

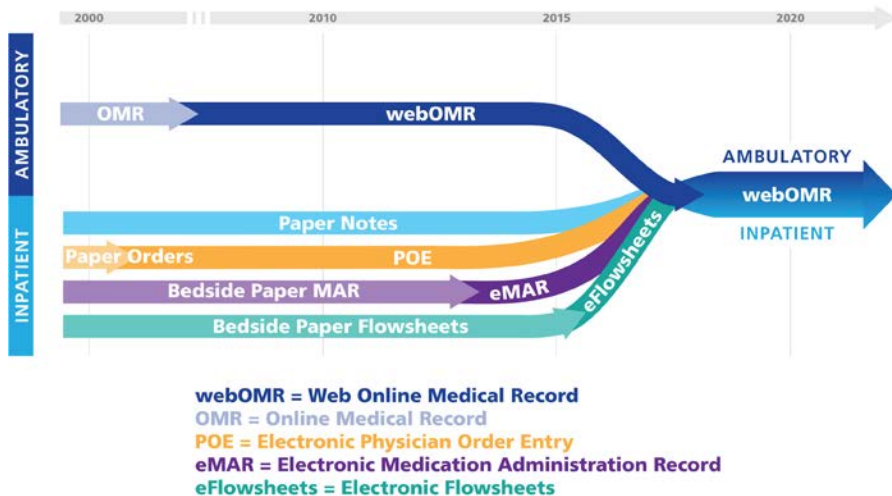
# Inpatient Documentation and Streamlined Navigation

## The Problem

The official inpatient medical record was paper-based. Portions of the medical record were recorded electronically then printed and included in physical binder. Inpatient notes were paper-based and scanned into the EHR only after the patient was discharged.

## Aim/Goal

Transition from a paper-based official medical record to a fully electronic medical record. This required the development team to enhance workflows and functionality of the EHR to enable providers to document inpatient unstructured notes directly in the EHR and incorporate other electronic data such as lab/test results, vitals, medication, etc.



## The Team

The team included people from multiple project work teams with representation from the following groups:

- Information Systems
- webOMR Support
- Medicine
- Surgery
- Nursing
- HIM
- Innovation and Improvement

The following groups provided feedback and served as points of communication:

- Ambulatory User Group
- Inpatient User Group
- Nursing eDocumentation Team
- Inpatient EHR and Operations Group
- HSIQC

## The Interventions

A series of projects to develop and enhance inpatient documentation:

- eFlowsheets
- New vital sign machines (Welch-Allyn)
- eMAR
- Unstructured notes
- Streamlined Navigation
- Research Orders

## The Results/Progress to Date

Over 80% of the inpatient record is now electronic

- eFlowsheets - Live on all non-ICU floors, including Ob-Mother and intermediate care
- Vital sign integration - Welch Allyn devices integrated with eFlowsheets
- eMAR - Live in adult inpatient floors, ED, L&D, Dialysis, PACU
- Inpatient notes in webOMR live for all LIP (temporary exemptions for 3 surgical services)
- New notes import features for eFlowsheets and POE meds
- Inpatient consults - Live, phased roll-out to consulting services in progress
- Research Orders Phase 1 (Chemotherapy) – Live

## Lessons Learned

A combination of strong governance, transparency and multidisciplinary stakeholder engagement resulted in significant progress in building out the inpatient medical record.

## Next Steps/What Should Happen Next

Planned content additions will result in 90% of the inpatient medical record being electronic by December 2018:

- Inpatient notes for remaining surgical services
- Streamlined Navigation for inpatient applications
- Nursing Daily Note - structured elements will be added to eFlowsheets; inpatient notes will be used for narrative component
- eMAR for Holding Area, NICU
- POE for Cath Lab

**For more information, contact:**

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