



PROCEDURE

EMR Auto Text introduction for a Structured Clinical Impression and Management Plan in Emergency Department Patients

TARGET AUDIENCE and SETTING

Clinical staff of all Monash Health Emergency Departments (ED) who complete the ED Initial clinical assessment.

To standardise documentation of a Clinical Impression and Management Plan for all patients seen in Monash Health Emergency Departments.

PURPOSE

A 12-month review of serious adverse events (SAPSEs) at Monash Health (2023 to 2024) demonstrated that diagnostic errors are implicated in two thirds of cases. In more than 2/3 of these cases an initial clinical impression was not included in the EMR. We have performed a structured EMR chart review of adult cases and found that a clinical impression was absent in around 30%. Research indicates that a thorough history, collateral history, and physical examination yield correct diagnoses in over 80% of cases.¹ EMR templates have been demonstrated to improve documentation. To enhance diagnostic excellence and accuracy, we have co-designed an EMR auto text to improve documenting of the clinical impression and management plan. This tool empowers clinicians to document diagnosis certainty (or uncertainty), identify red flags, explore differential diagnoses, utilise clinical decision-making tools and actively engage consumers and other clinicians the process. The management template encourages early symptomatic treatment, thoughtful investigation ordering, disposition and cross checking with consumers and multidisciplinary clinicians.

DEFINITIONS

EMR: Electronic Medical Record

ED: Emergency Department

Clinical Impression: A record of the process of Clinical Assessment and Synthesis

Clinical Assessment: The process of gathering clinical information from a careful patient history, collateral history, physical examination, and available patient medical records and integrating this information to formulate a working diagnosis and differential diagnosis.

Management Plan: This includes relevant investigations, treatments, cross checking/safety netting and disposition.

PRECAUTIONS/CONTRAINDICATIONS

Include the potential issues or risks of which the person using the procedure needs to be aware.

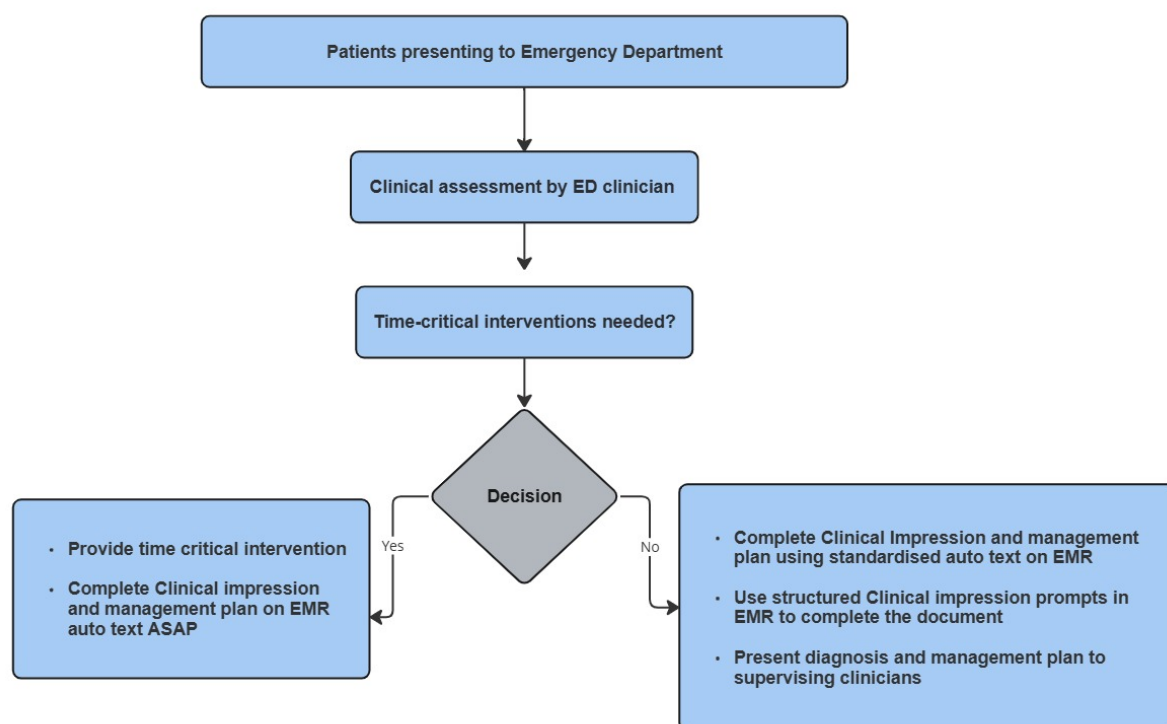
The implementation of an EMR Nudge for Clinical Impression tool will provide a framework to encourage consistent documentation of clinical impression and structured management plans for patients presenting to

