

Real Time Clinical Audits to Improve Provider Practice

Purpose

- To improve compliance with Joint Commission (TJC) Standard 482.57 b.
- Deficiencies were identified related to the omission of written orders in Computer Physician Order Entry (CPOE) by licensed providers.

Background and Significance

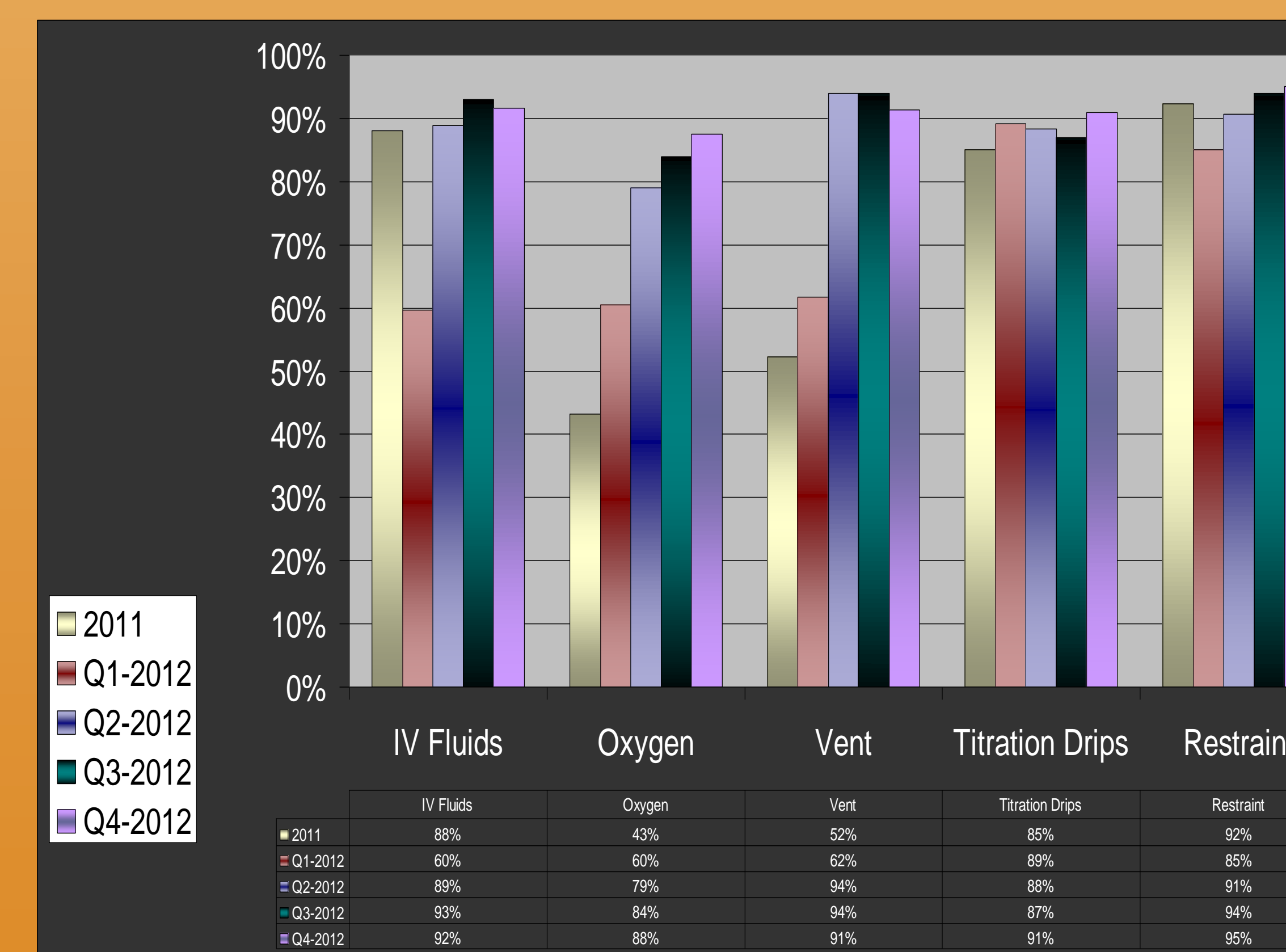
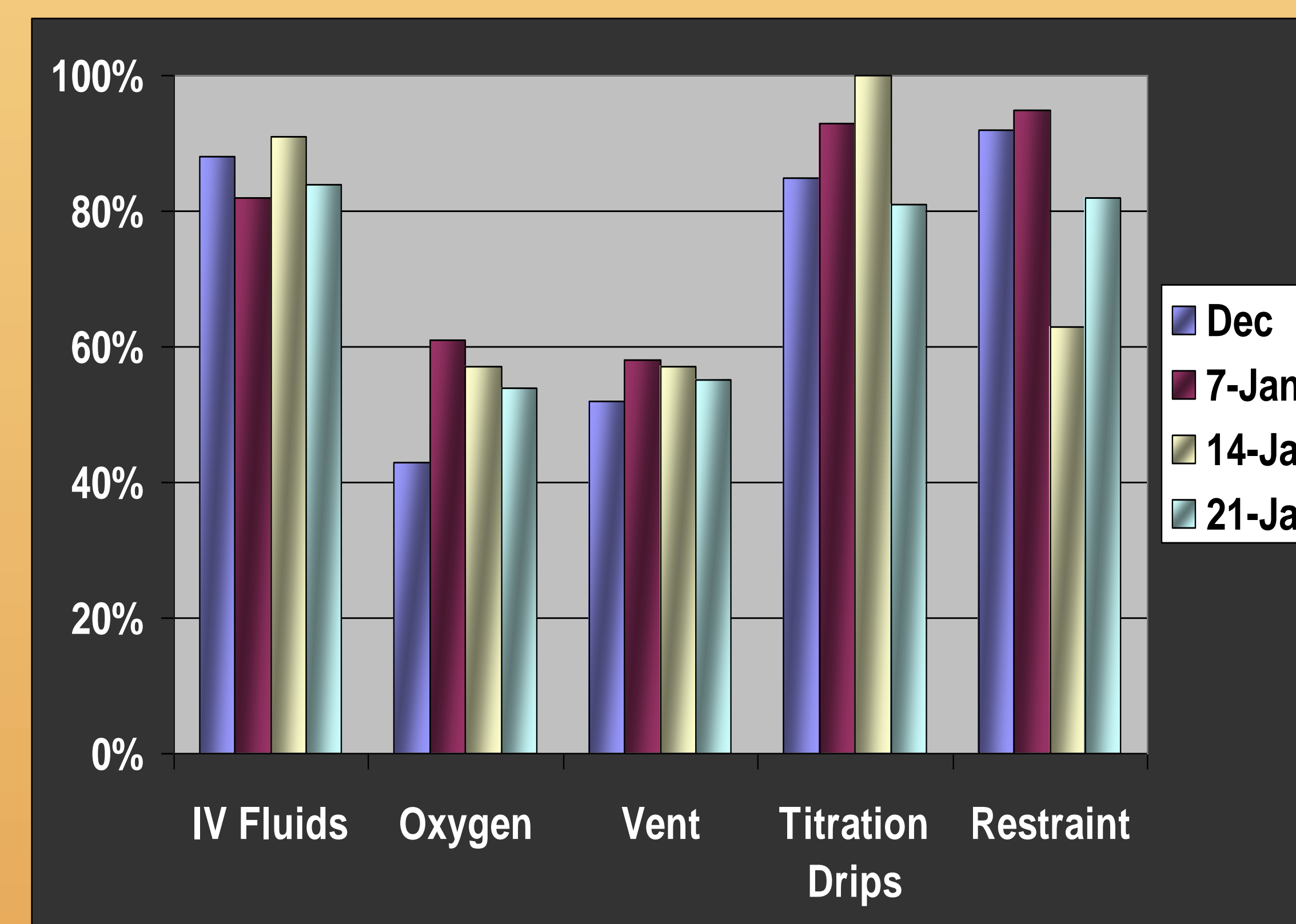
- TJC provides an opportunity for health care institutions to attain and maintain accreditation.
- Institutions must complete a yearly self-analysis and attest to compliance.
- TJC requires that services be provided under the orders of a qualified licensed provider
- During a November 2011 site visit at BWFH, multiple omissions of medical orders were identified
- Categories involved were: IV fluids, oxygen doses and delivery modes, ventilator settings, titration scales for intravenous (IV) medications, and orders for restraints

