

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 MD^{1,2,3}

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

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 Al.
- Primary outcome measures include documentation rates of:
- Al 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 Al.
- Success of intervention was assessed by comparing the 3 primary outcome measures at 6, 12 and 18 months post-intervention.

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

RESULTS



Figure 1. Root Cause Analysis for Most Recent PDSA Cycle

Figure 2. Primary Outcome Measures at 6, 12 and **18 Months Post-Intervention**

- Improve patient education and workflow
- regarding medical alert ID use
- Distribute Al emergency care letter • Provide rural outreach
- Develop AI screening protocol

Letter

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CONCLUSIONS

Increasing uniformity of AI documentation in the EMR is feasible and can increase awareness of adrenal crisis risk and appropriate treatment.

• Next steps:

ADDITIONAL KEY INFORMATION

Additional Resources: AI Emergency Care

