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Charting By Exception in the PICU

Grace Gideon
Childrens Health

Thao Trinh
Childrens Health

zoe Dwelle
Childrens Health

Alena Bennett
Childrens Health

Ginger Young
Childrens Health

See next page for additional authors

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Authors

Grace Gideon, Thao Trinh, zoe Dwelle, Alena Bennett, Ginger Young, Katie Clark, and Kendel Richards

Specialty care provided by UT Southwestern physicians

Practice Problem

The amount of time PICU nurses spend on charting reduces the amount of time the nurses have in direct patient care. Consequently, this creates added job stress due to the excessive detail-oriented patient charting. These factors contribute to decreased nursing job satisfaction.

PICOT Question

Do pediatric ICU nurses that document by exception versus those who chart on all systems with every assessment experience improved job satisfaction related to improved time utilization?

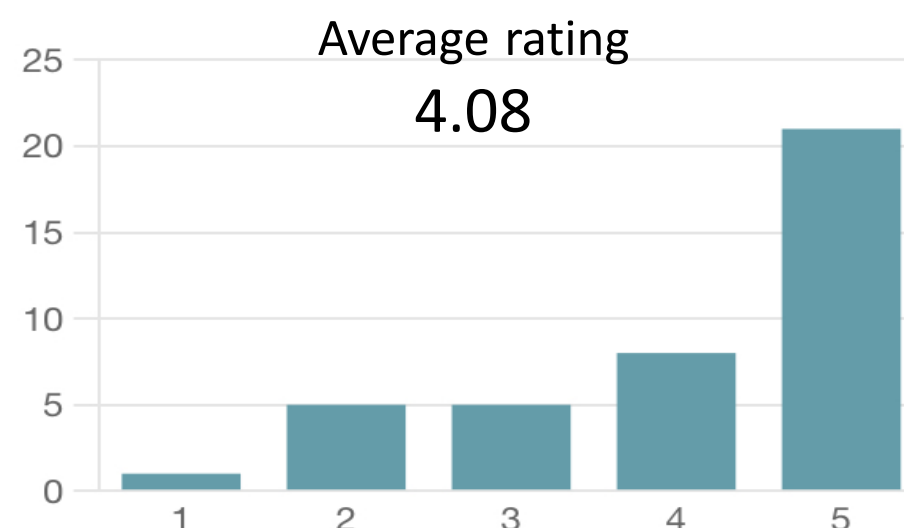
Interventions

- Each member of our group researched articles related to time spent charting in the ICU.
- We sent out a survey to our peers (current ICU RN staff) and asked questions about how they feel about charting by exception as well as potential barriers to this new change.

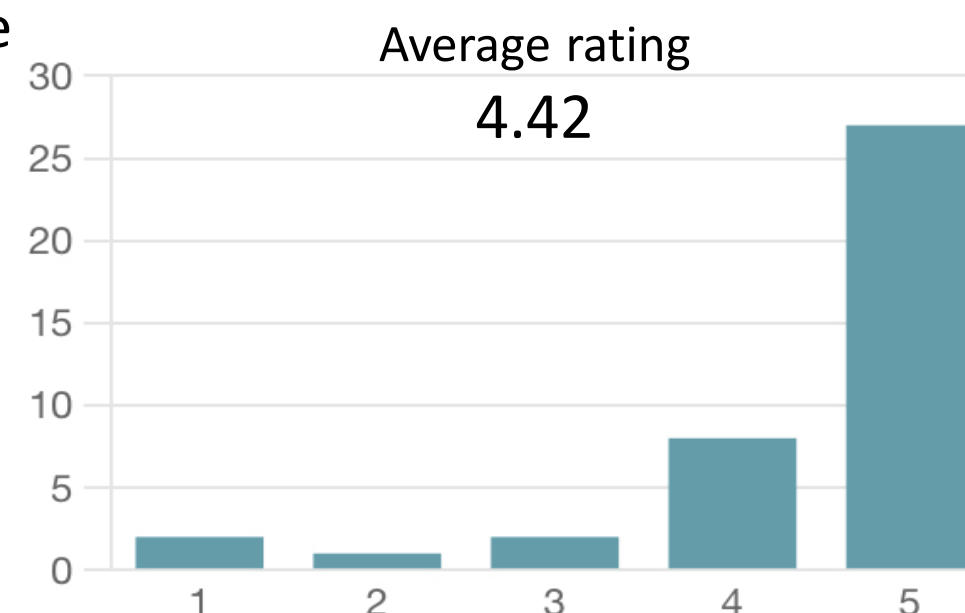
Review of Literature

The benefits and barriers regarding nurses who chart by exception were reviewed based on the overview of three research studies retrieved between 2013-2021. The two quantitative studies measured documentation time impacting patient care and efficiency of workflow. The qualitative research summarized an increase in nursing satisfaction with workflow and time management. While evidence shows that minimizing documentation improved in these areas, nurses are reluctant to adopt the technique due to legal risks since documentation serves as a protective layer to the patient, the organization, and our nursing license.

