

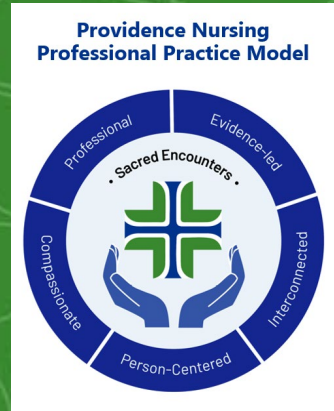


Providence System Nurse Research and Clinical
Scholarship Symposium 2024

Clinical Inquiry: The Catalyst to Nursing Excellence

Improving Emergency Department Belongings Inventory Electronic Medical Record Documentation Rates

Presenting - Stefanie Lai, BSN, RN, CEN | Katie Whitehead, BSN, RN, MEDSURG-BC, PHN
Providence Little Company of Mary San Pedro





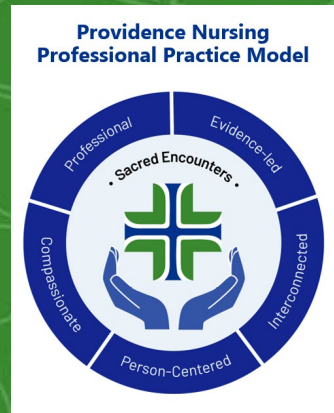
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Clinical Inquiry: The Catalyst to Nursing Excellence

Improving Emergency Department Belongings Inventory Electronic Medical Record Documentation Rates

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Providence Little Company of Mary San Pedro





Background

- **The Nursing Quality and Safety Council heard concerns from inpatient RNs that belongings inventories were not consistently documented in the Electronic Medical Record (EMR) for ED admissions.**
- **Our hospital policy requires belongings inventory EMR documentation by the ED for all admitted patients.**
- **An audit of charts for ED admissions over 3-months revealed only 5% compliance with the policy.**
- **EMR education and training for RNs should be multifaceted and targeted to the RN clinical workflow. Input from direct care RNs is essential to ensure EMR education is relevant and effective (Ting, J., Garnett, A., & Donelle, L., 2021).**



Clinical Question and Project Aims

- ***Aim 1: To test for changes in the rate of patient belongings inventory EMR documentation by ED caregivers from before to after the project implementation.***

SMART GOAL

- **In (P) nurses that work in the ED, would implementing (I) belongings inventory education, compared to (C) not providing education, (O) increase the rate of belongings inventory EMR documentation for ED admissions from 5% to 75%, over a (T) 1-month period?**



Methods

- **Design:** Pre-Post intervention Quality Improvement Project
- **Sample:** ED admits – rate of belongings inventory EMR documentation completed
- **Setting:** 16-bed Emergency Department
- **Time frame:** 4 weeks of data after education was completed
- **Data:** Chart audits from ED patients with ED Disposition of "Admit"



Methods



Patient Belongings Inventory Education

Where: Providence Little Company Mary San Pedro - Emergency Department (ED)

Who: ED RN's, ED Techs, ED Charge Nurses

What: Patient Belongings Inventory Education Initiative

When: Now = April 1, 2023 Launch

Why: Only 5% of admits and 13% of transfers have a belongings inventory completed in ED. Hospital policy states that a belongings inventory will be completed in the ED for admits and transfers. We have a huge opportunity to improve quality of care, patient safety, and caregiver safety by aligning our process with evidence-based practice and hospital policy.

How: There are an average of 13 admits and transfers from the ED per day. Belongings inventory will be completed by the ED RN or may be delegated to the ED Tech for **all** admits and transfers. ED Charge Nurses will ensure that belongings inventory has been completed prior to admission or transfer of patient.

Step 1: Add "Patient Belongings" to favorites in EPIC ED Narrator.



Step 2: For **every** admit or transfer, complete a Belongings Inventory and update it if there are any changes while the patient is in the ED. If the patient refuses, document "patient refused" in a comment in EPIC "Patient Belongings".

That's it! Just 2 Steps.

If you have any questions or need any further guidance on completing a belongings inventory, see the ED Patient Belongings Inventory Reference Document (available in your email and in the Fishbowl).



1-PAGE QUICK EDUCATION

- ED Charge Nurses



Methods


Complete BELONGINGS
INVENTORY on ALL admits and
transfers.

