



Improving Communication: The Effectiveness of the Electronic Kardex in Reducing Patient Falls

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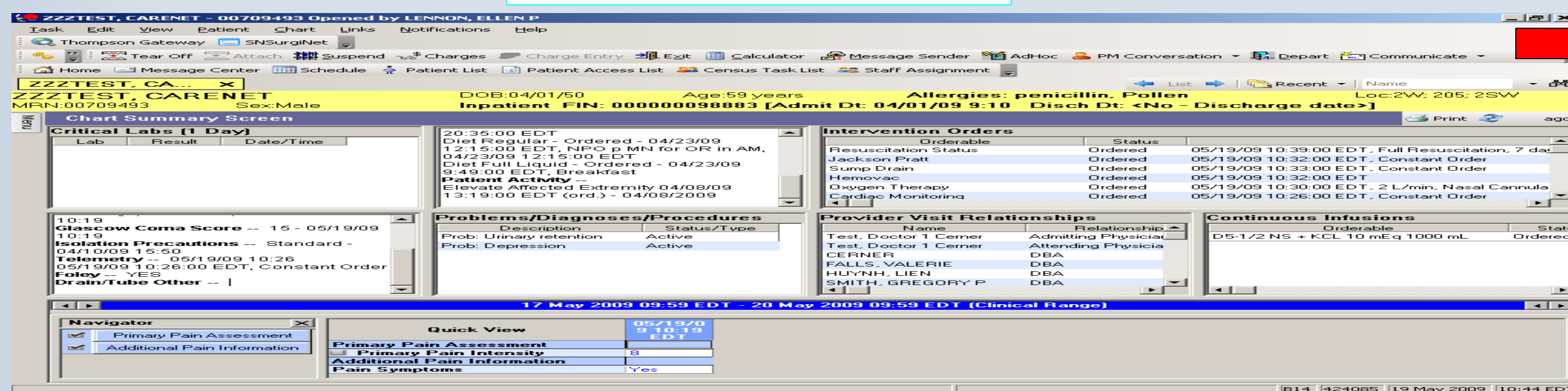
PURPOSE & SIGNIFICANCE

Looking for a new fall management strategy to add to our toolbox, the interdisciplinary team at Hudson Valley Hospital Center chose to upgrade our “electronic kardex”, the Patient Care Summary (PCS). The focus of this revision was on improving communication and promoting patient safety.

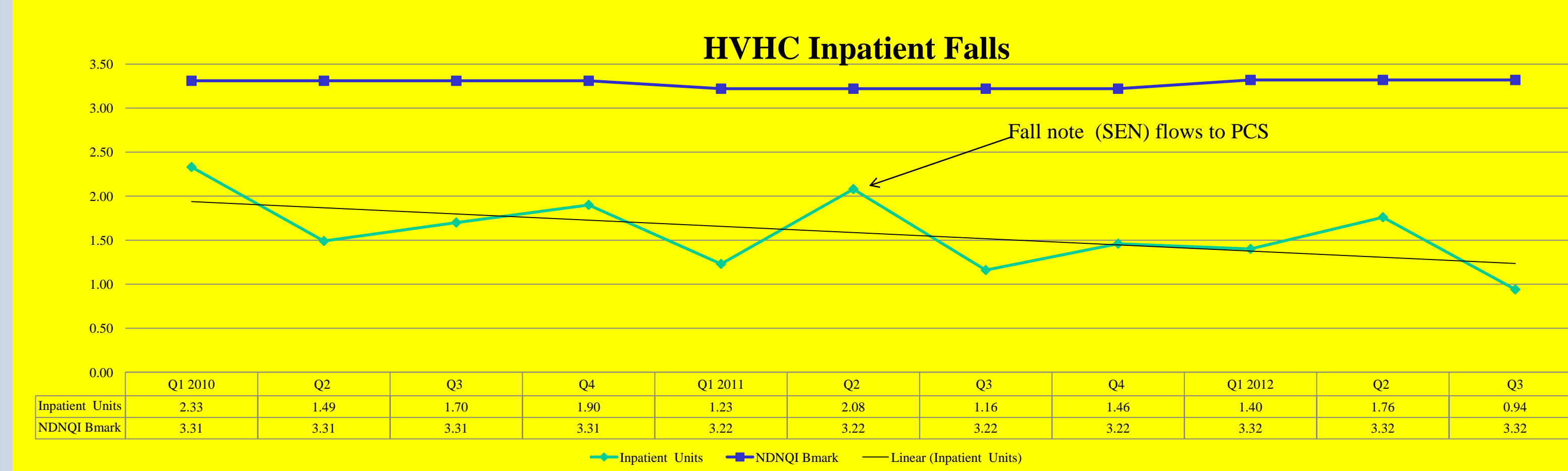
STRATEGY & IMPLEMENTATION

In 2010 the Nursing Informatics Council recognized that our electronic kardex, known as the Patient Care Summary (PCS), needed updating to capture real-time patient information in a succinct format. The final version of the new e-kardex was launched in March 2011. Included in that launch was an innovative idea to transfer documentation of adverse event information to the PCS. An adverse event could be a patient fall, rapid response, or a cardiac arrest. A nurse can select three types of notes to file in the patients electronic health record: 1) Education Note, 2) Progress Note, and 3) Significant Events Note. When the nurse transcribes information into the Significant Events Note (SEN), it will automatically flow over to the PCS. Success with implementation of the SEN was dependent on initial staff education and the continuous efforts of the Educators and Nurse Managers to reinforce the importance of selecting the correct type of note.

