

# Electronic medical record helps to improve quality and safety in birthing and newborn centre

By Akilah Dressekie

A new electronic monitoring and charting program recently introduced at Rouge Valley Health System (RVHS) is helping to improve the quality of care and patient safety.

After months of planning and training, Philips' OB TraceVue (OBTV) has been implemented at Rouge Valley Centenary's (RVC) Birthing and Newborn Centre in east Toronto. The community hospital, which also has a campus in west Durham Region, opened its state-of-the-art Birthing and Newborn Centre at RVC in December 2008.

The moment a pregnant woman arrives at the Birthing and Newborn Centre, an electronic chart is created and information collected throughout her stay is available to all health-care providers involved in the patient's care. OBTV helps simplify clinical workflow by reducing the time it takes to locate a patient chart, and by allowing patient files to be updated in real time. The patient's file can also be viewed and updated at any designated computer throughout the Birthing and Newborn Centre.

"We're very excited about the introduction of OBTV to our maternal newborn services program, and in the Birthing and Newborn Centre. Not only will this program help us to improve the quality of care and safety for our patients, but we expect it to also greatly improve efficiency," says Dianne Tomarchio, clinical practice leader and Safer Health Care Now corporate leader.

Some features of OBTV include continuous monitoring of fetus and mother during labour, with alert features that immediately notify clinicians of critical events; and a centralized electronic patient record for mom, the fetus, and eventually the newborn baby.

OBTV is also expected to streamline work flow to the benefit of patients; reduce duplicate information in the patient chart, improve access to a more comprehensive patient record, and enhance security and privacy of patient information.

It's not only faster for patients. It's more than that. Patients ultimately benefit from the implementation of OBTV as it reduces the risk of error, ensures safer patient care; enhances access to timely, integrated information resulting in improved efficiency and coordination of care, eliminates



Linna Yang, clinical informatics specialist; Amena Sufian, RPN; Melissa De Fry, RN; Angie Stein, RN with patient Amanda Stephenson (centre) at the Rouge Valley Centenary Birthing Centre. Amanda is one of the first patients in the Birthing Centre to be charted electronically using OBTraceVue

unnecessary and duplicate testing due to better documentation, and improves communication

patient's electronic chart, as the system is fully integrated. The chart can be accessed by any

*Some features of OBTV include continuous monitoring of fetus and mother during labour*

between health-care providers. It also reduces the use of paper.

"The process is very efficient, as the chart begins as soon as the patient comes to the Birthing and Newborn Centre for assessment or labour. It's also more legible, clear and concise than a written chart. This level of accuracy allows us to better prevent errors, so that we can provide the best care and maintain our highest patient safety standard," says Lynn Tkac, project manager, clinical informatics and OBTV project lead.

In the past, she explains, nurses would make notes about their patients, and then add them to the patient's chart at the end of their shift. Sometimes updates on the patient may be given to another nurse or physician verbally, potentially leaving room for omissions. The electronic medical record allows any staff working with the patient to quickly update their chart electronically right at the patient's bedside. Important information including medication dosage, or any concerns, can be inputted in real time.

Diagnostic tests, including non-fetal stress tests, are done at the patient's bedside, and are automatically recorded in the

health-care provider looking after the patient at any location throughout the Birthing and Newborn Centre.

Physicians are also applauding the benefits of OBTV. "I am positive about this project. Right away, it has shown to be faster in terms of access to information. You can look at patient information from anywhere in the department, which saves time," says Dr. David Samra, an obstetrician-gynecologist in the Birthing and Newborn Centre, the first to use the new program when it was introduced.

Just days into the program, patients are already noticing the difference.

"I think it's great. Everything was charted right away. All my nurses could already see when I had taken my medication. And once it was in my chart, I didn't have to keep repeating information that I had already given. I'm excited that my doctor will be able to come in, see my chart, and already know what's happening," says Amanda Stephenson, a patient in the RVC Birthing and Newborn Centre expecting her first child. She is also one of the first patients with an electronic chart using OBTV.

panies. It will also save on the amount of paper used, as well.

The system was configured to suit the information needs of the Birthing and Newborn Centre staff, thanks to the hard work of a group of RVHS clinical and informatics experts, the system managers. The screens are set up to look similar to that of a physical patient chart, with tabs for important patient information, including vital signs and medications.

"They are designed to be similar to what was charted on paper, a strategy to help staff adjust to the changes without too much stress. They also adhere to the highest professional standards in obstetrical care," says Tkac.

Over 10 weeks, the system managers learned how to use the system, created and delivered training for approximately 100 nurses, physicians, midwives and allied health professionals, and supported users when the system was implemented. Actual user training took place over three weeks, just before OBTraceVue went live, allowing staff to feel more comfortable and ready for the change.

The team is planning future enhancements to the program. This includes extending access so that electronic charting can begin when the patient sees their obstetrician-gynecologist for the first time.

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