



**Personalized Email Works!
Method to Improve Compliance with The Joint Commission National Patient Safety Goals 2B:
Do Not Use Abbreviations**

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**University of Illinois at Chicago
Medical Center (UIMC)**

- o Comprehensive State teaching and research hospital
- o 480-bed hospital with approximately 40 primary care and specialty outpatient clinics
- o Estimated staff # of 2400



**National Patient Safety Goals 2B
NPSG.02.02.01**

- o Standardized list of symbols, abbreviations, dose designations, acronyms not to be used in hospital
- o Applies to all orders and medication-related documentation that is handwritten or entered as free text into a computer
- o Applies to all preprinted forms

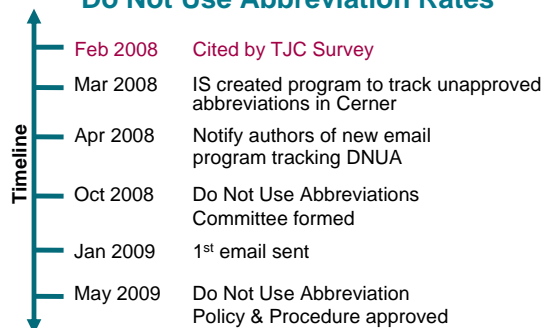
Do Not Use Abbreviation List			
Abbreviation	Potential Problem	Abbreviation	Potential Problem
IU	Misread: IV	U, u	Misread: 0, 4
Q.D, qd	Misread: q.i.d.	MgSO4, MS	Misread: Morphine sulfate
QOD, q.o.d.	Misread: qd, qod	MSO4	Misread: Mg Sulfate
Lack leading zero	.4 misread as 4	Use trailing zero	1.0 misread as 10

**What Did UIMC Have In Place Before
February 2008**

- o Non-specific documentation policy stating "do not use unapproved abbr"
- o Question staff during Joint Commission Tracers (mock surveys)
- o Orientation packet containing a document listing what abbr are not to be used in medical records
- o Card listing the 9 NPSGs with a list of the 9 Do Not Use abbr that is attached to the ID card
- o All preprinted order sheets free of DNUA
- o List of approved and unapproved abbr on the intranet

http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/abbr_tips.htm

**UIMC Method of Improving
Do Not Use Abbreviation Rates**



Program Tracking Do Not Use Abbreviation

Mar 2008 IS created program to track unapproved abbreviations in Cerner, electronic medical record (EMR)

From: Chief.Medical.Officer@uic.edu
Subject: Notice: Forbidden Abbreviation
To: csmith@uic.edu
Date: Monday, July 13, 2009, 10:07 AM

Clinician	Cathy Smith
Patient	RIME/ JIM
Updated	07/12/2009 11:21:40
Abbreviation	units
Context	Insulin NPH 5 U
Note Type	Inpatient Progress Note

Notify All Authors of New Program

Apr 2008 Notify authors of new program tracking DNUA via email

To all staff who enter information into clinical progress notes in the Electronic Medical Record:

As most of you know, we were cited by TJC for use of unapproved abbr. We have worked out an innovative program to address the problem. Each night, all notes transcribed or directly entered will be scanned for unapproved abbr. When identified, an e-mail will be sent to the author of the note. It will contain information to permit you to identify the specific note. It will indicate what the unapproved abbr was, and the correction. It is intended as a reminder to you that such an abbr should not be used. We are not asking you to correct the 'offending' note. We do ask that you not use the abbr again.

Number of Occurrences Using New Tracking Program

Oct 2008 DNUA Committee formed

	Total # of unauthorized abbreviation used
3/27 to 5/5/08	5350
7/9 to 8/7/08	2034
9/1 to 9/30/08	1729
10/1 to 10/31/08	1577
11/1 to 11/30/08	1397
12/1 to 12/31/08	1747
1/1/09 to 1/31/09	1698

Committee Plans for Eliminating the use of Do Not Use Abbreviations

- Create policy specific for DNUA
- Increase education by talking to Dept Heads, Chief Residents and nursing administration
 - Use DNUA Tracking Program to identify
 - Prescribers' note writing behaviors
 - Prescribers who are repeated offenders

Audit Results (Oct - Dec 08)

- Identified offenders
 - Residents: 60%
 - Attendings: 20%
 - Nursing: 9%
- Note writing behavior
 - Copying and pasting notes
- Department
 - Internal med: 22%
 - Pediatrics: 12%
 - Psychiatry: 9%
- Program not 100%
 - 10-15% error
 - pick up notes when abbreviation is "appropriate"

Personalize Email

Jan 2009 1st email sent at the end of the month

- Users received a personalized email
 - If used abbreviation every month from Sept to Dec, and in the month of Dec, had 6 or more occurrences
 - Email included details of their note writing behavior (ie, copying and pasting, clinical note, and which abbr they used the most)
 - Discussed action if did not stop using abbreviations

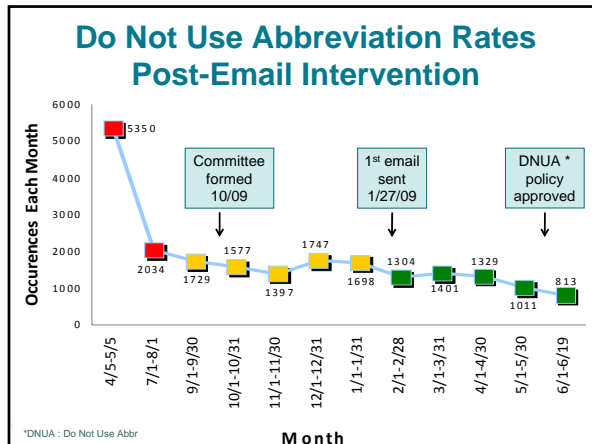
Example of Personalized Email

Dear Dr. X,

On behalf of the DO NOT USE Committee, Dr. Y and I would like to notify you that you have used DO NOT USE Abbreviations (DNUA) in your Clinical Notes for the last 4 months. The Medical Center have and will be cited by TJC if you continue to Use DNUA. The Committee has reviewed your note writing behavior and determined That you used "QOD", "U", and "QD". Also, when you copy and paste your note, please review your them and FIX the DNUA before finalizing the note. If you don't know what the DNUA are, please see the table below.

The Committee hopes not to see your name on the DNUA list by ____2009. If you continue to use DNUA, your name will be submitted to the Compliance Committee, which will result in restrictions on privileges.

Your participation is required to help The Medical Center not get cited by TJC. Thank you for your understanding.



Do Not Use Abbreviation Policy

May 2009 Do Not Use Abbreviation Policy Approved

- An email will be automatically generated from the report and will be sent to the author who used a DNUA in the EMR
 - The email contains information to permit the author to identify the specific clinical note, what the DNUA was, and the correction
- If the author continues to use a DNUA in the EMR, a member from The Committee will contact the author to discuss their actions.
- Those still not in compliance after 3 consecutive months after this contact will be reported to the Compliance Committee for further action.

Summary

- Prior to the email intervention, approximately 1600 DNUA per month
- Sending emails describing the offender's note writing behavior improved abbreviations rates
 - Occurrences at 5 months post email intervention: 813
- Personalizing emails is an effective method in reducing and eliminating the use of Do Not Use Abbreviations