INTRODUCTION
The electronic health record (EHR) is used in emergency departments to document patient care. Data elements in the EHR can be structured or unstructured.

Before the implementation of this project, the reason patient was transferred from the emergency department (ED) to a facility outside of a healthcare system was recorded in an unstructured progress note.

Time-consuming manual chart reviews were required to identify why patients were being transferred.

The WakeMed executive team sought to understand the reasons for these transfers, to address concerns related the care received, patient safety, and potential for an increase in healthcare cost plus loss of revenue.

PURPOSE
The purpose of this quality improvement project was to capture the primary reason patients are being transferred to facilities outside of the WakeMed system using a structured data field, known as a SmartList, while avoiding increased workflow burden on the ED provider.

The data from SmartList was used to update a new daily transfer report to improve the quality of the report by providing more thorough information of why the patient was being transferred.

METHODS
The Data-information-Knowledge-Wisdom (DIKW) was used to guide the project.

The Iowa Model of Evidence-Based Practice to Promote Quality Care was used to provide a step-by-step process for the project.

The electronic health record (EHR) is used in emergency departments to document patient care. Data elements in the EHR can be structured or unstructured.

Before implementation, 249 manual chart reviews to gather the thorough information of why the patient was being transferred.

Adding the SmartList for documenting the primary reason for the transfer has made it possible to achieve electronic data retrieval of that reason. More comprehensive information can be added to reports, therefore improving the overall quality of the reports.

A System Usability Scale (SUS) questionnaire was used to assess the ED provider’s perception of the usability of the new data field. The ED providers found the SmartList usable and easy to learn.

RESULTS
The process chosen to implement was based on sustainability after the project was completed. The reports will continue to be used daily. Additional reports can be created through the normal reporting process at WakeMed.

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CONCLUSIONS
The implementation of SmartList has facilitated the transfer documentation process and improved patient care. The process chosen to implement was based on sustainability after the project was completed. The reports will continue to be used daily. Additional reports can be created through the normal reporting process at WakeMed.

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Methodology
The methods used in this project included the following:

1. Creation of a SmartList for documenting the primary reason for transfer.
2. Use of a System Usability Scale (SUS) questionnaire to assess provider perception of usability.
3. Implementation of the SmartList for documentation.

Results
The post-implementation times showed a significant improvement in the process, with a mean reduction of 75.02 seconds (p=0.001) and a median reduction of 70.11 seconds (p=0.001).

System Usability Score Questionnaire Results

Q1: Frequently used Q2: Complex Q3: Easy to use Q4: Tech support Q5: Well designed Q6: Inconsistency Q7: Learn quickly Q8: Cumbersome Q9: Feel confident Q10: Learn a lot

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Mean seconds 75.02 70.11
Minimum seconds 15 22
Total hours 5.19 1.27

DISCUSSION
Adding the SmartList for documenting the primary reason for the transfer has made it possible to achieve electronic data retrieval of that reason. More comprehensive information can be added to reports, therefore improving the overall quality of the reports.

The Iowa Model of Evidence-Based Practice to Promote Quality Care was used to provide a step-by-step process for the project.

- The Data-information-Knowledge-Wisdom (DIKW) was used to guide the project.
- The purpose of the quality improvement project was to capture the primary reason patients are being transferred to facilities outside of the WakeMed system using a structured data field, known as a SmartList, while avoiding increased workflow burden on the ED provider.
- The data from SmartList was used to update a new daily transfer report to improve the quality of the report by providing more thorough information of why the patient was being transferred.

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