

Accurate Documentation of Problem List for Pediatric Patients with Diabetes

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Introduction

Problem Description

- Evidence suggests that documentation and usage of the problem list (PL) in the Electronic Health Record (EHR) is incomplete and vary across providers.
- An accurate and up-to-date PL within the EHR is a valuable tool for quality and research initiatives.
- Literature suggests inaccurate and incomplete EHR documentation may be due to lack of knowledge influenced by inadequate health care staff education and training.
- Updated problem list facilitates patient engagement, serving as a communication vehicle during transitions of care and between care providers.
- It will allow for efficient population health management and improve best practice efforts.

Available Knowledge

- Our baseline data demonstrate that 30% of the patient with diabetes seen in the pediatric endocrinology clinic had insufficient documentation in the PL.

Aim

- To determine if there was an improvement in problem list documentation during a six-month period after initiation of a workflow protocol and staff training.

Specific Aims

- The primary goal is to decrease insufficient documentation in the PL of patients with diabetes seen in the clinic to <10% in 9 months.
- Secondary goal was to decrease the perceived burden of documenting PL.

Methods

- Quality improvement initiative
- Initial baseline representative sample of patients with diabetes seen in the out-patient clinic.
- Anonymous survey was used to determine the provider's use of documentation, familiarity with and barriers to efficient PL designation.
- Multiple PDSA cycles with different interventions including provider (MD) education, reminders and training; in-person and as a group.

