

Literature Review Regarding Point-of-Care Documentation

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Introduction

The focus of this literature review is to identify and evaluate published research regarding point-of-care documentation. A brief history of the subject, definition of terms, advantages and disadvantages, and methods for selecting a system are discussed.

History

The roots of point-of-care documentation can be traced back at least as far as Florence Nightingale. She understood and wrote about the importance of communication between patient caregivers and pioneered efforts to develop forms to assist with that communication. These forms have evolved over time as charting needs and conventions have changed but little substantial change has occurred in the process of documentation, until the introduction of computers in the healthcare setting (Turpin, 2005).

In almost all cases, computers first appeared in the healthcare setting in a financial context. In the late 1960's and early 1970's, computers were used almost exclusively to manage accounting systems and better control hospital finances. As new applications were developed, computer use began to expand into specialty areas such as radiology, pharmacy, and nursing but the focus was still primarily the financial perspective with nursing as a secondary use. Initial attempts to adapt computers for nursing use consisted of trying to construct a computer version of paper nursing forms but due to the difficulty with codifying nursing data, efforts have shifted to producing a uniquely computerized format for documentation (Turpin, 2005).

Definitions

Point-of-care documentation is “a system of automated templates that allows providers to capture medical information and document patient care encounters at the time of the event” (Butler & Latham, 2005). It allows caregivers to have immediate access to complete patient information at the time it is needed to support evidence-based decisions in real time. Point-of-care documentation is not scribbling notes on a scrap of paper then entering the data after the patient encounter. This defeats the premise of having accurate, up-to-date information at the time it is needed for patient treatment.

Many advantages of point-of-care documentation have been identified in the current literature, with some advantages accruing to the organization, some to the clinician, but the primary beneficiary is the patient. Physicians, clinicians, technicians, and patients will all make better care decisions when timely, accurate information is available to all members of the care team.

Advantages

Common themes emerged throughout the literature. Butler & Latham cite a reduction in number of adverse events due to poor documentation or illegible handwriting (2005). Cortez & Chou identified improved care through relevant clinical reminders and alerts, reduced errors particularly related to medication administration, elimination of duplication in data collection, and improved public health reporting (2004). Heerman et al. found increased interdisciplinary availability of data, elimination of data duplication, flexibility in report generation and decreased documentation time (1999). McCoy documented an 8.5% decrease in documentation time (2005). Abrahamson cited faster, more accurate documentation and increased efficiency for clinicians, and fewer med

errors-particularly where bar coding was integrated into the system (2003). Lu et al. related that point-of-care documentation resulted in improvements in information access, enhancements in workflow, and promotion of evidence based practice (2005). At a minimum, point-of-care documentation appears to increase documentation accuracy, decrease medication errors and increase access to patient information. The primary beneficiary of point-of-care documentation is the patient who receives a better quality of care.

Disadvantages

Likewise, some common disadvantages to point-of-care documentation also emerged. Some of the earliest systems designed for nurses were MedTake™, VitalNet™, and QMI™. MedTake™ was designed for point-of-care documentation on medical-surgical units in hospitals. VitalNet™ was designed for use with the Dinamap machine and QMI™ was designed for use with fetal monitors in a Labor and Delivery setting. Although they functioned well in the task for which they were designed, they had very limited capability to incorporate other tasks and shared an inability to integrate with other systems across other disciplines (Turpin, 2005).

Confidentiality continues to be a concern for all users and all systems. It is imperative that systems developers stay abreast of security issues and all organizations are aware of regulations and best practices to safeguard patient data. Lu et al. identify usability issues relating to hardware design as well as software and integration difficulties among differing systems (2005).

Issues regarding system selection

As stated by Abrahamsen in 2003, only about 5% of U.S. hospitals are using point-of-care documentation with fully integrated Electronic Medical Records. Wider organizational and institutional adoption is relatively slow due in part to complexity of selecting a documentation system to meet current and future needs. Adequate assessment of organizational goals and needs is an essential first step in selecting a point-of-care system. Assess all workflow tasks to be performed across all disciplines to aid in structuring data-entry templates. Encourage each work area to provide input into the design of the system in order to address their specific concerns and to increase “buy in” to use of the system once in place. Select a vendor who is familiar with your healthcare setting and has templates already in place yet are flexible enough to interface affiliated organizations. User acceptance is greatly enhanced if selected representatives are trained to be trainers and provide in-house support. Assess the target training audience and use education techniques appropriate to their learning styles. Proper advance preparation will greatly increase the success in implementing a point-of-care documentation system.

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