

## BACKGROUND

- Twenty years, four models:
  - Narrative note, dictated and transcribed to EMR
  - Paper template
  - Niche system for ED use
  - Fully-integrated EMR system

## PROJECT AIM

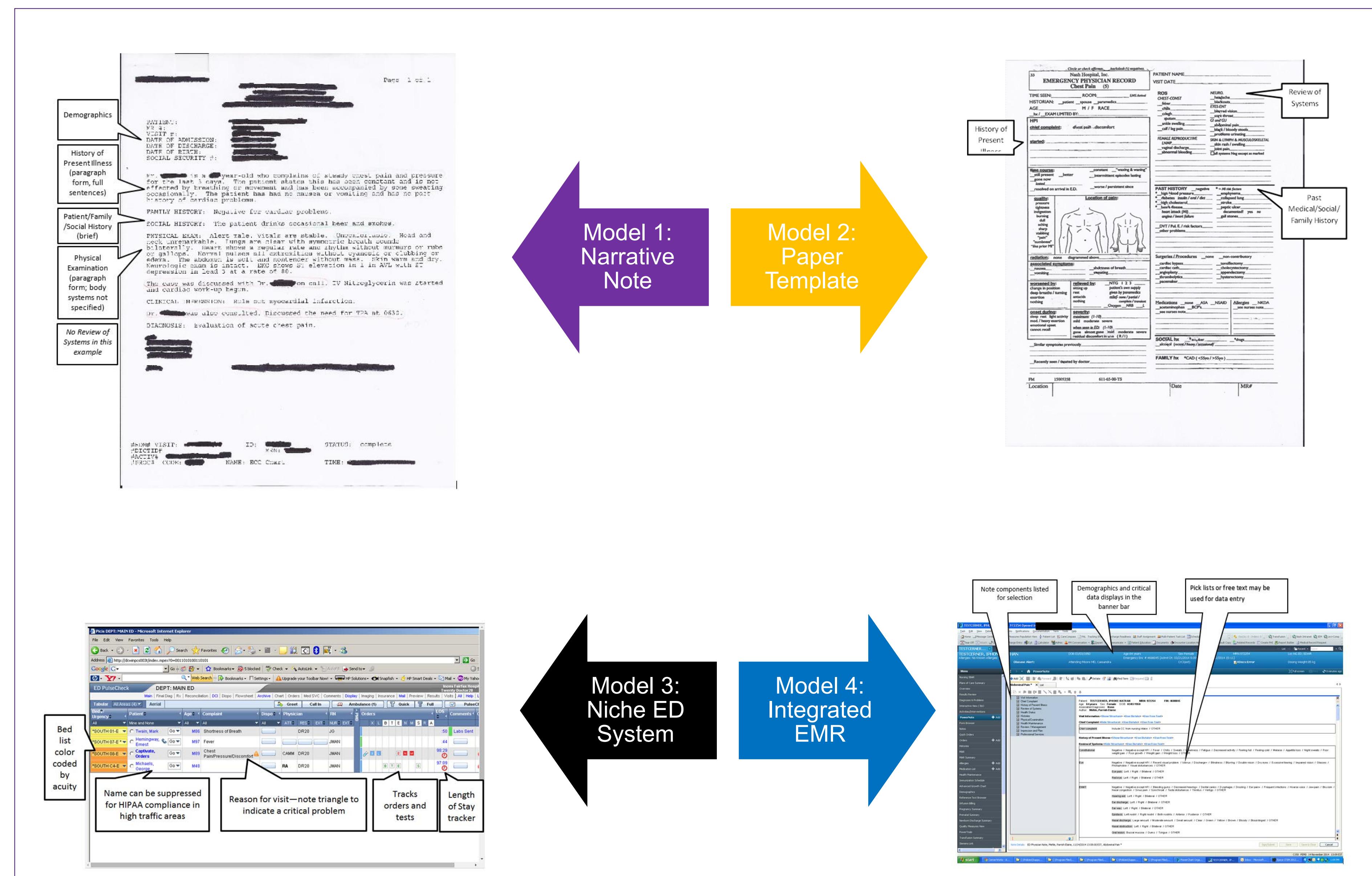
To evaluate how elements essential to patient-centered care are addressed in four unique documentation models

