

Standardized Nurse Documentation of the Blood Pressure Check Visit in the Primary Care Clinics

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Introduction/Background

Brigham and Women's Hospital continues to grow in the area of Primary Care, offering appointments with care providers of many disciplines, including nurses. With the hospital recently being designated with Magnet Recognition, two goals from Nursing Leadership in Ambulatory Nursing included increasing nurse visits by 10% in the next year and by using the Situation, Background, Assessment, Recommendation (SBAR) format for nursing documentation. Upon reviewing current documentation of nurse visits in various practices, we noted inconsistencies in documentation of the visit notes, particularly with blood pressure (BP) checks. Upon reviewing literature, we discovered the importance of standardized documentation in order to improve efficiency by decreasing nursing documentation times [1] and quality of the visit by creating thorough triggered and relevant assessments and allowing for consistent communication between nurses and the health care team [2]. Our motivation for this project was to improve efficiency and quality of these visits in order to ease in the process of meeting our nursing goals.

Methods

We conducted a review of nurse documentation during nurse-only BP visits as well as a review of the literature for best practices regarding standardized documentation. With this information, a team of nurse leaders, licensed independent providers (LIPs) and Registered Nurses (RNs) provided initial feedback by source of in person meetings and surveys. With this feedback, we developed a standardized documentation note template with auto-populated data, SBAR organization, accepted terminology and language, and triggered assessments and screenings valued by the team. During the implementation phase we also have been distributing patient surveys to ensure the change in workflow did not negatively affect patient experiences. Post-implementation, we plan to distribute follow up surveys to the same cohort to assess satisfaction with the new standardized documentation tool and workflow.

Results

The documentation tool includes standardized selections for reason for visit, medication review, SBAR note template, visit diagnosis and billing charges. In the SBAR note template the situation section includes a selection of reasons for BP check; background section includes last visit/plan/patient data and current BP regimen; assessment section includes selections for review of medications, review of symptoms, review of lifestyle measures; and recommendation section includes selections for lifestyle changes and plan for updating the PCP. See attached results.

Discussion/Conclusion

Standardized documentation offers many benefits in the care setting, including precision, clarity of expression, and efficiency, maximizing the skills of the nurse and decreasing the need for additional administrative tasks [3]. Utilizing the available functions of the EHR in this setting can result in streamlined workflows and improved quality of care in the ambulatory health care setting.

References

1. Noah, C. & Thomas, L. Using an electronic health record to standardize documentation in an emergency observation unit. *Online Journal of Nursing Informatics*, (2017). 21(1):13-1.
2. Reimschuessel, E., Cruz, B.D., Gonzalez, M., Buitrago, J., Goodman, C., & Johnston, P.A. Immunotherapy toxicities: a new electronic documentation template to improve patient care. *Clinical Journal of Oncology Nursing*, (2017). 21(2):41-44. doi: 10.1188/17.CJON.S2.41-44
3. Vuokko, R., Mäkelä-Bengs, P., Hyppönen, H., Lindqvist, M., & Doupi, P. Impacts of structuring the electronic health record: results of a systematic literature review from the perspective of secondary use of patient data. *International Journal of Medical Informatics*, (2016). 97:293-303. doi: 10.1016/j.ijmedinf.2016.10.004