INTRODUCTION

- A core skill Psychiatry residents must develop during their outpatient training is the ability to conduct thorough psychiatric evaluations while accurately and efficiently documenting their findings.
- Unfortunately, the ever-increasing time spent documenting and completing administrative tasks in Electronic Health Records (EHRs) contribute significantly to physician burnout (1).
- Optimizing the UTMC psychiatric evaluation templates may reduce the likelihood of errors, improve quality of care, and reduce the risk of physician burnout (2).

PURPOSE

- In Fall 2022, a new EMR was implemented at UTMC paving the road for a quality improvement project to refine the Diagnostic Assessment template used for psychiatric evaluations at the University of Toledo Outpatient Psychiatry Clinic. The goal of this project was to improve the efficiency, accuracy, and usability of the template to improve satisfaction and reduce EHR burden.

METHODS

- A survey assessing satisfaction with the diagnostic template was distributed to residents, attendings/faculty, nurse practitioners, and other health professionals at the University of Toledo Ruppert Health Center Department of Psychiatry.
- A Likert scale was utilized to assess overall satisfaction with the template, and the amount of information it required (not at all to very satisfied). The amount of information was further assessed for each subsection (subjective, psychiatric review of systems, objective, assessment and plan) with response options of too little, sufficient, or too much. Preference for drop-down boxes was assessed with a yes or no response. A free text response was included for suggestions/feedback.
- Utilizing these results, iterative updates were made to the template in a non-production environment of Epic. These included the creation of nested SmartLists, SmartLinks, automation of tasks based on patient data, the removal of redundant sections, and re-organization of relevant information into subcategories.
- The template was then pushed to production, and the same survey was re-distributed to assess for satisfaction.

RESULTS

- Overall satisfaction with the information burden improved (p<0.01).
- No significant difference in satisfaction with the information burden by section of the template.

SUGGESTIONS

- Remove redundant sections: sleep hygiene, context.
- Improve user interface: Create more drop-down menus, utilize SmartBlocks, improve organization of the social history.
- Prioritize automation of the template.

CONCLUSION

- Satisfaction of Diagnostic Assessment templates in Epic can be improved through implementing drop-down menus with nested SmartLists and default selections; automating workflow tasks based on screening results and demographics; utilizing SmartLinks to ensure congruency between the note and Epic metadata; removing redundancies in the template; and re-organizing sections to improve the flow of information gathering and documentation.
- Looking forward, we hope to further enhance efficiency through automating more tasks and improve user experience through integrating SmartBlocks for the mental status exam.

REFERENCES