Emergency Nurse Documentation Improvement Tool

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■ ABSTRACT
Nursing documentation for trauma resuscitation has improved significantly at our level I trauma center because of the introduction of our Emergency Nurse Documentation Improvement Tool (END-IT). The END-IT system was implemented as a performance improvement model and utilizes existing computer software. It provides quick computerized feedback to professional nurses when documentation of trauma cases needs further attention. The feedback is provided in written form and uses peer mentoring to improve accountability in documentation. The program has been successful and has decreased documentation omissions and mistakes by 21%.

■ KEY WORDS
Documentation, Peer advisement, Performance improvement

Comprehensive nursing documentation of events during trauma resuscitation is a challenge. Recording assessments, interventions, and evaluations of treatments seems insignificant during the actual resuscitation, yet documentation is necessary for a multitude of reasons and is part of the professional nurse’s responsibility for patient care. Continuing educational efforts to increase staff compliance with documentation of trauma care seemed fruitless until we developed a system to increase accountability that uses peer mentoring in conjunction with our current performance computer database, Pennsylvania Outcomes and Performance Improvement Measurement System (POPIMS). POPIMS is a required documentation tool by the state of Pennsylvania for all level I and level II trauma centers. Our new system, Emergency Nurse Documentation Improvement Tool (END-IT) has been successful in reducing documentation errors and omissions by 21% (Figure 1).

■ INITIATION OF THE PROJECT
The END-IT documentation project was introduced to the staff through personal letters of explanation, which included the names of resource people from the performance improvement (PI) committee, so that further questions could be addressed and answered. Nursing administration was in full support of the implementation of the END-IT project and encouraged its development into a teaching tool to support peer advisement and mentoring. The letter distributed to the professional staff assured them that the project intent was nonpunitive and emphasized a positive PI endeavor for the entire department.

FIGURE 1. END-IT results 6-month data April–October 2006. *April represents documentation issues before implementation of this multidisciplinary tool.
IMPLEMENTATION

The tool for documentation during trauma resuscitations is the trauma flow sheet, which mimics the information needed to complete the POPIMS computer database (Figure 2). The data from the flow sheet are entered into the system by the trauma registrar who first recognizes the need for an END-IT letter (Figure 3). When the registrar finds incomplete or missing data on the flow sheet, that section is highlighted for the PI coordinator. Using the POPIMS system, the missing or incomplete data can be tracked to the documenting nurse. This tracking provides us with an evaluation measure to analyze individual and group improvement. Next, the PI coordinator generates an END-IT letter through a mail merged from the POPIMS system, which is addressed to the specific nurse who has incomplete documentation for trauma resuscitation. The letter also provides the nurse with a patient information summary. A cover page from the trauma program manager accompanies the END-IT letter, emphasizing again that this is a nonpunitive peer review process (Figure 4). The END-IT letter requires the signature of an assigned documenting nurse. A copy of the trauma flow sheet is also attached to the letter for review, so that the area for improvement can be recognized visually.

PEER MENTORING

The assigned peer mentoring consists of a discussion between a nurse documenter and a colleague. The colleague is generally a more experienced trauma nurse who reviews the documentation discrepancy highlighted in the END-IT packet with the documenting nurse. The experienced trauma nurses have been empowered to mentor the staff and teach them accountability and accuracy in documentation. This has been accomplished by creating an environment that fosters a positive approach and has resulted in the staff becoming more accountable in their documentation of trauma cases as well as becoming more proactive in assisting each other to document accurately.

CONCLUSIONS

This project was designed for PI, but further studies could be designed to evaluate this multidisciplinary project. In conclusion, this project has accomplished 2 major trauma department objectives: it has improved documentation and has assisted the staff in becoming more accountable and comfortable with peer mentoring.
FIGURE 4.