Electronic OR Document Incorporates the PNDS for Safe Care

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Type: Military Treatment Facility
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IDENTIFICATION:

- Manual charting was inadequate for nursing communication, illegible, and near impossible to manually collect data for required audits.
- Very little baseline data existed.
- Manually collected data was too time consuming and unable to keep up with reports over time due to staffing shortages and limited knowledge of spreadsheet design and more importantly a staff FTE to simply enter data from manual perioperative nursing documentation.

The Clinicomp Essentris software program has been designated a Department of Defense approved program for electronic patient charting around the globe. This system is currently being used to document patient care and for physician order entry in several military hospitals. At National Naval Medical Center (NNMC) Bethesda, the Main Operating Room (MOR) began integration of this system with the perioperative nursing note, incorporating the Nursing Care Plan with the AORN approved Perioperative Nursing Data Set (PNDS) language. Recognizing the need for comprehensive charting, all perioperative areas; the Ambulatory Procedures Unit, the MOR, and the Post Anesthesia Care Unit (PACU) collaborated on an integrated documentation system. This improved system of documenting the perioperative encounter provides unparallel benefit in both decreasing patient safety risk and increasing quality patient care and should be adapted as the standardized model for clinical excellence across the military perioperative continuum.

PROCESS:

After reviewing the literature, it was very apparent that the only solution would be an electronic charting modality – and the simple yet effective PDCA performance improvement process was utilized. (Plan – Do – Check – Act).

The objectives of this clinical innovation were to:

1. Implement standardized electronic perioperative documentation at NNMC, using the Clinicomp Essentris program.
2. Improve National Patient Safety Goal compliance for handoffs of surgical patients utilizing the automatic transfer of information throughout documentation of care.
3. Incorporate the most recent perioperative nursing standards using electronic documentation to provide guidance in the assessment of perioperative patient care.
4. Provide a leadership tool for immediate access to data driven process improvement initiatives.
**SOLUTION:**

- Our manual method of documenting the surgical care of our patients in the OR was replaced by an electronic record of documenting the entire surgical experience by the perioperative nurses.
- The entire evolution occurred after 6 months of research and literature review, and only took 5 days to entirely convert to electronic charting, with daily chart audits achieving 100% completion within the first week.
- Five modifications have been made over the past 10 months, with all input from the nursing staff being considered in the alterations to achieve a comprehensive, quality intraoperative document.
- The Post Anesthesia Care Unit (PACU) nurse reviews the surgical details once the SBAR report is given by the OR nurse, for a more clinically astute snapshot of the admitting surgical patient.
- The intraoperative documentation continues in the Operative Suite, and incorporates all of the elements of the perioperative nursing note, the nursing care plan (PNDS), and the operation report (SF 518).
- Ongoing chart audits for completion are being conducted randomly, as well as targeted fields to meet Accreditation Standards (Counts, Universal Protocol, Antibiotic Administration for SSI, etc.).

This improved system of documenting the perioperative encounter provides unparallel benefit in both decreasing patient safety risk and increasing quality patient care and should be adapted as the standardized model for clinical excellence across the military perioperative continuum.

**OUTCOMES:**

The standardized perioperative nursing document created at NNMC, as a response to the challenge of creating one electronic document for the entire intraoperative experience, was a huge success. The research, planning, and management of resources, coupled with tremendous support from the command’s Technical staff and Surgical Directorate Leadership during the implementation phase was the key to this product of excellence. Future implications for use as the Standardized Perioperative Note for not only NNMC, but for the future Walter Reed Military Medical Center, and the entire National Capital Region lies with our future leaders.

Additional results of the individual field audits are still being gathered and will be available in handouts with the poster display.
Electronic Perioperative Documentation—Using the Perioperative Nursing Data Set to Support Safe Surgical Patient Care

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Abstract
The Clincomp Essentris software program has been designated a Department of Defense approved program for electronic patient charting around the globe. This system is currently being used to document patient care and for physician order entry in several military hospitals. At National Naval Medical Center (NNMC) Bethesda, the Main Operating Room (MOR) began integration of this system with the perioperative nursing note, incorporating the Nursing Care Plan with the AORN approved Perioperative Nursing Data Set (PND5) language. Recognizing the need for comprehensive charting, all perioperative areas; the Ambulatory Procedures Unit, the MOR, and the Post Anesthesia Care Unit (PACU) collaborated on an integrated documentation system. This improved system of documenting the perioperative encounter provides unparalleled benefit in both decreasing patient safety risk and increasing quality patient care and should be adapted as the standardized model for clinical excellence across the military perioperative continuum.

Objectives
The objectives of this clinical innovation were to:
1. Implement standardized electronic perioperative documentation at NNMC, using the Clincomp Essentris program.
2. Improve National Patient Safety Goal compliance for handoffs of surgical patients utilizing the automatic transfer of information throughout documentation of care.
3. Incorporate the most recent perioperative nursing standards using electronic documentation to provide guidance in the assessment of perioperative patient care.
4. Provide a leadership tool for immediate access to data driven process improvement initiatives.

PLAN OF ACTION AND MILESTONES FOR IMPLEMENTATION OF ESSENTRIS NOTE

1999
- DOD approves Clincomp
- NCA tasked NNMC OR
- Built perio note
- Revised surgeon’s post-op note
- Complete data

1998
- 11
- 09
- 07
- 00
- 08

2009
- 06
- 07
- 08
- 09
- 10

2009
- 06
- 07
- 08
- 09
- 10

IMPLEMENTATION OF ESSENTRIS DOCUMENT LIBRARY

ESSENTRIS DOCUMENT LIBRARY

ESSENTRIS NNMC PERIOPERATIVE NOTE

IMPROVED PROCESS IMPLEMENTED

Once the patient arrives in the holding area, the Perioperative nurse continues the Universal Protocol by checking the two patient identifiers and the accuracy of the surgical consent, then electronically charts at the bedside.

The Post Anesthesia Care Unit (PACU) nurse reviews the surgical details once the SBAR report is given by the OR nurse, for a more clinically astute snapshot of the admitting surgical patient.

The intraoperative documentation continues in the Operative Suite, and incorporates all of the elements of the perioperative nursing note, the nursing care plan (PND5), and the operation report (SF 518).

Conclusion and Future Implications
The standardized perioperative nursing document created at NNMC, as a response to the challenge of creating one electronic document for the entire intraoperative experience, was a huge success. The research, planning, and management of resources, coupled with tremendous support from the command’s Technical staff and Surgical Directorate Leadership during the implementation phase was the key to this product of excellence. Future implications for use as the Standardized Perioperative Note for not only NNMC, but for the future Walter Reed Military Medical Center, and the entire National Capital Region lies with our future leaders.