INTRODUCTION

Health care documentation is transitioning to electronic medical records and computerized physician order entry (CPOE). Legislation recently passed - the American Recovery and Reinvestment Act (ARRA) - defines the concept of "meaningful use" of health electronic medical records and what consists of "meaningful use." Pediatric hospitals and outpatient centers must comply with these mandates and promote "best practices" in providing surgical care. Monetary incentives for implementation of computerized medical records began in 2013. Health-care organizations that do not comply with ARRA will be penalized by CMS for federal funding.

OBJECTIVES

To develop order sets for surgical orders including:
- Pre-operative care
- Post-operative care
- Progress Notes
- Consultation Notes
- History and Physicals

METHODS

Specific Subject Matter Experts (SMEs) were identified 18 months prior to implementation to assist with specific specialty needs. A Surgical Nurse Practitioner was designated to be the lead for the pediatric surgical team. Paper order sets were reviewed and prioritized to be developed into an electronic format. The Pediatric Surgery Team treats a variety of surgical issues such as appendicitis, pyloric stenosis, hernia, malformations, trauma, patients with burns, bowel obstructions and placement of central lines and gastrostomy tubes. The following power plans were developed for management of surgical patients.

RESULTS

There were many challenges during the order set development and implementation. The Powerplan development included testing and re-testing, revisions and modifications to meet specific orders set needs. Numerous members of the surgical team tested the order sets during integration testing. Areas that integrate with those orders tested for accuracy and completeness of order to be carried out for the specific test patient.

CONCLUSIONS

Prior to developing standard electronic order sets, institutions must have a clear vision of their workflow and needs in order to have a functional end product. Additional challenges of EHR include continual technical support, ability to make modifications in a quick manner, training of the end user, down time procedures both scheduled and unscheduled, order clean up, system maintenance and adequate resources solely dedicated to the EHR. Our institution has one dedicated staff member to assist ARNP’s and Physicians with CPOE. This person was extensively trained in the training, adoption and follow-through with all the medical team at the hospital. In addition, he meets monthly and as needed to provide technical support.

REFERENCES