

Emergency department personnel's individual preferences should not be neglected when an IT-technology is to be introduced

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Background: There is an increasing demand and importance for quick clinical assessment of patients by experienced front-line physician, and for efficient patientflow in emergency department without delay. That requires application of new technologies, including IT-solutions. From the other side, healthpersonnel, as a human factor applying technology, should accept it and not be neglected. Purpose: preliminary qualitative assessment of physicians' individual preferences related to introduction of conceptual tablet-device based documentation technology in emergency department.

Methods: We used "Presurvey" solution developed for the emergency department in order to speed-up documentation process by front-line physicians, which is mobile device based web-app system allowing data input via button selection and visualising standardised autotext (front-line doctor's clinical assessment note) based on the ABCDE clinical algorithm. Author had participated in the concept development. "Presurvey" was used at Emergency department, Regional Hospital Horsens, during 100-days period, from October 2017, working days, between 7.30-18.00. Mini-iPad was used as mobile device. "Presurvey" was introduced to

doctors individually. 9 experienced emergency doctors were invited, they were completely free to apply the concept or not on a case to case basis. There was gathered feedback and undertaken audit.

Results: "Presurvey" was applied by 8 (89%) doctors in 528 patient-cases (12,5%) out of 4.215 admitted patients of medical and surgical profiles. 1 (11%) physician wouldn't use "Presurvey", 3 (33%) doctors have tried, but preferred the conventional documentation way. 5 (55%) users, including author, had positive attitude. 4 (44%) of them (without author) were active users, based on criteria of repeated use of "Presurvey". Audit revealed personal preferences, mostly addressed to autotext. The concept was evaluated as making sense by 7 (78%) doctors, however there was different level of unsatisfaction related to the text formulations. 4 (50%) participating doctors accepted autotext concept with minor adjustments, while the other 50% would prefer flexibility of "alive" language as communication tool for documentation.

Conclusions: Small-population observational study demonstrates that for implementation of a new IT-based technology related to the medical documentation in emergency department it is important to consider as choice flexibility for specialists as their individual variables and preferences, which should be carefully studied when introduced bigger scale solutions.