Overcoming Barriers in Students’ Electronic Documentation

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**Note:** Today’s presentation is being recorded and will be provided within 48 hours.
Learning Objectives

- Discuss the limited access students have to health care records and direct patient care experiences
- Identify the gaps in student learning as a result of limited access to electronic health records while at clinical.
- Determine strategies schools of nursing must utilize to prepare nursing students despite the barriers related to limited electronic health record access.
What EHR access do your students have at the clinical site you go to most often? (poll)

1. They have full access to see and do all they need for patient care.
2. They have partial access but are limited in what they can see or do.
3. They do not have access.
Background & Significance
Background

- **Informatics:** a prelicensure Quality and Safety Education for Nurses (QSEN) competency for nursing students (QSEN, 2019).

- The National Council of State Boards of Nursing (NCSBN) **NCLEX-RN test blueprint:** Includes utilization of information technology to promote a safe and effective care environment (NCSBN, 2019).

- Demand for newly graduated registered nurses (RNs) to be prepared to use EHRs and eMARs **upon entry to the workforce** (Fetter, 2009; Noble-Britton, 2014).

- Nurse educators must effectively **integrate the use of technology and informatics into the prelicensure curriculum**
Problem & Study Purpose

- Problem: Anecdotally reported restricted access to clinical sites and nursing care activities limits pre-licensure student education and threatens the quality of students’ clinical preparation.
- Purpose: To describe current state of student nurses’ electronic health care record access during clinical experiences from view of nursing faculty.
Study Design
Methods

- Inclusion criteria: Clinical Faculty teaching in pre-licensure programs in U.S.
- Snowball sampling:
  - Nursing organization networks
  - SON Deans & Directors
- N= 193 Nursing school clinical faculty
- 25 States represented
- Survey Date: 5/15/2018 – 9/15/2018
<table>
<thead>
<tr>
<th>Region</th>
<th>No. (%) Represented</th>
</tr>
</thead>
<tbody>
<tr>
<td>New England</td>
<td>53 (29.1)</td>
</tr>
<tr>
<td>Mountain</td>
<td>36 (19.8)</td>
</tr>
<tr>
<td>East North Central</td>
<td>35 (19.2)</td>
</tr>
<tr>
<td>West South Central</td>
<td>21 (11.5)</td>
</tr>
<tr>
<td>Middle Atlantic</td>
<td>21 (11.5)</td>
</tr>
<tr>
<td>West North Central</td>
<td>9 (5.0)</td>
</tr>
<tr>
<td>South Atlantic</td>
<td>4 (2.2)</td>
</tr>
<tr>
<td>East South Central</td>
<td>2 (1.1)</td>
</tr>
<tr>
<td>Pacific</td>
<td>1 (0.5)</td>
</tr>
</tbody>
</table>
Results
Where do students access data in clinical? (Poll)

1. EHR
2. Verbal Report
3. Notes/Paper Chart
Results

Sources of Patient Data Available to Students

- **EHR**
- **Verbal Report**
- **Paper**

Bar chart showing the percentage of data availability for different sources:

- **History & Physical**
- **Vital Signs**
- **Orders**
- **Care Plans**
Accessing Data

- Limited report given to them
- No paper charts in most clinical sites
- Majority access patient information from the EHR.
Results

<table>
<thead>
<tr>
<th>EHR Access</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty: Direct Access</td>
<td>90.7%</td>
</tr>
<tr>
<td>Students: Direct Access</td>
<td>76.2%</td>
</tr>
<tr>
<td>Students Use Faculty Access</td>
<td>89.1%</td>
</tr>
<tr>
<td>Students Use Unit RN Access</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

**However.....**
## Results

<table>
<thead>
<tr>
<th>EHR Ease of Gaining Access</th>
<th>Students</th>
<th>Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range: 1 = Easiest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 = Most Difficult</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean</td>
<td>5.04</td>
<td>4.30</td>
</tr>
<tr>
<td>SD</td>
<td>2.58</td>
<td>2.72</td>
</tr>
</tbody>
</table>
Which of the following are your students allowed to document in the EHR? (Poll)

1. VS and I&O
2. Physical Assessment
3. Patient Care
4. Nurses Notes and Care Plans
5. Medication Administration
% Student Documentation

- Vital Signs
- I&O
- Physical Assessment
- Risk Assessments
- Patient Care
- Care Plan
- Nurses Notes

Legend:
- EHR
- Paper Chart
- Do Not Document
## Results

### Method of Students’ Documentation Access

<table>
<thead>
<tr>
<th>Documentation Type</th>
<th>Student, Faculty, or RN EHR access used</th>
<th>Student EHR access used</th>
<th>Faculty or RN EHR access used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital Signs</td>
<td>84.4</td>
<td>80.2</td>
<td>45.2</td>
</tr>
<tr>
<td>Intake/Output</td>
<td>78.1</td>
<td>74.4</td>
<td>35.7</td>
</tr>
<tr>
<td>Patient Care</td>
<td>65.6</td>
<td>67.4</td>
<td>23.8</td>
</tr>
<tr>
<td>Physical Assessment</td>
<td>62.5</td>
<td>64</td>
<td>21.4</td>
</tr>
<tr>
<td>Risk Assessments</td>
<td>51.4</td>
<td>61.6</td>
<td>16.7</td>
</tr>
<tr>
<td>Nurse’s Notes</td>
<td>43.3</td>
<td>53.5</td>
<td>21.4</td>
</tr>
</tbody>
</table>
Results

Access to Medication Administration System

• 71.1% of Faculty have login access to MAR.
• Student access to MAR
  • 13.9% Own Log in
  • 57.2% Use Faculty Access
  • 28.9% Use LVN/RN Access
Students often use faculty and RN access credentials to log into the EHR and the MAR.

Please use the Chat to share your thoughts about this practice.
Conclusions & Nursing Implications

- When students have limited access, they:
  - Miss vital patient information
  - Risk missed nursing care & medication administration
  - Limit engagement in patient care planning
  - Miss cues in clinical judgement process
  - Do not build nursing documentation competency
  - Threaten patient safety
  - Have insufficient communication with healthcare team
  - Are not prepared for transition to practice
Discussion of students using faculty and RN access.
Do you use an academic electronic health record at your school of nursing? (Poll)

- Yes
- No
Strategies

- Adopt an Academic Healthcare record
  - Cost for student
  - Integration throughout curriculum
  - Faculty technology support
  - Functionality to mimic EHR
- Partner with IT department at the clinical site to establish student & faculty role assignments in the electronic health record.
- Use down time forms to practice documentation
Selected References


Questions?
Thank you for your time
Please continue to submit your text questions and comments using the Questions panel.

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