# Utilizing Pilot Testing Data to Rapidly Install a Mobile Documentation Tool in Key Units of a Major Medical Center

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## Background

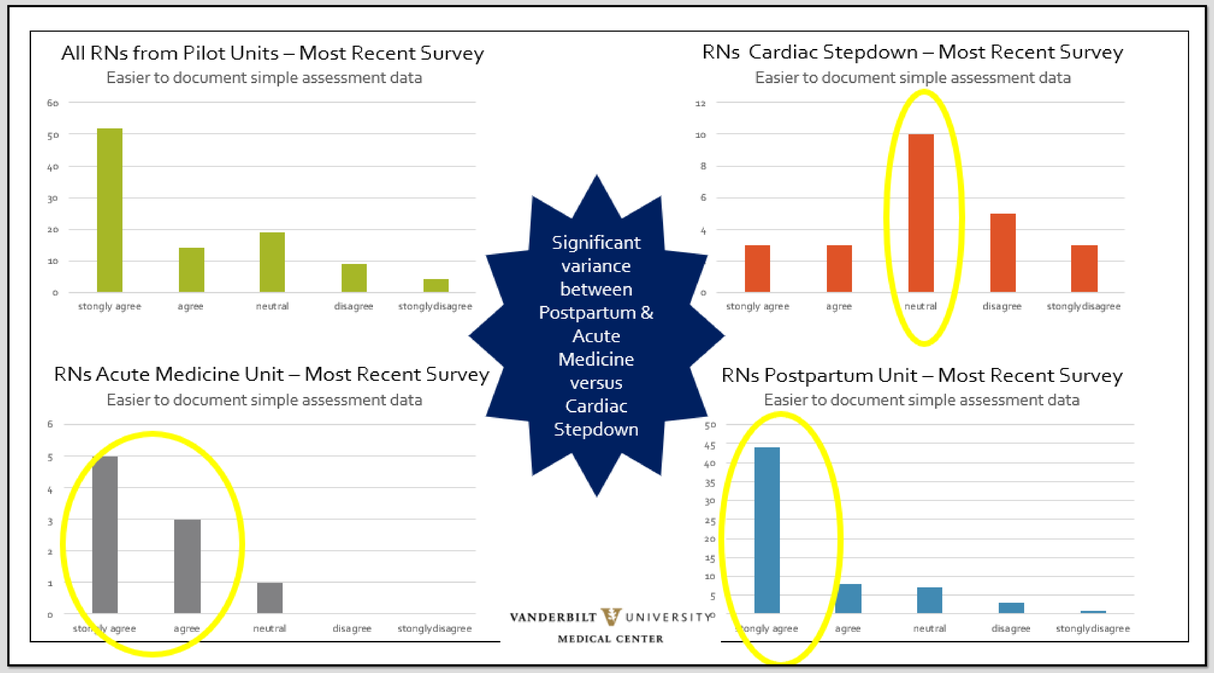
A documentation application on a mobile device gives clinical staff the ability to document in real-time, primarily at the patient's bedside. Real-time documentation issues were addressed with the rapid implementation of this mobile technology. Lack of computers is a barrier to timely documentation, which intensified during the peak of the COVID pandemic, resulting in delayed entry of critical pieces of patient information, staff inefficiencies, and errors due to transcription of data from paper. To address these issues, a project was launched to implement the mobile documentation application on phones currently being used for secure communication by nursing and respiratory staff.

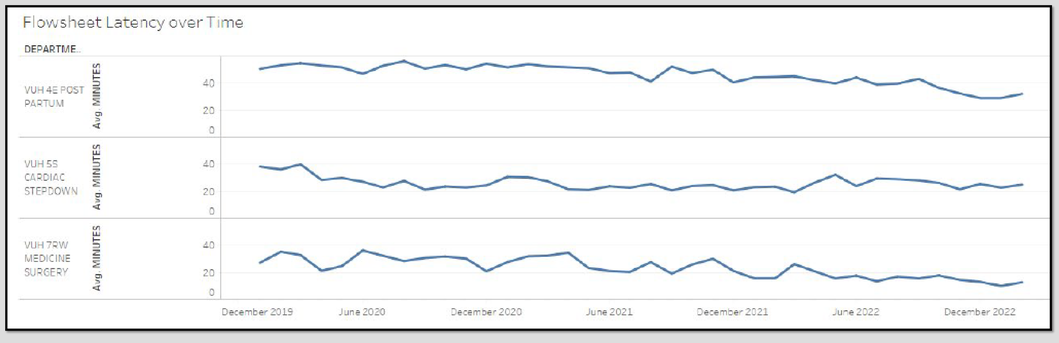
## Methods Used

- Kotter's 8 Step Model of Change
- Rapid Install with completion of project in 4-6 months
- Electronic Training
- External contract At-The-Elbow support
- Virtual Support after first 3 days
- Analysis pre- and post-pilot of NEAT, BCMA, and Vital Sign Entry Latency data
- Health-IT Usability Evaluation Scale (Yen et al, 2014)

## Pilot Results

It was determined that the application was best and most often utilized on the Acute Care Units and in units without computers in every patient room.




## Rapid Install Implementation

Areas brought up over a 3-week period:

- 30 Acute Care Units
- 3 Emergency Departments
- 7 Psychiatric Units
- Over 2000+ end users

## Application Functionality

Core Functionality of the documentation tool included:

- Barcode scanning for medication and blood administration
- Short assessment documentation
- LDA documentation
- Specimen collection
- Worklist tasks
- Patient summary review

## Conclusion

When considering a rapid install model, remember to evaluate what the specific core functionality of the EHR is. It consists of the basics of what staff need to view, document, and complete their tasks while taking care of patients. Electronic training is used to provide education to a large amount of end users quickly. The timeline for a rapid install is for the project to be implemented within 4-6 months of the planning phase.

## References

Yen, P., Sousa, K., & Bakken, S. (2014, February 24). *Examining construct and predictive validity of the health-it usability evaluation scale: Confirmatory Factor Analysis and structural equation modeling results*. Journal of the American Medical Informatics Association : JAMIA. Retrieved March 1, 2023, from https://pubmed.ncbi.nlm.nih.gov/24567081/

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