

Safe Practice Recommendations for the Use of Copy-Forward with Nursing Flow Sheets in Hospital Settings

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Background: In early 2016 the Partnership for Health IT Patient Safety released safe practice recommendations for the use of copy-paste for electronic health record (EHR) documentation. These recommendations do not directly address nurses' use of copy-forward to document patient assessments in flow sheet software in hospital settings. This feature is unique in that it is technically possible to deny use of the feature throughout an organization without an easy workaround to circumvent the restriction in order to improve efficiency.

Methods: A multiple methods approach—which included a literature review, litigation search, stakeholder analysis, and consensus opinion from experts from multiple disciplines—was employed.

Results: Four recommendations correspond closely with copy-paste guidance for EHR documentation from the Partnership: (1) Provide a mechanism to make copied-forward content easily identifiable, (2) Ensure that the provenance of copied-forward content is readily available, (3) Ensure adequate staff training and education regarding the appropriate and safe use of copy-forward in flow sheet software, if available, and (4) Ensure that copy-forward practices are regularly monitored, measured, and assessed. A fifth additional recommendation is made to improve the efficiency of data entry mechanisms, which may reduce patient safety risk. Emerging promising areas for innovation are to optimize interface usability and flow sheet content, use templates, use digital photographs, and eliminate work-flow steps with better methods for authentication and data entry.

Conclusions: A thoughtful and measured approach to safe use of copy-forward in flow sheets by nurses in hospital settings is expected to result in improvements in efficiency of documentation, work flow, and accuracy of information.

In early 2016 the Partnership for Health IT Patient Safety, convened by ECRI Institute—formerly the Emergency Care Research Institute—released safe practice recommendations for the use of copy-paste for electronic health record (EHR) documentation.¹ ECRI Institute had previously described copy-paste in EHRs as a function that “allows users to easily duplicate information such as text, images, and other data within or between documents.”² (p. 2) In a similar manner, the Institute described copy-forward as a function that “allows authors to begin a new progress note by populating the text with the contents of a prior note. . .”² (p. 2) For nursing personnel using flow sheets in EHRs in hospital settings, *copy-forward* refers to functionality that enables users to begin the documentation of a new assessment by populating the structured information and accompanying comment fields with the contents of a prior assessment on the same patient. Similar to clinicians' use of copy-paste and copy-forward with progress notes, concerns exist about patient safety issues from the use of potential inaccurate or outdated information to achieve increased efficiency of documentation.

More than three times as many active RNs as active state-licensed physicians in the United States,^{3,4} many of whom spend at least an hour each shift using flow sheet software to document patient assessments within EHRs in inpatient care settings.^{5,6} One hospital found that use of the copy-forward feature reduced the number of “clicks” for EHR flow sheet-based documentation of a single peripheral intravenous (PIV) site assessment from 144 to 24 (an 83% decrease).⁷ We wanted to augment the existing guidance for flow sheet software use by nurses in hospital settings. Our recommendations for safe use of copy-forward are based on a literature review, litigation search, stakeholder analysis, and expert opinion.

Typical flow sheet documentation on specialized care units, such as critical care, can include frequent (for example, every 15 minutes) assessments with few changes in information. For example, in neurocritical care, unchanged Glasgow Coma Scale scores and patient responses to pertinent assessments must be reentered in a new flow sheet column every 15 minutes. Data entry efficiency is substantially increased when devices such as physiological monitors automatically input data into flow sheets. The caveat is that confirmation to accept the autopopulated data needs to be straightforward, and nurses should not be mandated to enter comments for mundane issues, such as when data values do not match expected values

