**Assessment of Current and Recent Orientees Charting Practices**

**Survey Monkey Results**

N = 19 (out of 30 employees hired in 2014)

1. It is important to assess the patient's skin both pre-operatively and post-operatively.  Please select each skin site that you currently chart in BOTH the pre-op skin and post-op skin assessment tab:
	1. Overall: 100% (19)
	2. Grounding (if applicable): 78.95% (15)
	3. Operative: 31.58% (6)
	4. Positioning: 73.68% (14)
	5. Tourniquet (if applicable): 63.16% (12)
	6. Warming (if applicable): 68.42% (13)
	7. Comments:
		1. I did not learn anything about operative site. Not sure what that entails
		2. only overall in pre-op, all applicable in post-op

# It is appropriate to chart a delay when the start time of a second case is later than the scheduled start time due to a first case running late, but the room was turned over appropriately in 30 minutes

# True: 42.11% (8)

# False: 57.89% (11)

# An essential component of the OR Nurse's case preparation includes a pre-operative interview with the patient to assess health, safety, and knowledge of the expected care plan.  This interview and patient education is documented within what section of the Intra-Operative chart:

# Clinician Communication Tab: 5.26% (1)

# Pre-op Skin Tab: 10.53% (2)

# Nursing Notes Tab: 78.95% (15)

# It is not important to document this interview: 5.26% (1)

# The Braden Scale assessment is to be completed only by the Pre-Op nurse and does not affect the OR nurse.

# True: 42.11% (8)

# False: 57.89% (11)

# Please select all of the following equipment for which you currently document serial numbers, if used:

# ESU / Force Triad: 100% (19)

# Bipolar: 84.21% (16)

# Harmonic / Gyrus: 73.68% (14)

# Bair Hugger / Warming Blanket: 73.68% (14)

# SCDs: 42.11% (8)

# Drill (stryker, Anspach, etc): 31.58% (6)

# Laser: 26.32% (5)

# C-arm / O-arm: 0% (0)

# Other

# Full underbody thermal gel pads

# Any type cautery

# Please select all of the following scenarios where the Clinician Communication tab should be utilized:

# Critical lab value result: 52.63% (10)

# Frozen section result: 10.53% (2)

# Critical test report: 52.63% (10)

# All of the above: 31.58% (6)

# None of the above: 15.79% (3)

# When adding a new incision to your chart, do you chart the time the incision was first assessed and do you chart an assessment of the incision (i.e. "within defined limits, WDL")?

# I chart both the time the incision was first assessed and an assessment of the incision: 15.79% (3)

# I chart the time the incision was first assessed but I do not chart an assessment of the incision: 73.68% (14)

# I do not chart the time the incision was first assessed and I do not chart an assessment of the incision: 10.53% (2)

# True or False - The "Close Time" button in the intra-operative event timing section is to be recorded when the surgeon begins closing the incision.

# True: 21.05% (4)

# False: 78.95% (15)

# The OR Pre-Operative Checklist tab of the Intra-Operative chart is to be reviewed by the OR nurse and can be completed by the OR nurse if necessary (i.e. patient direct transport from ICU, night shift, etc).

# True: 89.47% (17)

# False: 10.53% (2)

# Comments

# I chart my pre-op patient interview in the pre-op checklist, so I chose "nursing notes" because the checklist wasn't an option.

# We need more direction and uniformity with Epic charting (i.e., what is a hard stop/must, what is optional, where things are supposed to be charted and how). Something I've noticed when I'm relieving in a room: In the Initial counts the "Miscellaneous" tab isn't marked even though those items have been counted (ex: open belly cases with clip bars or vessel loops. Per policy they're under the "miscellaneous" category but it wasn't marked by the circulator whom I relieved. I think most people just consider these items "Sharps/Sponges" or something, but if policy states X then what is it? I've seen so many variations even with how people put in their break personnel (some put themselves out and the break person in; some just leave themselves in the whole time and just put the break person in and out). Also, Can we educate staff about wound classifications? Where I came from this was very important as it affects patient care through the course of their hospital stay, O.R. reimbursement from insurance companies, etc (ex: Gastric bypass, Lap Chole due to cholelithiasis or vaginal cases marked "Clean" when they're in fact considered "Clean contaminated" according to AORN. The Epic charting class that new orientees had to go to is not conducive to learning OR charting. It was Epic basics and the teacher deferred all specific questions to "your OR preceptor." God bless you ladies for taking on this project! XOXO

# This survey is exceptional! I am curious as to the results as I know the processes for pretty much all of this stuff varies widely among staff. So many people do all of these things so differently it would be nice to have a standardized way of documentation (and everybody doing it uniformly).

# In general, different preceptors interpret the charting requirements differently and thus teach conflicting information to the orientees. One major area is time-out documentation - some RNs instruct to mark yes/no based on whether an item is needed (eg, foley) while others say to mark yes regardless of whether it is needed to show that it was addressed during the timeout. Delays and skin assessment charting are also very different based on who you ask. It would be helpful to have a basic outline of exactly what the minimum/required/acceptable documentation is for each tab (or an objective explanation of what each documentation section is asking for). Also, our EPIC instructor was not from an OR background and taught us to document some extraneous information that is normally documented in PACU "to help the PACU nurses."

# OMG! I'm so glad you are looking into this. EVERYONE Charts so differently- and some have good reasons for doing so and others have no reason at all. In regardst to the questions: #2- i was told delay was if longer than the 30 min turnover, and only really applied to first cases #3 i chart preop stuff under the Pre-op checklist tab and document education in a comment box #4 i was told the braden scale is NOT charted by the OR nurse. however if they have a poor score it is realitve to the OR nurse #6 I don't even know what the clinician communication tab is #8 as i understand it: sweep is when closing starts, close is when drapes are off and dressings are on again thanks so much. i'm looking forward to some consistency!!

# I definetly think there are a lot of inconsistencies in our charting training..I believe the nurse educator should outline the basics at set standards..the person that gave me the most useful info regarding charting and best practice was a traveler!