Original PCS (e-Kardex)



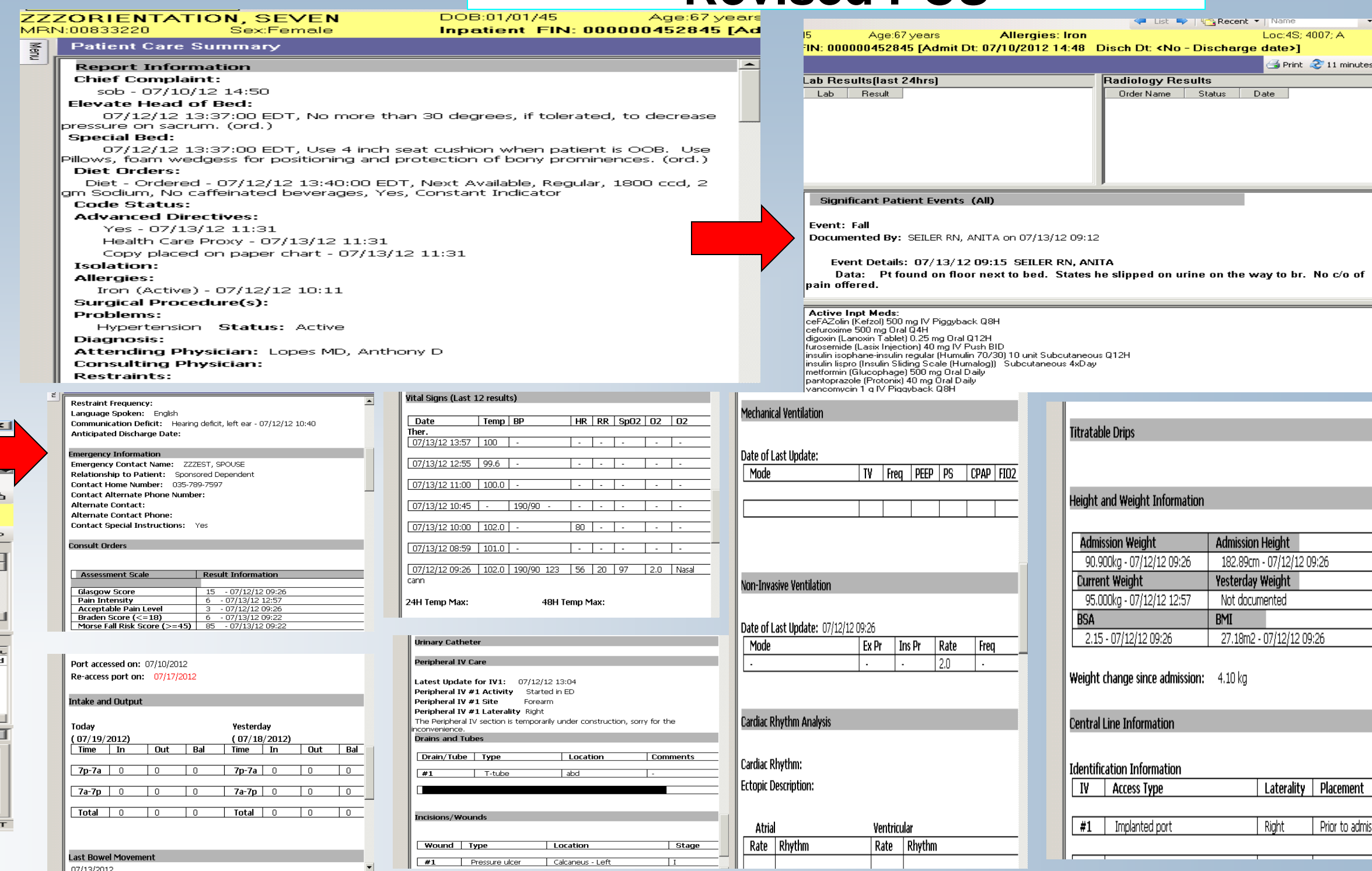
OUTCOMES



Our overall fall rate prior to the implementation of the Significant Event Note (SEN), as part of the PCS was 2.08. After the implementation of the SEN our patient fall rate steadily trended downward. Unit-based benchmarks from NDNQI have enabled us track significant trends in our critical-care and medical-surgical units.

Implications for practice: Vital information updated in real-time, raises awareness of patient experiences and reduces the chance that information will get lost during hospitalization. This innovative process provides an excellent match between the use of technology and reduction of patient falls.

Revised PCS



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