Scaled-Down Representation of a Sample Nursing Flow Sheet Interface

	File	Add Rows	Add LDA	Add Column	Insert Column	Last Filed	Go to Date				
	Patient Care Summary		Vitals		Intake/Output		IV Infusions				
Patient Summary	Neurological			<input checked="" type="checkbox"/>				1/1/2016	1/1/2016		
Chart Review	Pain			<input checked="" type="checkbox"/>						Last Value	
Results Review	Sleep			<input checked="" type="checkbox"/>				0700	1100		
Synopsis	Falls			<input checked="" type="checkbox"/>							
History	HEENT			<input checked="" type="checkbox"/>	Access/Monitoring Devices						
Allergies	Cardiac			<input checked="" type="checkbox"/>	Peripheral IV						
Demographics	Vascular			<input checked="" type="checkbox"/>	Dressing						
Immunizations	Access/Monitoring Devices			<input checked="" type="checkbox"/>	Date Dressing Changed						
	Peripheral IV			<input checked="" type="checkbox"/>	Securement						
Work List	Respiratory			<input checked="" type="checkbox"/>	Phlebitis						
Flow Sheets <input checked="" type="checkbox"/>	Swallowing			<input checked="" type="checkbox"/>	Infiltration						
	Nutrition			<input checked="" type="checkbox"/>	Lumen Patency/Care						
	GI			<input checked="" type="checkbox"/>	Interventions						
	Genitourinary			<input checked="" type="checkbox"/>	Daily Review of Necessity						
	Reproductive			<input checked="" type="checkbox"/>							
	Musculoskeletal			<input checked="" type="checkbox"/>							
	Skin			<input checked="" type="checkbox"/>							

Figure 1: This scaled-down representation of a sample nursing flow sheet interface concerns documentation of a peripheral intravenous (PIV) site assessment every four hours. Nursing flow sheets are accessed via a series of facility or vendor-specific menu options. Then a new column is created to be filled in with current values. Typically, these values are generated by selecting items from drop-down menus within each row and column and/or manually entering data such as vital signs. Data can then be checked for expected ranges. Newly entered items can be augmented with free-text comments viewable by clicking on an icon. LDA, lines, drains, and airways; HEENT, head, eyes, ears, nose, throat; GI, gastrointestinal.

because of a signal loss. Lack of device integration, thus necessitating redundant data entry or repeated nurse confirmation of auto-imported values, is an identified pain point that can negatively affect patient care and nursing productivity.⁸

Many different health care professionals use the data entered into flow sheets by nurses: Physicians review data during patient care decisions and the creation of progress notes; wound care specialists monitor wound status data; risk managers and quality and compliance staff compile metrics for external reporting across patients; researchers use data within or across institutions to analyze the effectiveness of interventions for patient cohorts; and patients or family members with access to their health records through patient portals may be able to view some of these data.

A scaled-down example of a nursing flow sheet interface is displayed in Figure 1. Manual data entry is a laborious process. Alternately, copy-forward populates information from a prior assessment of the same patient, copying all the selected structured data elements, manually entered information, and associated comments together, theoretically including assessment data completed by a different nurse or pulling an assessment after a significant amount of time has passed (for example, an assessment done three years previously during a prior hospital admission).

To encourage accurate documentation and manage exceptions, many organizations have chosen to use an all-or-nothing approach to copy-forward functions in flow sheets across nursing units. Inpatient EHRs often include the capability of disabling copy-forward in nursing flow sheets. When copy-forward is disabled, an organization prevents copying information from a prior assessment. This means every individual item in a new column in the flow sheet must be entered manually—each value, comment, and menu selection. Even when disabled, flow sheets typically enable nurses to manually copy all the values from prior assessments; however, the last column values may not represent documentation entered during the previous shift if the content was copied forward from the prior shift. Many EHR vendors encourage disabling copy-forward to prevent copying errors and to provide assurance during audits that information was entered by the actual nurse scheduled to provide care for a specific patient.

Consensus exists about the efficiency gains of copy-forward in nursing flow sheets, but the potential risks for data quality, legal, and patient safety issues suggest that more guidance would be valuable beyond the current all (enable copy-forward) or nothing (disable copy-forward) approach. Instead, a middle ground could allow approaches for tailoring to unique needs of patient cohorts or units.

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