 personal feedback in-person or via email

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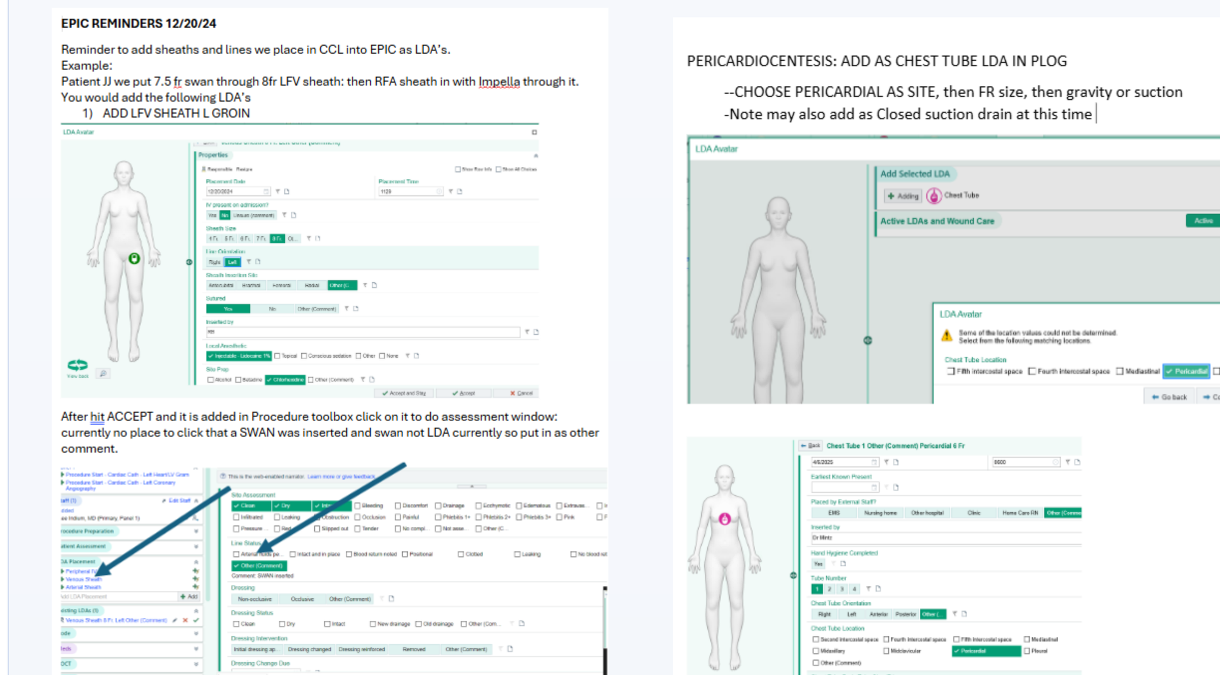
- Committee assist with creating tools & tipsheets for any changes to guide dissemination and assists with educations



- LDA station at Skills sessions for EP & CCL
- April: Education on adding incisions for implants
- April: Added EP lines to project
- Trend of data reported monthly: Discussed at divisional staff meetings, Prof Governance meetings and Cardiovascular Practice Council

FINDINGS

- Both EP and CCL meeting ≥70% benchmarkCCL steady increase in line documenting from 50% Dec to >90% May, June, July
- EP steady increase in line from 16% April to 100% July
- CCL/EP Incisions from 16% February to 84% July

MONTH	TOTAL CCL LINES AUDITED	CCL % MISSED DOCUMENTING	CCL % ACCURATE DOC CCL	COMMENTS: MOST FREQ ERRORS
DEC	48	50%	50%	Not Doc all sheaths being retained from proc room: Education tip sheets sent out to all staff and started doing feedback to employees who documented: requested some addition to line qualities choices for art and venous sheaths be added to epic
JAN	74	22%	78%	Not always capturing venous sheaths or if doc venous sheath/missing swan or temp pacer as comment:/waiting for system to add that line quality to venous sheaths which will improve this-Katie Mcshane cont working on
FEB	43	28%	72%	PERI DRAIN missed a lot: reminding staff/continue 1:1 feedback
MARCH	58	12%	88%	PERI DRAIN cont to be missed: cont feedback to specific employees/discuss at staff meetings
APRIL	45	18%	82%	2 were still peri drain. VASC PUNC used from June meeting to July 7th: then revert back to add sheath in/out and CCL not use Vasc punc b/c confusing when sheath left in would they then have to add vasc punc when sheath out? CC2 does not do this for other lines placed why would CCL have to do this. D/w CC2 and PACU educators & CCL directors. EP will cont to use Vasc punc but CCL with go back to sheath in/out only. If CCL pt go to PACU they can wrench in our flowsheet
MAY	58	3%	97%	1 IAB AND 1 SHEATH missing
JUNE	51	4%	96%	PERI DRAIN missed
JULY	60	6%	94%	CCL don't forget to remove sheath when take it out