## PROJECT DESIGN/STRATEGY

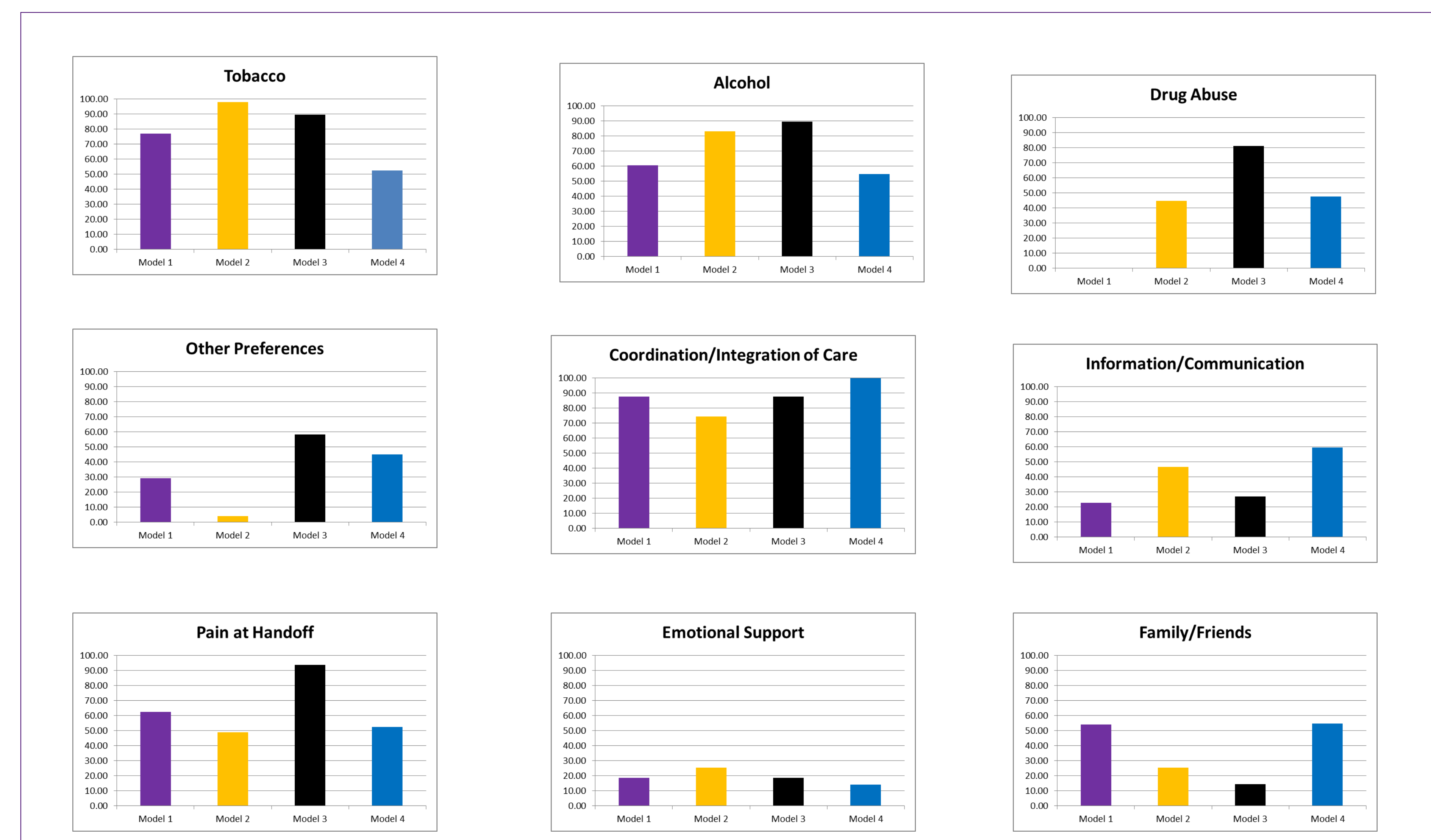
- Patient records selected for inclusion based on chief complaint of “chest pain” and inpatient admission
- Sampling by documentation model, gender, time of day, and day of week
- Textual analysis
  - Patient-centered elements based on work of Gerteis et al
    - ✦ Patient preferences
    - ✦ Coordination of care
    - ✦ Information/communication needs
    - ✦ Pain
    - ✦ Emotional needs
    - ✦ Involving family/friends

## RESULTS/OUTCOMES

### Four Models



### Patient-centered Care Elements



## LESSONS LEARNED

- Little information about patients’ lives found beyond tobacco/alcohol/drug use
- Interdisciplinary communication is neither noted nor facilitated by the record
- Little personalization of individual education needs is observed
- Technological forcing functions are likely contributors to specific documentation types
- Emotional needs infrequently addressed in the record
- Involvement of family/friends in care was documented in both the oldest and newest models – increased awareness of patient-centricity at the subject hospital?

## NEXT STEPS

- Areas for additional study
  - Other chief complaints
  - Other professionals’ documentation
  - New system design considerations
  - Increasing patient agency through improved patient-centeredness
  - Increasing awareness of how tools influence documentation and practice

## ACKNOWLEDGEMENTS

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