Figure 1: Baseline Data from Retrospective Chart Review

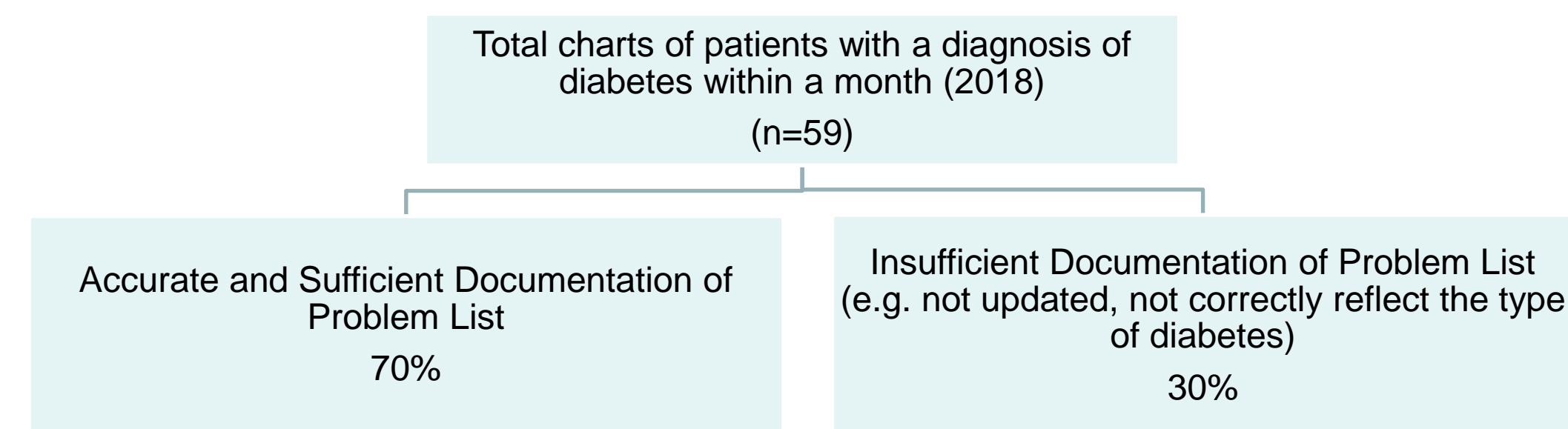
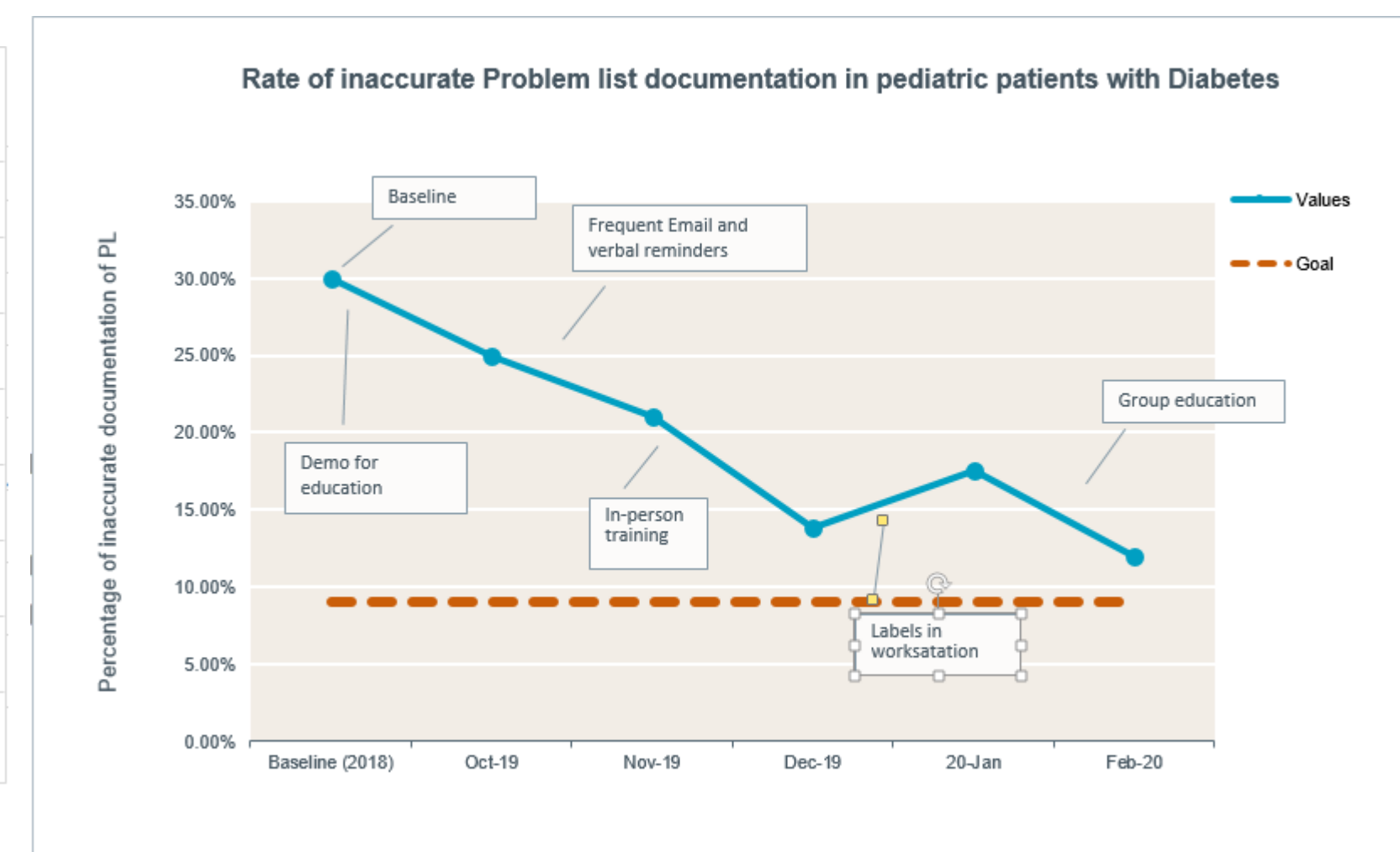
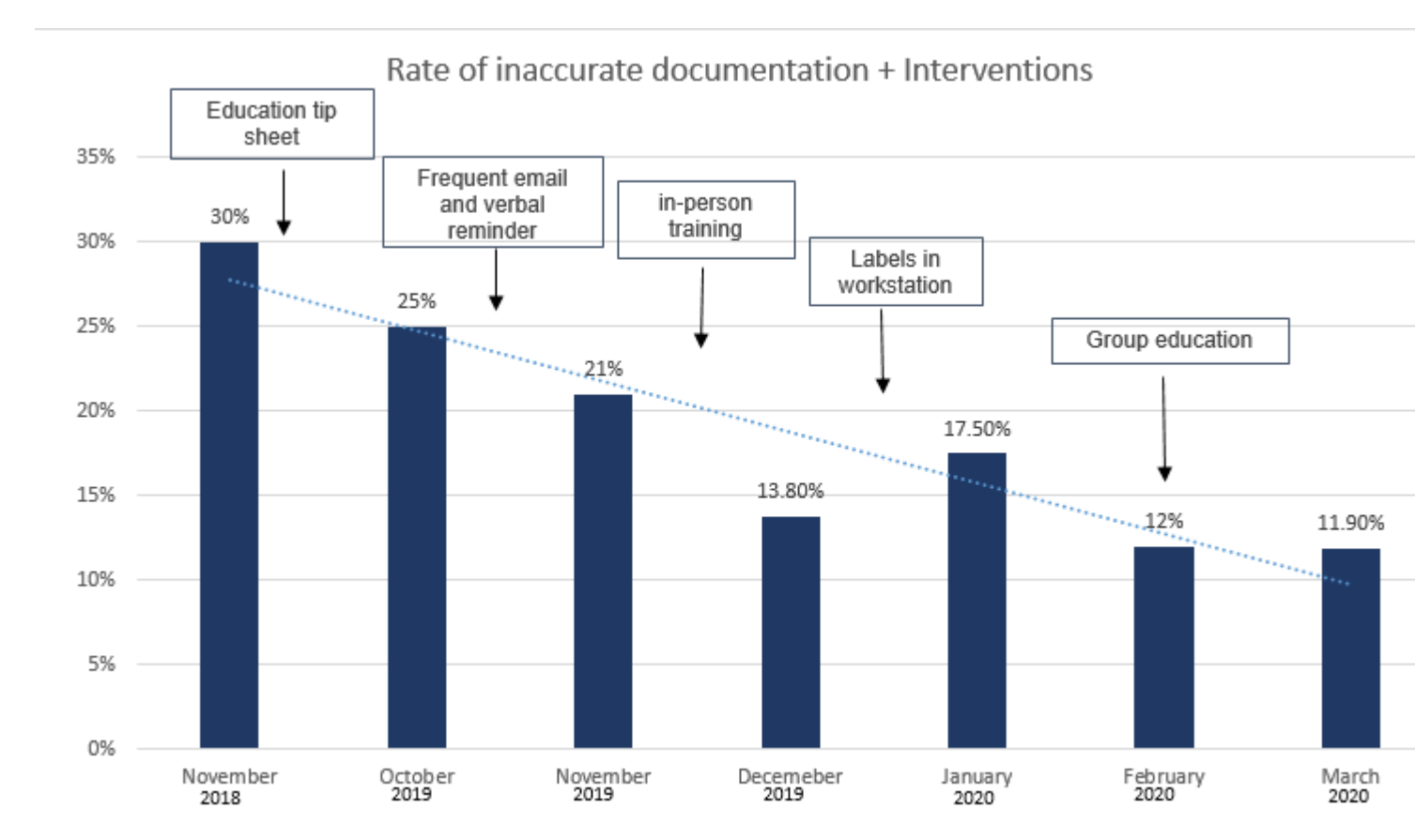


Figure 2: Project Plan and Intervention(s)



	PDSA 1	PDSA 2	PDSA 3	PDSA 4	PDSA 5
What	Demo for Education	Reminders(emails and verbal)	In-person training	Label in the workstation	Group training
When	October-19	November-19	December-19	January-20	February-20
Who	MD	MD	MD	MD	MD

Results



Insufficient PL documentation rate decreased from 30 % to 12% over 5-months with interventions

Discussion

Summary

- Data from this project suggest that implementation of a workflow protocol and staff training improved PL documentation for records of patients with diabetes from 70% to 88% over a 5-month period.

Conclusions

- Education regarding the usefulness of PL along with tips on how to incorporate PL documentation into workflow will improve accuracy and completeness of the PL documentation in patients with diabetes.
- The methods implemented in this study could be helpful to other providers and healthcare organizations seeking to improve the quality of their PL documentation, thereby enabling better population health outreach and management as well as reporting for quality metrics.

Next steps

- Follow up survey to measure the burden of documenting the PL after the interventions.
- Develop and implement a second PL documentation educational training session with the MDs to further improve documentation.
- Organization to consider developing clear guidance regarding the use of problem lists in order to ensure reliability and maintaining an accurate, updated problem list.

References

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