Implementing EDIS Tracking and Triage Documentation: Exploring the Potentials

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- **Community teaching hospital**
- **Serve south east Toronto**
- **No. of beds**   **500**
  - **Acute care**   **412**
  - **Rehabilitation**   **13**
  - **Complex continuing care**   **75**
- **No. ER Visits Apr 04- Mar 05**   **57843**
  - **Average # Daily Visit**   **157**

Why Emergency Department Information System (EDIS)?

- Private donation from a former ER physician
- ER Department planning x4 years
- In line with the organization's strategic plan - EPR strategy

EPR record – current status

- Results viewing – labs; autopsy reports; dictated reports
- Order entry – labs, DI and social work
- Charges & workload – non-invasive cardiology labs; pulmonary function
- Clinical Documentation – vital signs, fluid balance, pain, ICU assessment
- Bedside medical device interface - monitoring

EDIS Objectives:

- Improve patient flow
  - Provide timely access to patient information
  - Reduce wait times for patients and ambulance offload
- Improve intra- and interdepartmental communication
- Provide information to identify trends and explore quality issues
- Part of EPR Strategy

End-user Engagement:

- Put a structure in place for end user involvement
  - Inclusive members esp. from ER, Clinical Informatics

Working Group:

- Emergency Department
  - Director
  - Nurse Manager
  - Project Manager
  - ER Physicians
  - Educator
  - RNs, RPNs
  - Unit clerks
- ITS
  - Director
  - Clinical Informaticians
  - Project Manager
  - Manager/Helpdesk
  - Technical Analysts
- Others
  - Manager Registration
  - Privacy Officer
  - Facility Services

End-user Engagement:

- Put a structure in place for end user involvement
  - Inclusive members esp. from ER, Clinical Informatics
  - Weekly progress meetings
  - Working group with the triage nurses

End-user Engagement:

- Work through the team issues first
  - Devices
  - Tracking screen appearance

ER Triage Record Design Considerations:

- Existing documentation
- Documentation Model (CPM)
- Hospital for Sick Children
- In-line with organizational initiative and policy on pain
- Febrile Screening

ER Triage Record

ER Triage Record Design Considerations:

- Content
  - Started to capture allergies electronically
  - 100 fields, 14 sections
  - Link with registration
    - Work-related injuries
    - Mode of arrival
    - Accompanied by

Challenges:

- Determining devices
- Workload issue
  - Perceived as a registration function
- Patient search
  - Huge master patient index
  - Increased number of duplicate record
  - Risk management issues

Challenges:

- Privacy
- System performance
- Printing
- Transition to electronic documentation

Clinical Documentation Challenges:

- Clinicians vs. IT
- Viewing vs. ease of data entry
- Typing vs. tick off boxes
- Incomplete triage documentation
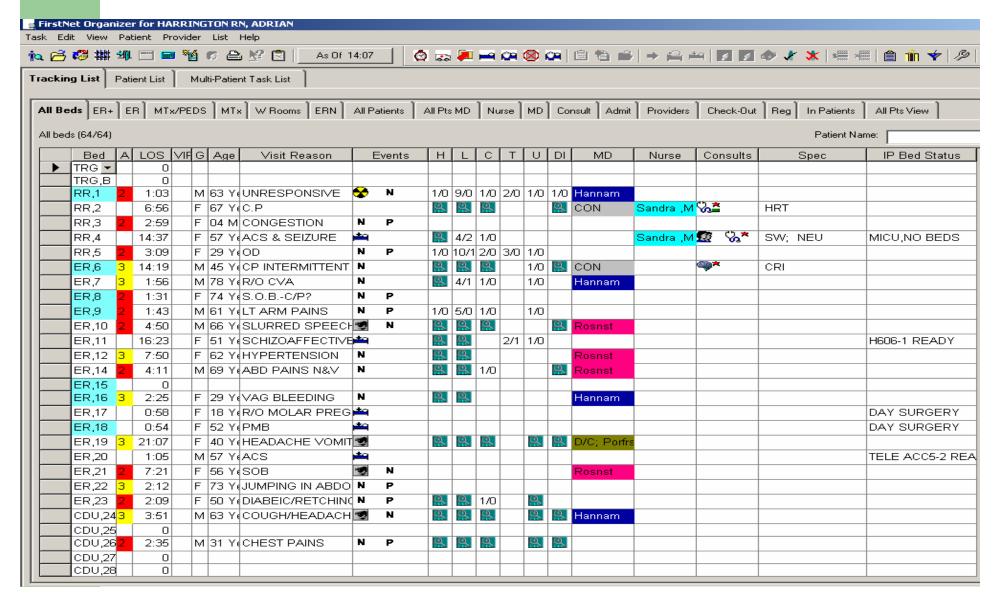 - Required field for ER tracking