***Add "Patient Belongings" to
Favorites in EPIC***

**Computer Tags – Laminated and placed on computer
monitors in patient rooms and charting stations**

Methods



 **Providence**

Little Company of Mary – San Pedro ED
Patient Belongings Inventory Reference Document


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Comprehensive ED Patient Belongings Inventory Reference Document



Methods



Example of completed belongings inventory documentation:

ED Patient Belongings

Time taken: 3/16/2023 1:53 Responsible: [Name] Create Note

Show Row VHS Show Last Filed Value Show Details Show All Choices

Validations

Dentures
 None Loosers Partial Upper With Patient Sent Home Sent to Safe Secured...

Vision - Corrective Lenses
 None Contacts Glasses Other (Comment) With Patient Sent Home Sent to Safe Secured on Unit

Hearing Aid
 None Left hearing aid Right hearing aid Binaural head With Patient Sent Home Sent to Safe Secured on Unit

Jewelry
 None Ring Earrings Necklace Watch Bracelet Other (Co... With Patient Sent Home Sent to Safe Secured...

Clothing
 None Pants Shoes Sweater Footwear Jacket/coat Bathrobe Socks Bras Pajamas Towels
 Undergarments Other (Co... With Patient Sent Home Sent to Safe Secured...

Other Valuables
 None CAMP/SHIP Cash Outlets Prosthetics Walker Wheelchair Other (Co... With Patient Sent Home

Other Valuables
 None Cell phone Money (Cash) Purse Wallet Keys MP3/PSA Other (Comm... With Patient
 Sent Home Sent to Safe Secured on Unit

Home Medications
 None Sent Home Sent to Pharmacy Secured on Unit

Provide Name(s) of Who Valuable(s) Were Given To:
Jane Doe, Patient's wife

Responsible person(s) in the waiting room?

Comment: Purse, wallet, money and keys sent home with patient's wife, Jane Doe

Comprehensive ED Patient Belongings Inventory Reference Document



Methods



Key take-aways from the policies:


- 1) Complete EPIC "Patient Belongings" on ALL admits and transfers.
- 2) Encourage patients to send belongings, valuables, and medications home with friends or family.
- 3) Call Security to store any jewelry, money over \$20, luggage, credit cards.
- 4) Any belongings and valuables that are stored with Security must be documented in EPIC by the ED RN or ED Tech.
- 5) Silver/platinum - "white metal"; Gold - "yellow metal".
- 6) Dollar value for paper money and coins only.
- 7) Medications that are not sent home, need to be sent to pharmacy. Obtain patient's own medication bag, "POM Bags," from medication Pyxis ("Remove" > select patient's name > "Override Medications" > "POM Bags").



Comprehensive ED Patient Belongings Inventory Reference Document




Methods

 Providence

Tips:

- When initiating a belongings inventory, communicate to the patient that they are being admitted or transferred and, as part of the admission/transfer process, we complete a "belongings inventory" for every patient. Explain why we do a belongings inventory; to keep them safe, to help ensure belongings are not misplaced during their time in the hospital. This is an opportunity to show patients that we care about them.
- Remember to put patient labels on belongings bags.
- Denture cups are available in the LUMS, which can be used for dentures or hearing aids. Place patient label on these when using.




Comprehensive ED Patient Belongings Inventory Reference Document



Methods

Status: **Active** PolicyStat ID: **12810148**

 Providence Little Company of Mary Medical Center San Pedro	Implementation	07/1994	Owner	Scott Ciesielski: Chief Nursing Officer
	Last Reviewed	01/2023	Policy Area	Patient Care Services
	Effective	01/2023	Applicability	CA - Providence LCM MC San Pedro
	Last Revised	01/2020		
	Next Review	01/2026		

Patient Belongings Inventory

PURPOSE:

The purpose of this policy is to inventory, document and secure patient property and valuables for all patients admitted to the hospital.

For the purpose of this policy the term;

"Belongings" will be utilized to describe those items kept with the patient

"Valuables" will be utilized to describe those items inventoried and locked up by Safety & Security.

