How Smart Chart Benefits Our Patients

Smart Chart – Aurora’s next generation medical record – has many parts to it. Each part provides a benefit to our patients in improved safety and quality care. Aurora St. Luke’s South Shore will “go alive” with Smart Chart on June 13, 2010. Below is a summary of the components of Smart Chart and how each benefits our patients.

CPOE (Computerized Physician Order Entry)
Physicians currently write orders using paper order sets. After go live, they will enter orders on Smart Chart using Aurora standardized order sets. There are exceptions, such as in cases of emergency. CPOE will:
- Eliminate transcription errors
- Increase adherence to best practice, evidenced-based medicine
- Warn of drug interaction, allergy or overdose through computer prompts
- Provide accurate, current information on new drugs
- Provide drug-specific information
- Significantly reduce errors
- Reduce health care costs due to improved efficiencies

Bar Code Medication Administration (BCMA)
Between one-quarter and one-third of medication errors occur during the administration of medication. BCMA uses handheld devices for scanning machine-readable bar codes on patients’ wristbands and medication. This will:
- Ensure the five “rights” during medication administration:
  - Right patient
  - Right drug
  - Right dose
  - Right route
  - Right time
- Improve medication safety
- Reduce medication administration and dispensing error rate

Enhanced Clinical Documentation
Smart Chart provides the function for enhancing how patient information is documented. A key aspect is improving the departure process for patients from the acute hospital stay. Information for follow-up visits, medications and pertinent patient education is pulled into a printable patient-friendly document for the patient’s reference. Enhanced clinical documentation also will:
- Improve interdisciplinary care planning care coordination
- Include Knowledge Based Nursing Initiative (KBNI) – this is nursing clinical decision support that results in better nursing care and improved patient safety

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Message Center
ESA (Electronic Signature) will be replaced by the Smart Chart Message Center with the function to edit and sign dictated and transcribed documents. This creates “one stop” for physicians who will now review and sign all documents for the clinic and hospital in one place. The Message Center will:
- Improve care coordination
- Improve turnaround time for orders
- Identify the need for document signature

Embedded Best Practice NHQM (National Hospital Quality Measures)
Embedded Best Practice is an automated solution to facilitate Aurora achieving top quartile performance for Premier/CMS measures. It uses online forms, Interdisciplinary Care Plan tools and system reporting. The established quality measures for CHF, AMI, Pneumonia, CABG and Hip & Knee replacement are part of specific quality measures plans of care and are visible for all disciplines in the patient’s chart.

Emergency Department – FirstNet
Online documentation for physicians and nurses will replace most paper and transcribed documentation. (Physician documentation will be phased in over several months following CPOE implementation). Physicians will use CPOE to place orders using standardized order sets. Nursing documentation will flow into the inpatient nursing record, including assessments, treatments, medications and vital signs. Bedside Monitored Interface (BMDI) on monitored beds will pull patient vitals signs and hemodynamics directly into the electronic health record. CPOE in the ED will:
- Eliminate transcription errors
- Provide safety alerts to reduce adverse drug events
- Improve patient education at discharge

Medication Reconciliation
Medication Reconciliation identifies the most accurate list of all medications a patient is currently taking – name, dosage, frequency and route – to provide correct medications for patients during each transition of care. Reconciliation involves comparing the patient’s current list of medications against the physician’s admission, transfer and/or discharge orders. Medication Reconciliation will:
- Reduce medication errors at transitions
- Produce single medication list for patients
- Create admission, transfer and discharge medication reconciliation
- Convert home meds to inpatient meds and convert inpatient meds to prescription meds