Closing the Gap in Standardization of EMR Documentation in Children with Adrenal Insufficiency: 18 Month Follow Up
Santhi Logel MD, Yashoda Naik MD, Victoria Brocksmith MD, Allison Pollock MD and Ellen Connor MD1,2,3
1,2,3University of Wisconsin – Madison
School of Medicine and Public Health, Department of Pediatrics

BACKGROUND

- Adrenal crisis can lead to severe morbidity and mortality.
- Prompt identification of prior adrenal insufficiency (AI) diagnosis is necessary for treatment in a timely manner.
- Objectives:
  - To increase uniformity and visibility of AI diagnosis and stress dose plan in the EMR problem list
  - To increase documentation of medical alert ID use

RESULTS

Adrenal crisis can lead to severe morbidity and mortality. Prompt identification of prior adrenal insufficiency (AI) diagnosis is necessary for treatment in a timely manner. Objectives:

- To increase uniformity and visibility of AI diagnosis and stress dose plan in the EMR problem list
- To increase documentation of medical alert ID use

Documentation of AI diagnosis and stress dose plan increased to 96% and 90%, respectively, after 18 months.

CONCLUSIONS

- Increasing uniformity of AI documentation in the EMR is feasible and can increase awareness of adrenal crisis risk and appropriate treatment.
- Next steps:
  - Improve patient education and workflow regarding medical alert ID use
  - Distribute AI emergency care letter
  - Provide rural outreach
  - Develop AI screening protocol

METHODS

- An electronic data extraction was conducted at the AFCH Pediatric Endocrinology Clinic starting in Jun 2018.
- The most recent PDSA cycle occurred from Jun-Dec 2019 and identified 165 children with AI.
- Primary outcome measures include documentation rates of:
  - AI diagnosis in EMR problem list
  - Stress dose plan in EMR problem list
  - Medical alert ID use in clinic notes
- As patients with AI came to clinic, the care team was prompted to document AI diagnosis and stress dose plan in the EMR problem list with "smart text" and medical alert ID use in clinic notes.
- A Best Practice Alert was built into the EMR to increase attentiveness to AI.
- Success of intervention was assessed by comparing the 3 primary outcome measures at 6, 12 and 18 months post-intervention.

ADDITIONAL KEY INFORMATION

Additional Resources: AI Emergency Care Letter

Author Contact Information
- slogel@uwhealth.org

Acknowledgements
- Thank you to the University of Wisconsin Division of Pediatric Endocrinology and Diabetes!