PROCEDURE:

1. Once it is determined that a patient will be admitted to the hospital an Electronic Medical Record (EMR) inventory list will be completed. This will be initiated during the Admission process and if the patient is admitted from the Emergency Department (ED) the Belongings List will be initiated in the ED.
2. All patients being admitted will be encouraged to send all belongings and valuables home with family or friends. Nursing staff will document in the EMR what valuables and belongings are sent home and with whom.
3. Patients will be advised that the hospital will not be responsible for loss or damage to personal property.
4. When a patient is transferred from one unit to another, the belongings will be checked by the receiving unit.
5. Safety & Security will document any valuables placed with security on the Patient Valuable Envelope Inventory List. The following items will be placed with Safety & Security if they are

Comprehensive ED Patient Belongings Inventory Reference Document

Methods



Status: **Active** PolicyStat ID: **7632839**

Implementation	12/2015	Owner	Munaver Bhoist: Senior Director Pharmacy
Last Reviewed	06/2020	Policy Area	Medication Management
Effective	06/2020	Applicability	CA - PH&S Little Company of Mary Service Area
Last Revised	06/2020		
Next Review	06/2023		



Patient Medications Brought From Home

PURPOSE

To establish the procedure for handling medications brought into the hospital by patients.

POLICY

Any medication brought into the hospital by a patient should be given to a family member, or person authorized by the patient, so it can be taken back home. If this is not possible, the medications will be stored in the Pharmacy until the patient is discharged.

RESPONSIBILITY

1. Nursing shall be responsible for insuring that the patient does not have any medications that have not been authorized for use by the provider and to implement this procedure should any be found. It is also Nursing responsibility to remind the patient of the medications at time of discharge.
2. Pharmacy shall store the medications.

PROCEDURE

1. At the time of admission, the patient shall be asked if any medications have been brought into the hospital from home.
2. All medication brought in should be sent home with a family member or person authorized by the patient.
3. If there is no one to take the medications, they will be stored in the pharmacy until the patient

Comprehensive ED Patient Belongings Inventory Reference Document



Methods / Analysis of Data

Belongings Inventory Project Results

	% completed in ED (admits)
Prior to Education	?
Post-Education (Week 1 of data: 4/6 - 4/12)	
Post-Education (Week 2 of data: 4/13 - 4/19)	
Post-Education (Week 3 of data: 4/20 - 4/26)	
Post-Education (Week 4 of data: 4/27 - 5/3)	
Post-Education - 4 Weeks Overall	

GOAL > 75%

**Great
Improvement!**

Keep it up!!!

