

MISSING OR INCOMPLETE ORDERS IN THE ER

MAY 2017 - JULY 2017

Facility Name:
**Daniels Memorial
Healthcare Center**

Team Member Names:
Athena G Quality
Naomi R DON
Dr. Mahdi Medical Director
Dave R CEO

A3 MAPPING

ORIGINAL A3



A3 Template

ISSUE
 ED Incomplete or Missing Orders

BACKGROUND/MEASUREMENT From Oct 1 - Oct 31, 2017, 18 orders were referred, 1 had no orders & 17 had no discharge or admit orders.

TARGET CONDITION
 Orders entered into center
 Orders entered into center
 Nursing staff able to complete charting

TITLE ER Ordering Process

CURRENT CONDITION
 Lack of nurse routing staff charted ahead completed
 Lack of nurse routing staff charted ahead completed
 Increasing Patients with incomplete orders
 Creating unitable orders

COUNTERMEASURES
 1-2 primary staff organized process of orders
 1-4 staff select all ER encounters

IMPLEMENTATION PLAN
 when: when outcome
 Danao ECharts A Gordon by 5/1/17
 Dan Hovind on Masopols A Gordon by 5/1/17
 SG ready phase Masopols D Math by 5/1/17

COST OF IMPLEMENTATION
 Time

COST BENEFIT
 P in billable revenue
 Work reduction

TEST
 Racht Charts every month

FOLLOW UP
 what: Complete ER orders
 when: by Gordon 5/1/17
 Improvement Complete
 100 no
 100 no
 100 no
 100 no

PROBLEM ANALYSIS
 1. Lack of orders entered into Center
 what was the process, how was that verified?
 what was there no standardized process put in place?
 why is there no additional education/training?
 2. Transitioning Patients with incomplete orders
 what is there no discharge process in order to transfer
 why is there no continuing training?
 3. Orders that do not exist, they can not be charted as done
 what is there no database process
 why is there no communication between staff
 what are there no orders being entered
 why is there no continuing training?
 4. Creating unitable orders
 what are the orders not completed
 what is there not done
 what is there missing orders
 why is there no compliance

ISSUE STATEMENT THROUGH TARGET STATE AND COUNTERMEASURES.

ISSUE STATEMENT

ISSUE STATEMENT

Daniels Memorial Healthcare Center

The orders on the ER patients chart are missing or incomplete.



Powerchart
powerchart

BACKGROUND

BACKGROUND

- ❖ The patient's being transferred or discharged are missing important information. Nurses are not able to chart against the orders so we are missing charges.
- ❖ Providers, Medical records, and Nursing staff .
- ❖ New staff in nursing and providers.

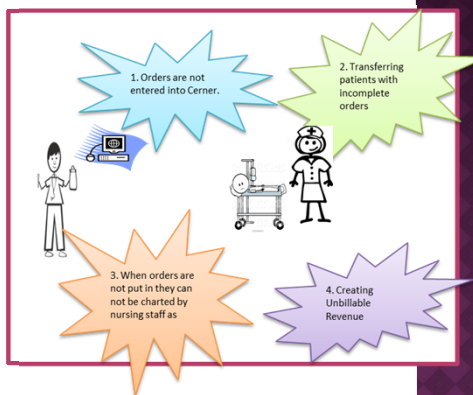
CURRENT STATE

CURRENT STATE

- We are seeing incomplete or missing orders for the ER encounters.
- Audit of all ER charts from May 2017 to July 2017

CURRENT STATE EXAMPLES

Number of ER's	158
Incomplete Charting	17
Missed by Provider 1	2
Missed by Provider 2	15
Missed during clinic hours	10
58% was during clinic hours.	



GOAL(S)