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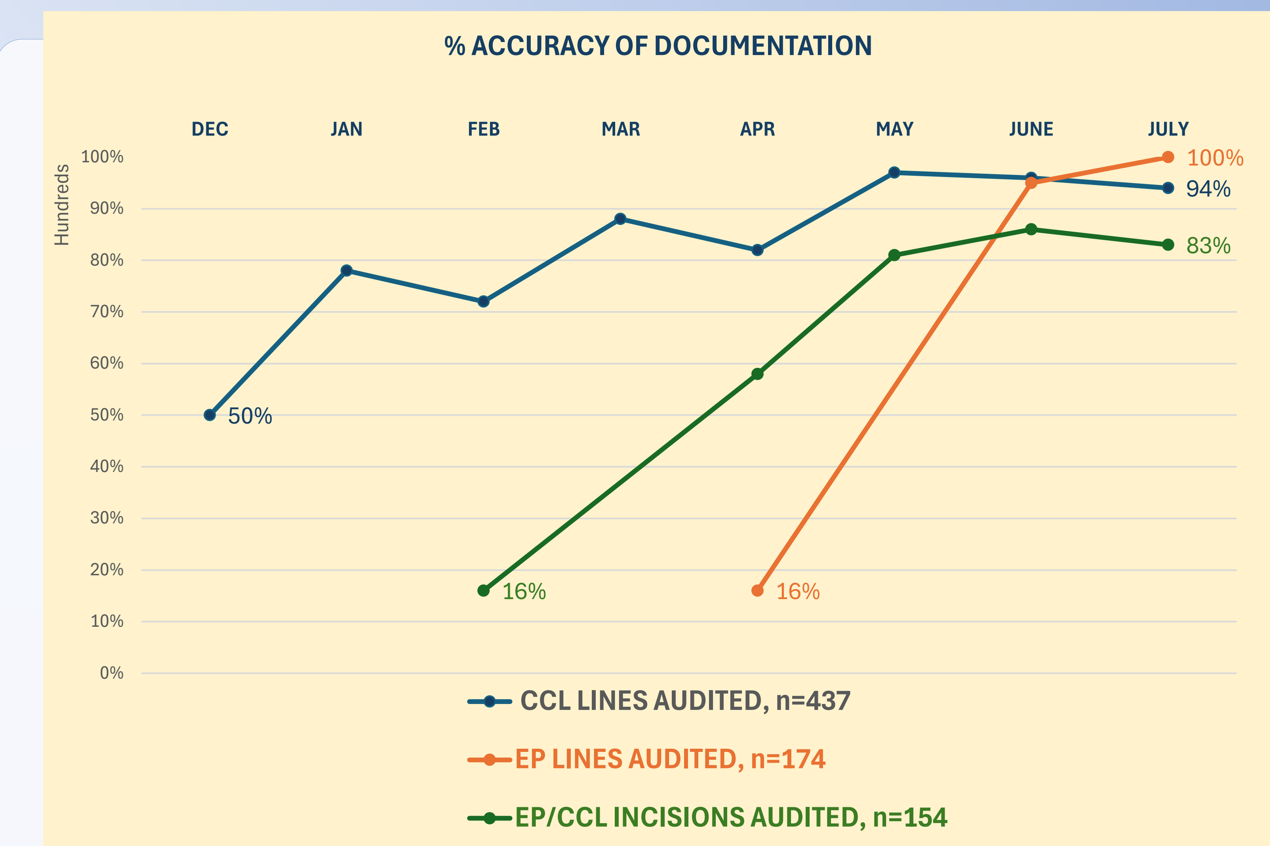

FUTURE:

- Perform 5 random chart audits a month at each unit/division with personal feedback as needed
- Continue to make changes as needed with guidance from system line project

ADDITIONAL COMPLETED COMMITTEE PROJECTS

- Standardized CCL radial band documenting and aligned with receiving floors
- Updated downtime forms
- Fixed Quick Pick Medication in procedure log
- Added documentation of Call for Patient Movement to procedural log to assist with evaluate STEMI performance
- Femostop: added row for amount of pressure

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REFERENCES