**Results of weekly chart audits
were posted in the breakroom
and at the employee entrance
to the department**



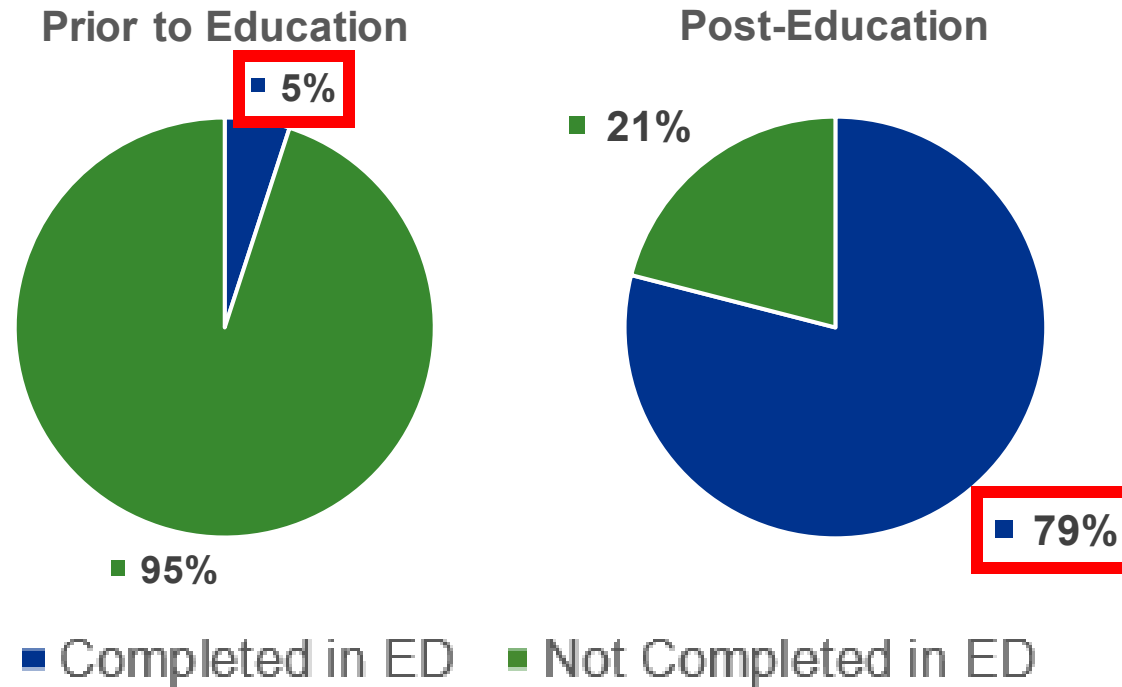
Analysis of Data

- ***Aim #1: To compare the rate of patient belongings inventory EMR documentation by ED caregivers from before to after the project implementation.***



Findings

Belongings Inventory Documentation in ED - % of Admissions

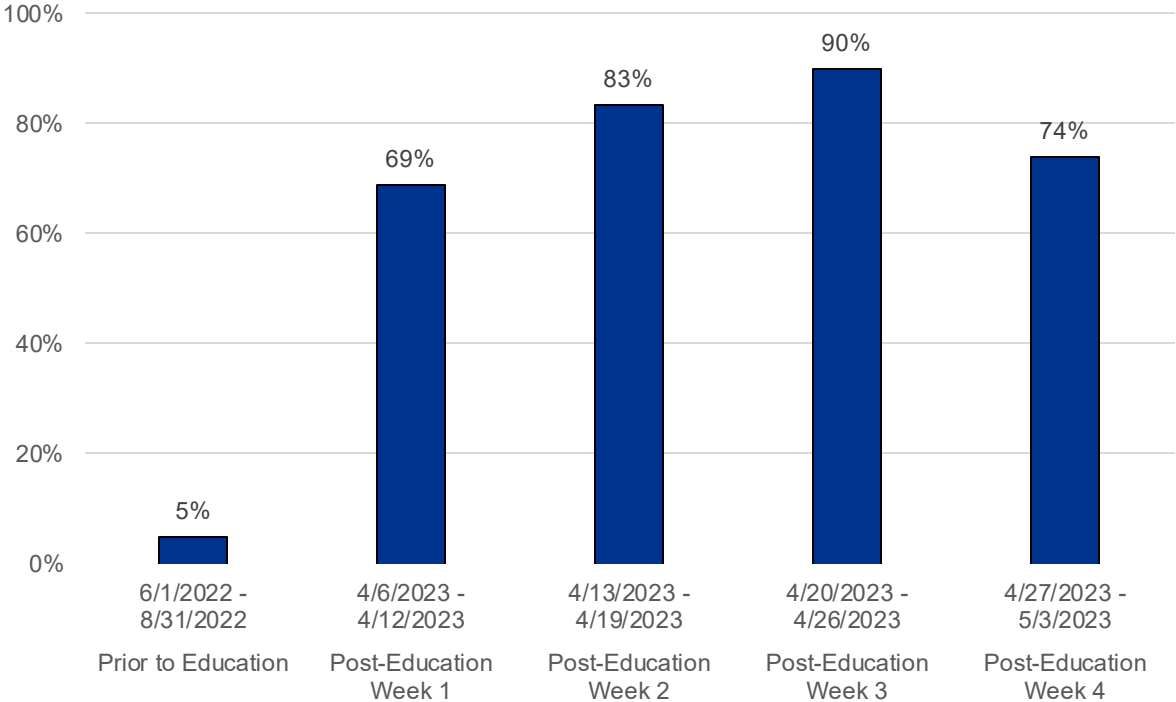


- Aim #1: The rate of belongings inventory EMR documentation in the ED significantly increased from before (5%) to after (79%) the intervention.***



Discussion

Belongings Inventory Documentation in ED - % of Admissions





Discussion

- Caregiver input
- Multifaceted Educational Interventions
- Weekly progress reports





Clinical Implications

- Further research needed – Impact of belongings inventory documentation on patient and staff safety.
- Insufficient data available to measure the impact of our interventions on lost belongings.



Clinical Implications

Next Steps

- ED orientation for future RNs and technicians will include belongings inventory documentation education.
- Develop and implement targeted belongings education on inpatient units.
- Regular chart audits will determine compliance rates.

Questions? Thank you



References

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