Setting and Population

- Mixed 14 bed medical-surgical adult critical care unit.
- All Licensed Independent Practitioner (LIP) orders were reviewed for correlation with care delivered.

Outcome Measures and Results

- December 2011 order audits revealed a 43% compliance rate.
- Post intervention audits revealed an increase in compliance to 80-100%.
- This increase in compliance meets TJC standard 482.57b.



Methodology/Process

- ICU clinical leaders (CL) developed an audit tool encompassing 5 categories.
- The CLs utilized the tool daily to gather data on over 1500 patient days from December 2011 to December 2012.
- During daily patient rounds, CLs determined whether orders in CPOE correlated with treatments given.
- In an interdisciplinary approach, changes were made to the Computerized Physician Order Entry (CPOE) library to allow for ranges in orders for oxygen delivery, ventilator settings, and titratable IV meds.
- Audit results were tallied weekly and appropriate changes were made as necessary to increase order compliance.

Practice Implications

- Improvements in compliance are attributed to the interdisciplinary collaboration and our commitment to patient safety.
- More order sets, related to specific disease entities can be created to enhance the complete coverage of delivered care.
- Clinical audits act as a motivation factor for individuals by sharing outcomes and identifying areas of concern so timely remedial action may be taken (Verma, 2009).
- Improved patient outcomes are achieved through a systematic review against explicit criteria and the implementation of change derived from audit findings. (Collis, 2006).