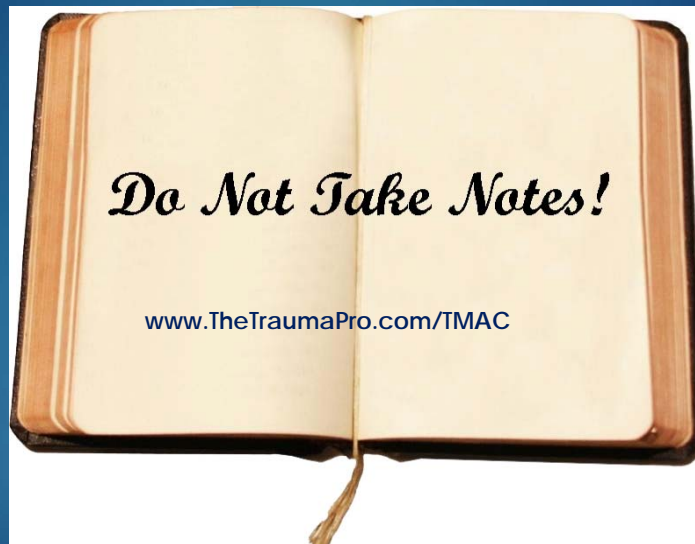




Trauma Flow Sheets and the Electronic Medical Record

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The Trauma Professional's Blog



Purpose of the Trauma Flow Sheet

- ▶ Documentation
- ▶ Detailed, time-stamped data



Advantages of the eTFS

- ▶ It's "paperless"
- ▶ It links to the rest of the patient's data
- ▶ ???