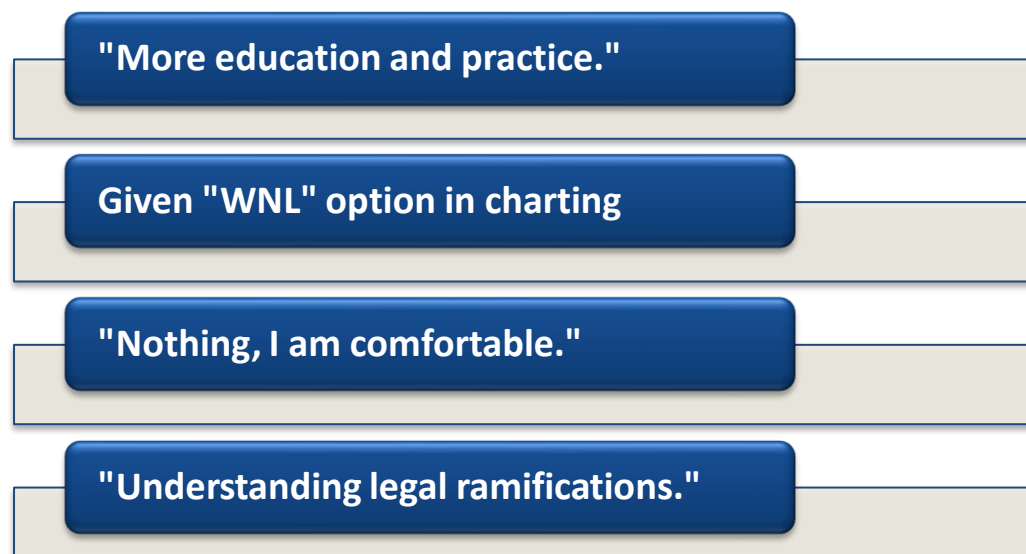
How comfortable are you charting by exception? (1-not at all, 5-very)



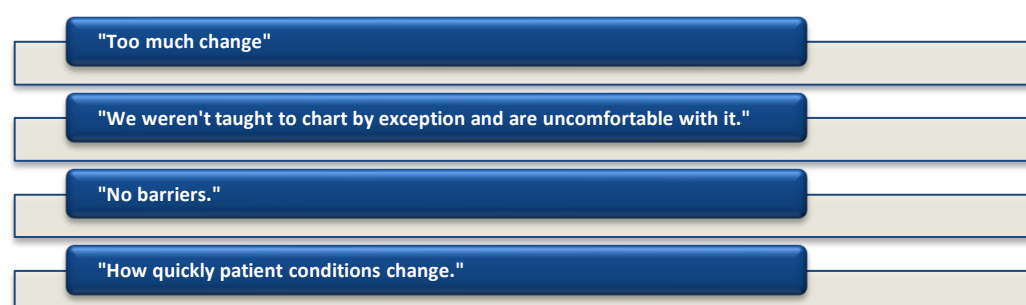
How confident are you in charting by exception after your first initial head to toe assessment? (1- not at all, 5- very)



What are things that would make you feel more comfortable charting by exception?



What, in your opinion, are barriers to charting by exception?



Results

A survey was sent to PICU nurses and received 40 responses. Overall, results reflected PICU nurses being comfortable with charting by exception but hesitant to change our current practice. Because of the current practice at Children's Health in the ICU, we must chart a full assessment every two hours. For the safety of our patients, we were not able to implement our proposed pilot. If allowed, we would have timed several nurses to chart as practiced while others chart by exception and compare the time differences. Unfortunately, since our unit does not chart by exception, we were unable to implement our plan and relied strictly on research and the surveying of peers.

Conclusion

PICU nurses are faced with the challenge of fulfilling direct patient care and completing associated documentation. The purpose of this study was to answer the question, do pediatric ICU nurses that document by exception versus those who chart on all systems with every assessment experience improved job satisfaction related to improved time utilization? Our research concludes that further research is needed to answer this question. Existing literature suggests that minimizing documentation improves workflow and time utilization thus, increasing nurses' job satisfaction. However, nurses are reluctant to implement changes to reduce documentation due to concerns for legal penalties. Our team encourages future research on this issue to find a solution for the nursing community.

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