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Implementing Real-time Point of Care Documentation: A QI Project to Address Medication Administration Errors

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INTRODUCTION

Numerous studies have looked at improving quality and patient care from health information systems but have found that while many hospitals have implemented applications like clinical documentation and computerized prescriber order entry (CPOE), few have reaped all the benefits.

PURPOSE

The purpose of this project was to reduce medication administration errors by increasing real-time point of care documentation.

INTERVENTION

Provided an education session focused on medication safety that included information about how point of care documentation can help reduce medication administration errors. Data on medication errors was collected before the study began and the month after the education.

BENEFITS OF BEDSIDE CHARTING

- Reduced nurse per patient care hours (Butler & Bender, 1999)
- Decreased length of stay (Banner & Olney, 2009; Duffy, Kharasch, & Du, 2010; Hendrickson & Kovner, 1990)
- Improved quality & completeness of documentation (Cheung, Fung, Chow, & Tung, 2001; Hu, Yen, & Kao, 2002; Kahl, Ivancin, & Fuhrmann, 1991; Menke, Broner, Campbell, McKissick, & Edwards-Beckett, 2001; Nahm & Poston, 2000; Pryor, 1989)
- Better communication (Ammenwerth, Kutscha, Eichstadter, & Haux, 2001; Hendrickson & Kovner, 1990)
- Increased staff satisfaction (Waneka & Spetz, 2010)
- Reduced medication errors (Kutney-Lee & Kelly, 2011; Fraenkel, D. J., Cowie, M., & Daley, P, 2003)

BARRIERS TO BEDSIDE CHARTING

- Six main technical themes were identified: availability, speed, mobility, device design, knowledge about the device, and problems (Andersen, Lindgaard, Prgomet, Creswick, & Westbrook, 2009)
- Four barriers identified: too many work demands, not enough computers, lack of IT support and lack of IT knowledge (Eley, Fallon, Soar, Buikstra, & Hegney, 2009)
- Lack of documentation compliance on paper (higher compliance with point of care documentation only followed units with higher compliance on paper) (Nahm & Poston, 2000)

DISCUSSION

Summary Findings:

- There was no statistical difference in self-reported bedside charting frequency or medication errors
- Staff did not perceive a significant improvement in the ease of use or usefulness of point of care documentation
- Staff did not report a change of the frequency of real time documentation
- Although the project and education intervention were focused on patient safety (medication errors), it was not enough to help diffuse a significant change in practice

Reported Barriers:

- Insufficient devices
- Non-working computers
- Infection control concerns
- It was easier to document away from the bedside especially with a difficult or stressful patient
- Point of care documentation took away from patient interaction

STUDY LIMITATIONS

- Data was not paired data for comparison of actual behavior changes
- Staff were not required to complete the surveys or the education, nor were there policy changes
- Participants indicated that there were not enough working computers to support the change

CONCLUSION

There is strong evidence that point of care documentation can help improved quality and reduce errors but more work is needed to make this practice a reality and change nursing practice. It's clear that one activity isn't sufficient, perhaps a multi-factorial implementation is needed.

WANT TO PARTICIPATE IN THE NEXT STUDY LOOKING AT BEDSIDE CHARTING?

I am looking for additional sites to assess real-time documentation compliance and determine barriers in order to work to reduce those barriers.

Your role would be to distribute the survey to your staff during a pre-defined timeline and give me permission to use the data. I would share a summary of the barriers to your facility for follow-up (as needed).

If you are interested in helping me to expand the use of real-time bedside documentation, please email me at bovel@uncw.edu.

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