Problems With The eTFS

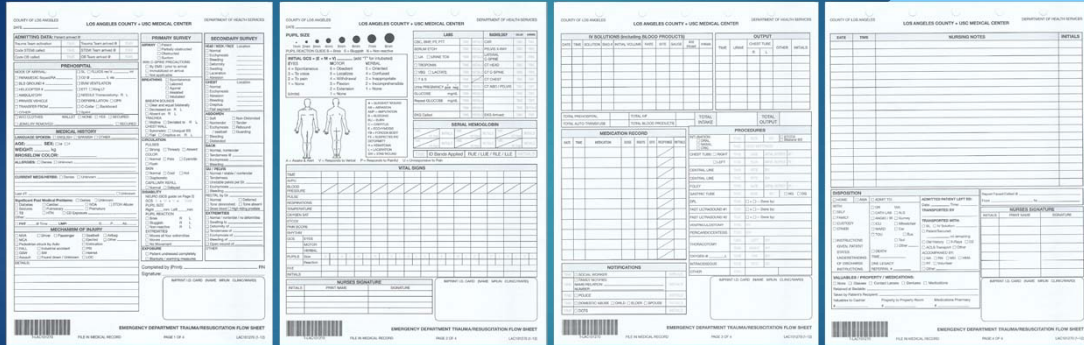


Front End

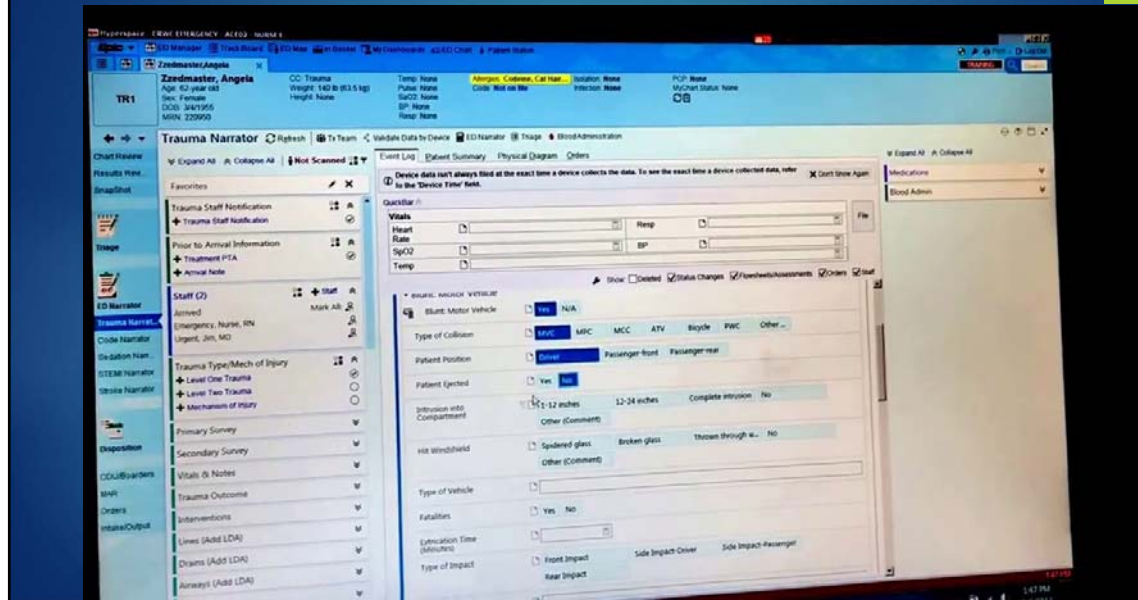
- ▶ Data intensive
- ▶ Dependent on scribe skills



Front End



Front End





Back End

- ▶ Abstraction
- ▶ EMR options
 - ▶ Workstation
 - ▶ Paper

Back End

- ▶ Abstraction
- ▶ EMR options
 - ▶ Workstation
 - ▶ Paper
- ▶ Takes 3x longer (or 3x more people)

Back End

- ▶ What are you really doing???
- ▶ *" A hospital using an electronic trauma flow sheet is paying a lot of money for a product that forces them to pay even more money for people to essentially transcribe inaccurate data back onto a paper trauma flow sheet"*

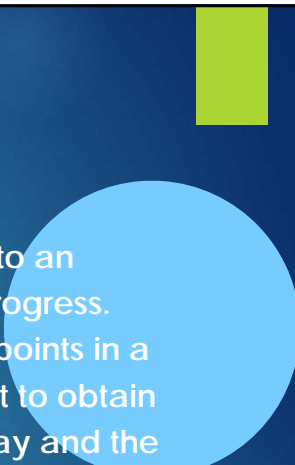
Back End

► What are you really doing???



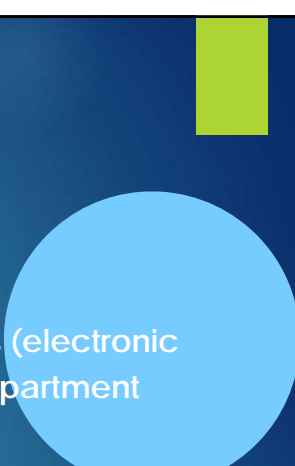
Garbage In / Garbage Out





The trauma flow sheet has recently transitioned to an electronic format. It continues to be a work in progress. However, it remains unwieldy to populate data points in a timely fashion, and in its present form it is difficult to obtain a narrative of the patient's care in the trauma bay and the ED. This complicates the thorough documentation of the process, which makes review of the trauma care and subsequent PI difficult.

Focus Review



Two weaknesses involving more complex issues (electronic medical record documentation, emergency department dwell time) were actively being addressed, and improvements were occurring.

Options – Before Commitment



- ▶ Make a lot of noise
- ▶ Visit another hospital
 - ▶ Must watch a trauma activation!
 - ▶ Get candid opinions
 - ▶ Ask about accuracy and abstraction
- ▶ Do the math, share it with administration

Options – After Commitment



- ▶ A/B testing
 - ▶ TTA – don't implement until accuracy and timeliness are equal
 - ▶ Abstraction
 - ▶ Don't implement until TFS abstraction productivity is the same
OR
 - ▶ Don't implement until you are committed to hire additional FTEs to compensate
- ▶ Keep hospital administration tightly in the loop

