

## **IMPLEMENTATION OF A STANDARDIZED CLINICAL DOCUMENTATION FORM FOR PATIENTS WITH CEREBRAL PALSY IN THE TCH PM&R CLINICS**

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**Category:** Improvement Science

### **Background**

Cerebral palsy (CP) is the number one cause of disability in children worldwide. Outcome studies to guide management are still lacking. A national CP registry is being created through the Cerebral Palsy Research Network (CPRN), and Texas Children's Hospital (TCH) is a participating site.

### **Objectives**

To implement and improve the utilization of a standardized clinic documentation form (provided by CPRN) for patients with CP seen in the outpatient PM&R clinics at TCH main campus, from 0 to 50%, between November 30, 2017 to January 26, 2018

### **Methods**

The target population is CP patients seen in the TCH PM&R clinics. The design is based on the Model for Improvement. Two (out of nine) CPRN forms were selected for pilot implementation into TCH Electronic health record (EPIC) to promote standardized notes. Outcome measures include: utilization of CPRN smartforms and smartphrases, manual chart audits pre and post CPRN implementation to determine improvement in discrete data availability within PM&R clinic notes, PM&R physician satisfaction survey on standardized notes, and time to closing note encounters. PDSA cycles 1-4: CPRN forms and smartphrases Go Live in EPIC, trained PM&R faculty on use of CPRN forms and smartphrase, placed reminder cards on clinic workstations, and acquired clinic staff assistance with using paper questionnaire version for caregiver completion.

### **Results**

At the end of the study period, there was 39% utilization over baseline 0%. Twenty five (25) charts were manually audited. There were 300 missing data elements prior to CPRN implementation, which decreased to 89 post-implementation, reflecting an overall 27% improvement. Providers were generally satisfied with their current documentation, but all were open to integrating a new CPRN-based documentation. Seventy five percent (75%) of providers have utilized the CPRN elements and find them relevant to their practice. Top barriers identified were lack of time, medical complexity and lack of clinic staff support. PM&R provider time taken (averaged by day) to file/close CP note encounters utilizing CPRN elements did not change significantly compared those where CRPN forms were not utilized.

### **Discussion**

Although target utilization was not met, conversations were sparked and venues opened to jumpstart documentation standardization supported by PM&R section. Feedback on content and layout was provided to CPRN, and permission to modify smartforms/phrases to make forms more relevant to daily clinical practice and documentation was given. Next steps include incorporation of all CPRN forms and creating a complete visit note template, address barriers and explore opportunities for infrastructure/staff support for sustainability.