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ED. This ideally would act as a nudge for thorough history and examination and improve workflow in the ED through thorough documentation and handover between staff. This is designed to encourage good clinical practice and not expected to have any significant risks. With this introduction there is a risk that the 'DotPhrase' tool built of components of a clinical impression and structured management plan may be restrictive and may not apply well to all patient situations or have low clinician uptake. The co-design process aims to minimise these risks and additional 'DotPhrases' will be introduced if required using the key areas in the template.

EQUIPMENT

Using dot-points, list any equipment, forms or charts required to undertake this procedure.



STANDARD REQUIREMENTS

When undertaking any clinical interaction with a patient, staff are expected to:

- Perform routine hand hygiene. Refer to the [Hand Hygiene Procedure](#).
- Introduce yourself to the Patient and Carer/ Family if in attendance.
- Explain what you do and what you are there for
- Check patient identification. Refer to the [Patient Identification Procedure](#).
- Obtain consent as per the [Consent to Medical Treatment Procedure](#).
- Keep the patient/carers informed and involve them in decision making.
- Document interaction in the Electronic Medical Record or health record using black pen; including date, time, signature and designation.

PROCEDURE

For all emergency department patients not requiring a time critical intervention, the initial treating clinician will complete a **Clinical Assessment**, then document a **Clinical Impression and Management Plan** using a standardised EMR auto text **prior** to presenting the case to their supervising clinician. In patients requiring time critical interventions the EMR auto text must be completed as soon as possible.

Standardised EMR auto text helps the clinician to consider the following:

1. What is the diagnosis or is the diagnosis uncertain?
2. What is the differential diagnosis?
3. Are there any “Red Flag” features present?
4. Are there any clinical decision-making tools which could be utilised?
5. Are there any patient vulnerabilities/special factors/other issues that would be considered?
6. What symptomatic/supportive/specific treatments must be initiated?
7. What is the disposition for this patient?
8. Have you communicated your plan to the patient, family, and nursing staff?
9. Have you crossed checked your plan with a senior clinician?

EMR Auto Texts:

1. Clinical Synthesis Impression and Plan, will appear as “.ci”
2. Clinical Synthesis Impression and Plan - Simple will appear as “.cis”
3. Clinical Synthesis Impression and Plan – paediatric as “.cip”
4. Additional dot phrases will be developed and used following clinician feedback and approval of the diagnostic excellence working group

RELATED DOCUMENTATION

EMR Auto Texts

KEY STANDARDS, GUIDELINES OR LEGISLATION

National Safety Quality and Health Standards (NSQHS)

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KEYWORDS

EMR, ED, Diagnostic Imaging, Clinical Assessment, Clinical Impression, Management Plan

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Document governance	
Policy or Framework supported by this Procedure	High Quality Care (Policy)
Executive Sponsor	Dr Anjali Dhulia, Chief Medical Officer
Responsible Program, Service, Unit, Department or Committee	Diagnostic Excellence Working Group
Primary Contact	Emergency Physician, Monash Medical Centre

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