Developing Standardized Note Templates for Inpatient Rounding Teams

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Background:

- Multiple note templates
  - Over 15 templates in use, with variations of these by 30+ providers
  - Confusion over which template to use
  - Templates lacked consistency
  - Difficult for transitions in patient care among multiple providers and between teams

- Over-documentation
  - Unclear which items were necessary to document
  - Providers often copied forward notes to save time, increasing risk of documenting fraudulent information
  - Less time spent on patient care
  - Decreased job satisfaction
  - Outpatient providers could not determine which information was most pertinent to focus on at follow-up

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<u>Goals:</u>

- Modify note templates to meet needs of billing and compliance, as well as staff preferences

- Minimize circulating dotphrases to improve consistency among templates

- Change cultural views of daily documentation to reflect pertinent daily changes

- Educate inpatient providers about billing/compliance requirements, and tips to reduce time spent over-documenting

- Less time with documentation and more time with patient care

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Methods: Data Collection

- Pre-survey: gather evidence about current templates
  - Used 5 point Likert scale
  - Qualtrics Survey online by email
- Post-survey: 6 months after intervention

- Responses: (Pre/Post)
  - Inpatient APPS: 16 / 16
  - Inpatient MDs: 23 / 6
  - Outpatient APPs: 10 / 6

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Methods: Interventions

- Met with hospital representatives from departments of compliance, billing, and clinical documentation
- Created new Smart Texts with help of Epic concierge
- Educated APP team with Microsoft Powerpoint presentation about proper documentation and introduced new templates
- Implemented new smart texts
- Reviewed charts for 3 months after new templates in play to ensure 100% compliance

- New smart texts included
  - 1 History and Physical Admission Note
  - 1 Daily Progress Note
  - 5 Service-Specific Discharge Summaries
    - PAC
    - EPS
    - HFS
    - VAD
    - TXP

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Methods: Overview of Smart Phrases

Smart Phrases

Smart Texts	Dot Phrases
• Template format • Available system-wide • Only the creator/owner can modify with EPIC concierge • Modifications are system-wide	• Various formats including templates or sentences • Available after owner shares item, or can be copied and modified • Modifications only made to the owner's version; copied versions do not reflect changes

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Methods: Comparison

Old Dotphrases (with multiple versions)	New Smart Texts
CAR PAC DISCHARGE NOTE	CAR PAC DISCHARGE
CAR EP CATHETER ABLATION DISCHARGE SUMMARY CAR EP DEVICE DISCHARGE SUMMARY CAR EP GENERAL DISCHARGE SUMMARY	CAR EP DISCHARGE
CAR HF DISCHARGE SUMMARY	CAR HF DISCHARGE
CAR VAD DISCHARGE SUMMARY	CAR VAD DISCHARGE
CAR TXP DISCHARGE SUMMARY	CAR TXP DISCHARGE
CAR PAC PROGRESS NOTE CAR EP PROGRESS NOTE CAR HF PROGRESS NOTE CAR VAD PROGRESS NOTE CAR TXP PROGRESS NOTE	CAR PROGRESS NOTE
CAR PAC ADMISSION NOTE CAR EP GENERAL ADMISSION CAR EP DRUG LOAD ADMISSION GENERAL H&P	CAR ADMISSION H&P

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<u>Methods:</u> Interventions

- Remove unnecessary items
  - Imaging and labs can be discussed in Assessment/Plan, but do not need to be in template or copied daily
- Physical exam template reduced to 5 body systems plus vitals signs
  - Providers encouraged to add other systems if being assessed or are pertinent to care plan

- Assessment/Plan focuses on pertinent information in last 24 hours
  - Major problems matter for Case Mix Index
    - Acute on chronic systolic heart failure
    - NSTEMI
    - AKI
  - Minor problems that are not being addressed/modified daily should not be included
    - Ex: ~~Hypothyroidism – continue Synthroid~~
    - Ex: Hyperthyroidism – may be contributing to arrhythmia such as atrial fibrillation