Tracking Board

Task   Edit   View   Patient   Provider   List   Help

As Of 14:07

Tracking List | Patient List | Multi-Patient Task List

All Beds | ER+ | ER | MTx/PEDS | MTx | W Rooms | ERN | All Patients | All Pts MD | Nurse | MD | Consult | Admit | Providers | Check-Out | Reg | In Patients | All Pts View

All beds (64/64)   Patient Name:

	Bed	A	LOS	VIP	G	Age	Visit Reason	Events	H	L	C	T	U	DI	MD	Nurse	Consults	Spec	IP Bed Status
▶	TRG ▼		0																
	TRG,B		0																
	RR,1	2	1:03		M	63 Ye	UNRESPONSIVE	☢ N	1/0	9/0	1/0	2/0	1/0	1/0	Hannam				
	RR,2		6:56		F	67 Ye	C.P								CON	Sandra ,M		HRT	
	RR,3	2	2:59		F	04 M	CONGESTION	N P											
	RR,4		14:37		F	57 Ye	ACS & SEIZURE			4/2	1/0					Sandra ,M		SW; NEU	MICU,NO BEDS
	RR,5	2	3:09		F	29 Ye	OD	N P	1/0	10/1	2/0	3/0	1/0						
	ER,6	3	14:19		M	45 Ye	CP INTERMITTENT	N					1/0		CON			CRI	
	ER,7	3	1:56		M	78 Ye	R/O CVA	N		4/1	1/0		1/0		Hannam				
	ER,8	2	1:31		F	74 Ye	S.O.B.-C/P?	N P											
	ER,9	2	1:43		M	61 Ye	LT ARM PAINS	N P	1/0	5/0	1/0		1/0						
	ER,10	2	4:50		M	66 Ye	SLURRED SPEECH	N							Rosnst				
	ER,11		16:23		F	51 Ye	SCHIZOAFFECTIVE					2/1	1/0						H606-1 READY
	ER,12	3	7:50		F	62 Ye	HYPERTENSION	N							Rosnst				
	ER,14	2	4:11		M	69 Ye	ABD PAINS N&V	N			1/0				Rosnst				
	ER,15		0																
	ER,16	3	2:25		F	29 Ye	VAG BLEEDING	N							Hannam				
	ER,17		0:58		F	18 Ye	R/O MOLAR PREG											DAY SURGERY
	ER,18		0:54		F	52 Ye	PMB											DAY SURGERY
	ER,19	3	21:07		F	40 Ye	HEADACHE VOMIT								D/C; Porfrs			TELE ACC5-2 REA
	ER,20		1:05		M	57 Ye	ACS												
	ER,21	2	7:21		F	56 Ye	SOB	N							Rosnst				
	ER,22	3	2:12		F	73 Ye	JUMPING IN ABDO	N P											
	ER,23	2	2:09		F	50 Ye	DIABEIC/RETCHINC	N P			1/0								
	CDU,24	3	3:51		M	63 Ye	COUGH/HEADACH	N							Hannam				
	CDU,25		0																
	CDU,26	2	2:35		M	31 Ye	CHEST PAINS	N P											
	CDU,27		0																
	CDU,28		0																

What difference EDIS made?

- Communication tool
  - Between providers
  - Other units/department
- Real time information
  - Bed situation
  - Patient location
  - Stop printing
- Error management

Key Learning:

- Improve team work between the triage nurse and registration clerk
- Follow-up & monitoring are key components of the project plan
- Balance the needs of the clinicians within the restrictions of functional capability
- Process…. Process…. Process….