



NR528 LEADING AND MANAGING EVIDENCE-BASED CHANGE IN NURSING

Project Proposal Template

Chamberlain University College of Nursing

NR 528

Module 6 Assessment: Project Proposal Template

Summary of Area of Interest (Section I)

The selected topic centers around instituting a twenty-four-hour report log to decrease errors within long term care facilities that use paper charts for holding medical records. Most healthcare organizations use electronically based medical record systems that not only increase staff efficiency, but also comply with regulations set forth by health insurance companies and both federal and state regulatory agencies (Ascenzi et al, 2022). However, there are still some facilities that operate primarily with a paper charting system and are held to the same standards as those facilities that operate electronically. This project aims to implement a proficient tracking tool that decreases missed orders and improves continuity of care within the long-term care setting.

Problem Statement (Section I)

Currently written physician orders are added to the paper charts and left for the corresponding nurse to process. If the physical chart is moved, or borrowed by another healthcare team member, the written order gets delayed in processing, and at times omitted by error. Ideally, the written order should be processed and implemented as soon as possible to provide prompt quality of care to the patients.

Problem Background (Section I)

Errors related to a paper charting system have been evident for some time, which is why most states have regulations and standards regarding adequate medical record tracking (Ascenzi et al, 2022). Since the revolution of technology has occurred many organizations have implemented mandates to ensure best practices are being upheld in regard to the electronic medical records systems. The organizations that do not abide by these regulations are often fined but not eliminated or discredited, therefore they are able to remain open. The staff within these organizations are left with managing patient care with outdated practices and at times minimal supplies.

Since the technological advancements within the healthcare system have occurred, pertinent charting and documentation have become more efficient and detailed, leaving allotted time for the care of more patients and increased patient to nurse ratios (Ascenzi et al, 2022). Facilities that still rely on paper charting are largely those that lack private funding and rely on state and federal funding for financial security, and are more likely to have an increased number of patients per nurse. With an increased workload, and a decreased amount of personnel support, errors can occur in a variety of ways.

The error of omitting written orders is the focus problem for this project. With a heavy workload and often unpredictable stressful scenarios occurring throughout the shift, nurses may forget to process orders if there are not reminders or notifications. This is especially true when the chart itself is taken by another staff member and is out of sight. With only one physical copy of the written order, that is

left within the only physical copy of the chart, it is not surprising that orders are delayed or forgotten as a result of lack of time, lack of organization, or lack of knowledge regarding the written order.

Stakeholders (Section I)

The key stakeholders of this project are the patients, the nursing staff, and providers. The patients are directly affected by the change, in that the improvement project is aimed at improving a process that puts into action interventions targeted to improve patient outcomes. The nursing staff members are also key stakeholders because they are the ones carrying out the intervention and will be evaluating the effectiveness of that intervention based on their personal experiences throughout their workday. The providers are also considered stakeholders to this project, as they are the ones who initially ordered the intervention via written order on the order sheet within the patient's chart, and are at times asked to rewrite or re-prescribe via verbal route, when orders are missed or delayed in processing.

Clinical/Practice PICO(T) Question (Section I)

Will instituting a twenty-four-hour report log for shift report between nurses decrease the number of missed written orders in paper charts, when compared to no twenty-four-hour report log, as measured by a pre/post interview with nurses, within four weeks?

(P) missed written orders in paper charts

(I) instituting a twenty-four-hour report log for the nurse's shift report

(C) no twenty-four-hour report log

(O) measured by conducting a pre/post interview with nurses

(T) four weeks