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Methods: Survey Topics

- *Qualify time spent on daily progress notes and discharge summaries*

- *Identify changes in last 24 hours on daily progress notes*

- *Find notes succinct and easy to navigate*

- *Easy to identify follow-up needs*

- *Easy to balance my time between patient care and documentation*
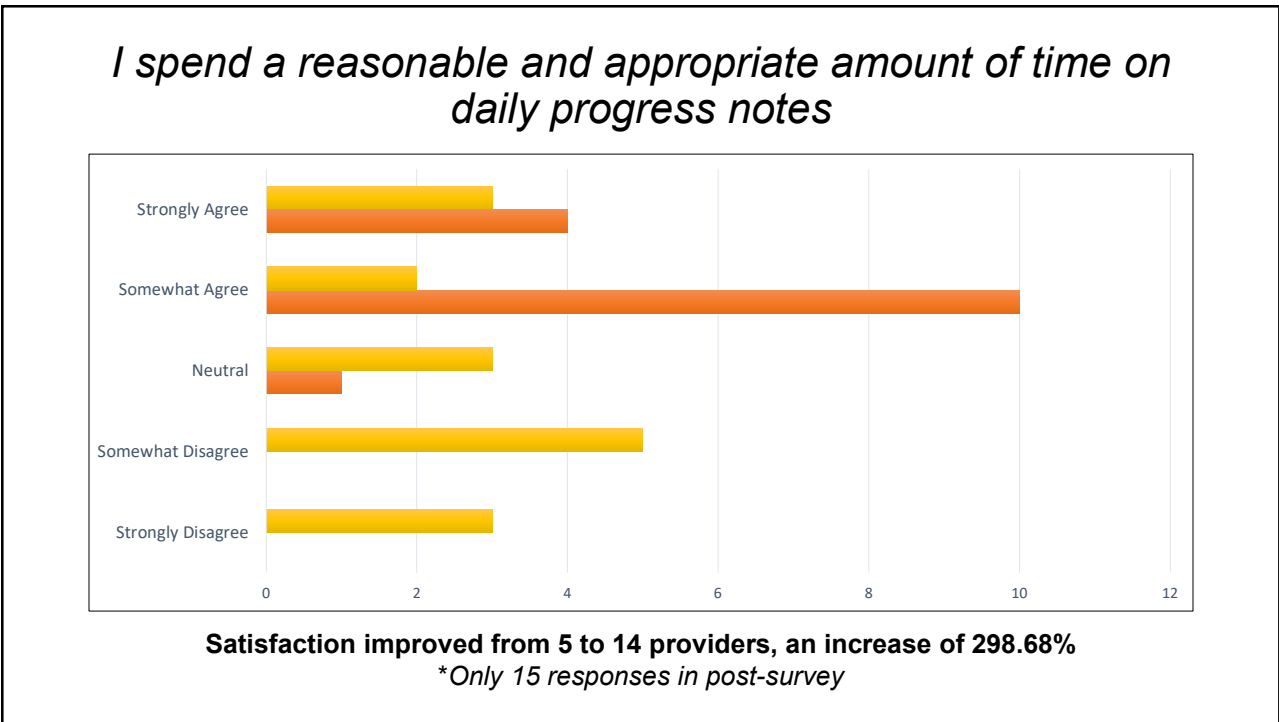
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Definitions and Results:

- Satisfaction percentage = number of providers who strongly or somewhat agreed divided by the total number of providers who completed the question
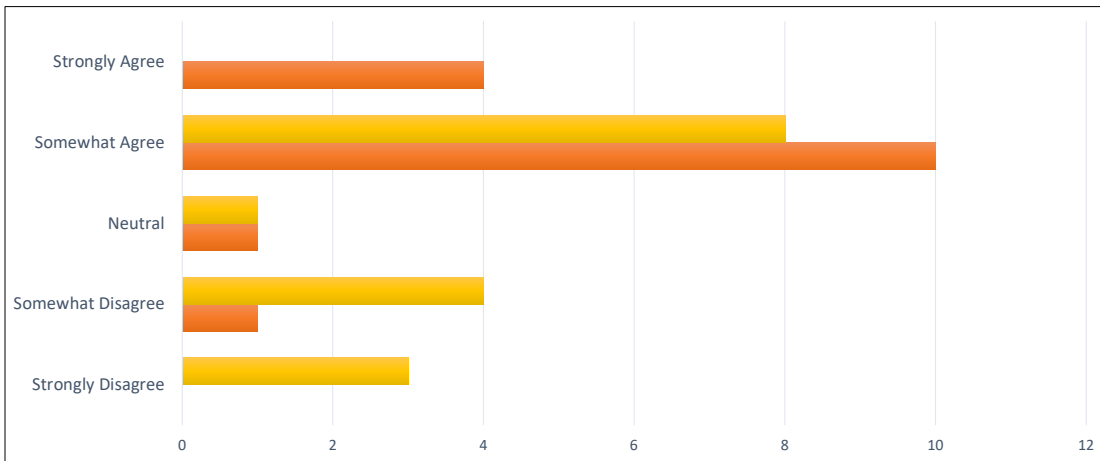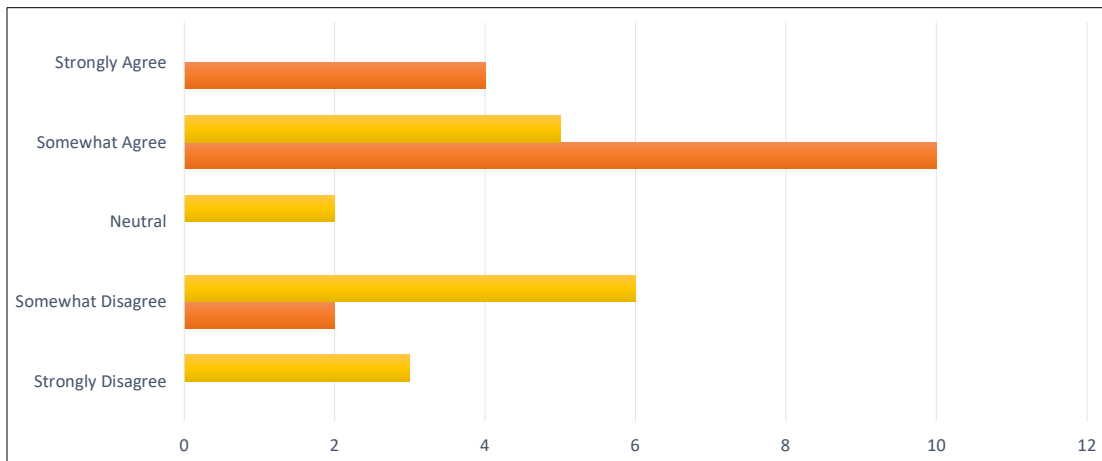
- Pre-survey

- Post-survey

I spend a reasonable and appropriate amount of time on daily progress notes

Satisfaction improved from 5 to 14 providers, an increase of 298.68%
*Only 15 responses in post-survey

*The progress notes make it easy to recognize changes that occurred in the previous 24 hours*

Satisfaction improved from 8 to 14 providers, an increase of 175%

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*I find the daily progress notes to be succinct and easy to navigate*

Satisfaction improved from 5 to 14 providers, an increase of 280%

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My discharge summary captures all of my patient's follow-up needs for outpatient follow-up
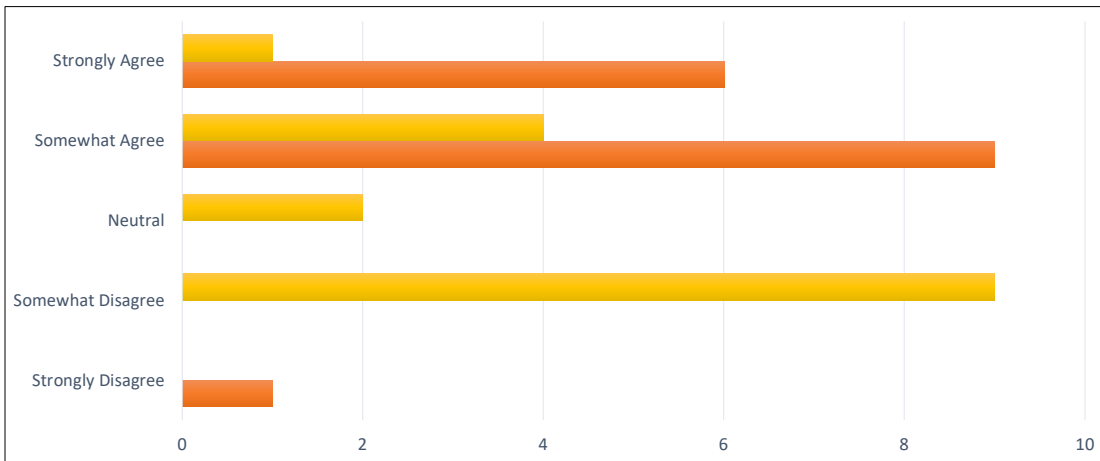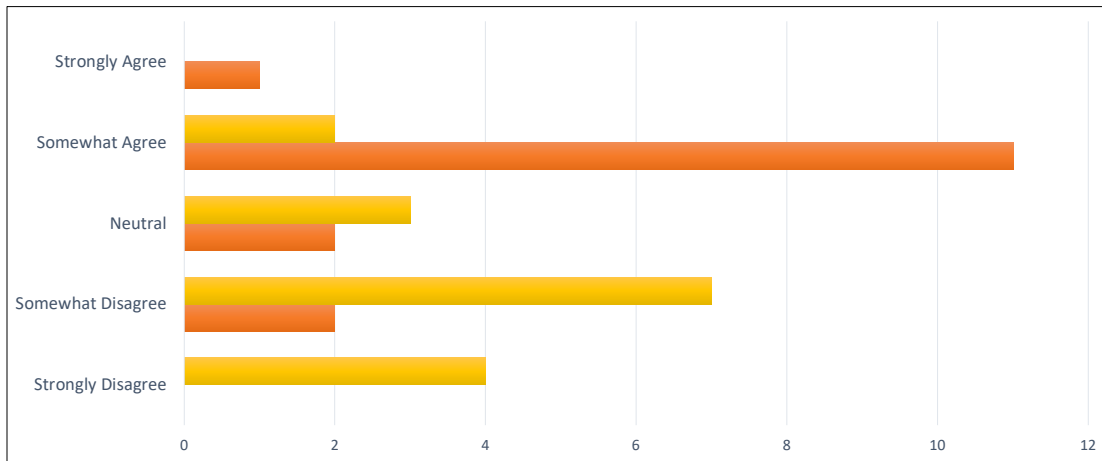
Satisfaction improved from 5 to 15 providers, an increase of 300%