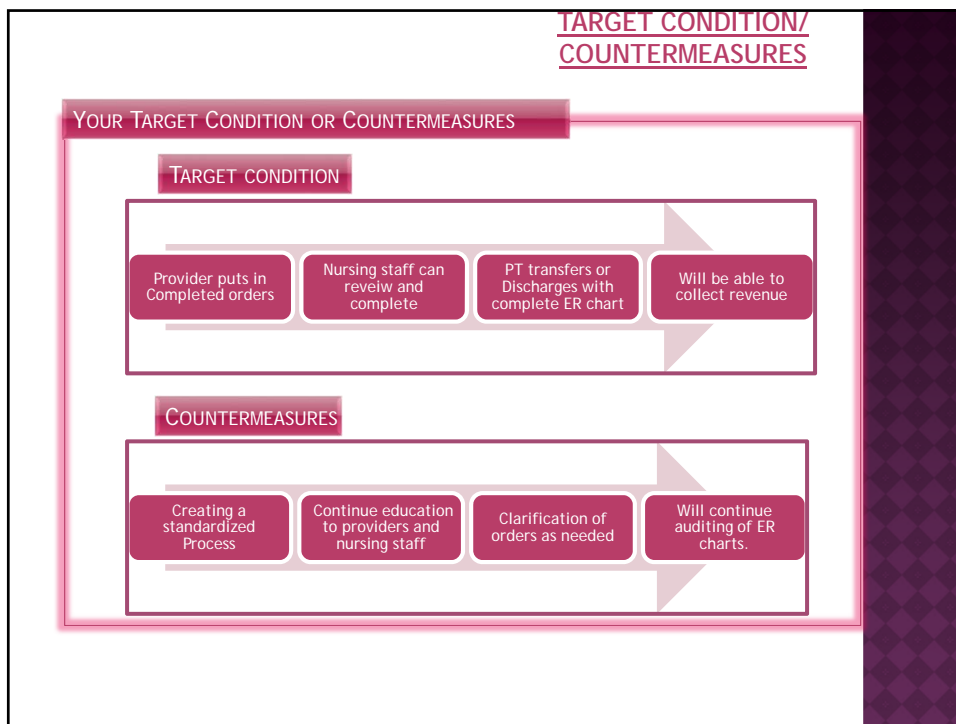
GOAL(S)

- All orders are entered into Cerner
- All patients that are transferred or discharged with complete information.
- Increased communication between providers and nursing staff
- Increased charting against the orders
- Increased billing with completed charts

ANALYSIS

ROOT CAUSE ANALYSIS: 5 WHYS

<p>1. Lack of orders entered into Cerner.</p> <ul style="list-style-type: none"> • Why were the providers trained differently? • Why was there no standardized process? • Why was there no additional education? 	
<p>2. Transferring and discharging patients with incomplete orders.</p> <ul style="list-style-type: none"> • Why is there no standardized process in ordering before a transfer or discharge? • Why is there no continuing training? 	
<p>3. When the orders do not exist it, they can not be charted as done.</p> <ul style="list-style-type: none"> • Why is there no standardized process? • Why is the communication between staff not happening? • Why are there no orders being entered? • Why is there no continuing training? 	
<p>4. Creating unbillable revenue</p> <ul style="list-style-type: none"> • Why are the orders not completed? • Why is there no compliance? • Why is there no charting? • Why is there missing orders? 	



IMPLEMENTATION PLAN

IMPLEMENTATION PLAN

IMPLEMENTATION PLAN

- Review ER charts to see what we are missing.
- Continue training for the providers and nursing staff.
- Finalize a standardized process.

IMPLEMENTATION PLAN

YOUR IMPLEMENTATION PLAN

Root Cause	Action Item	Responsible Party (ies)	Due Date
Inconstant training and education.	Standardize the process	Athena Quality Dr. Mahdi	08/01/2017
	Audit charts	Athena Quality	08/01/20107
	Continuing education	Athena Quality	08/01/2017
Communication	Nursing and Providers have to communicate if there are questions or needed information.	Athena Quality Naomi DON Dr. Mahdi	08/01/2017
	Clarification of orders	Athena Quality Naomi DON Dr. Mahdi	08/01/2017

TEST OUTCOMES

Test Outcomes

TEST OUTCOMES

Initial test showed out of 67 encounters 28 had missing or incomplete orders.

- Out of those 24 were LOC providers and 4 was our one provider at the time.
- 41% of the charts were incomplete.

The re-measure showed out of 158 encounters we had 17 incomplete orders

- All of our providers are on staff, 15 from provider 2 & 2 from provider 1.
- 10% of the charts were incomplete.

THE FOLLOW UP PLAN

Follow up

YOUR FOLLOW UP PLAN

Next Steps or Next Issue to Address	Goal	Responsible Party (ies)	Due Date
Communication	Better communication about orders.	Athena Quality Naomi DON Dr. Mahdi	01/2017
	Missing orders, follow up after the ER.	Athena Quality Naomi DON Dr. Mahdi	01/2017

QUESTIONS??