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I spend a reasonable and appropriate amount of time on discharge summaries
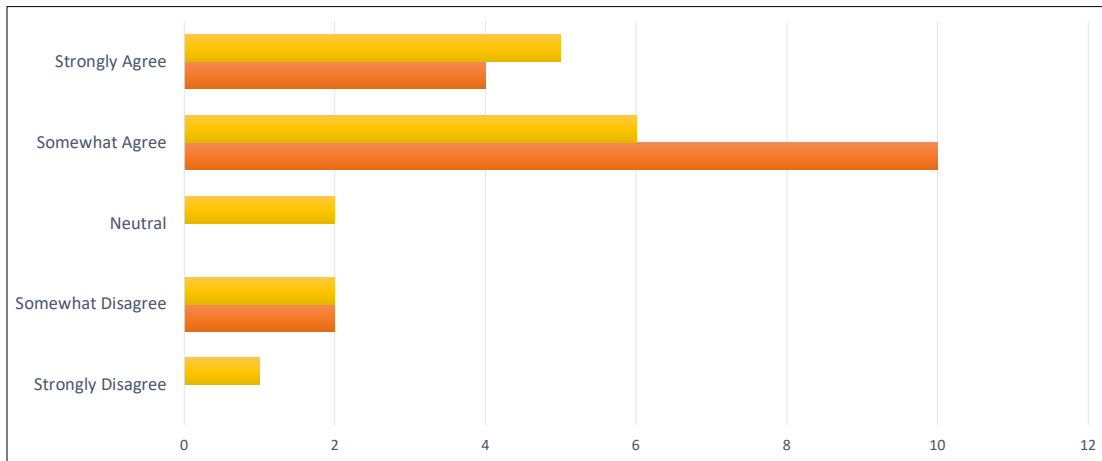
Satisfaction improved from 11 to 14 providers, an increase of 127.27%

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I find it easy to balance my time between patient care and documentation

Satisfaction improved from 2 to 12 providers, an increase of 600%

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Results and Discussion:

- The average satisfaction percentage for all survey questions improved from 37.5% to 87.43%
- Shorter, concise notes with pertinent information:
  - Less time on documentation
  - Increased Case Mix Index
  - Increased job satisfaction

- Universal discharge summary formats
  - Similar to other hospital teams
  - Another cardiology subspecialty team has adopted this format since completion of this project

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Limitations:

- One question post-survey only had 15 responses out of the 16 APPs* emailed

- There were no survey questions that addressed the impact of the educational presentation

- Post-survey responses for inpatient MDs and outpatient APPs were too low to demonstrate changes
  - Trended towards similar responses as the inpatient APPs
  - Received positive feedback verbally from inpatient MD

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Thank you!

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