

ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): August 14, 2021

Response Date: August 20, 2021

Type of TA Request: Complex

Request:

ASPR TRACIE received a request for examples of crisis charting protocols/guidance for physicians and nurses. The requestor noted that one of their mitigation strategies for facing surge and avoiding crisis standards of care is to decrease the charting requirements for staff, and they are looking for example policies.

Response:

The ASPR TRACIE Team reached out to members of our Subject Matter Expert (SME) Cadre and reviewed several existing resources, including those on our [COVID-19 Resource Page](#) and [Hospital Operations Toolkit for COVID-19](#). Section I of this document includes comments from SMEs and section II provides relevant policies that may be helpful.

I. ASPR TRACIE SME Cadre Member Comments

Please note: These are direct quotes or paraphrased comments from emails and other correspondence provided by ASPR TRACIE SME Cadre members in response to this specific request. They do not necessarily express the views of ASPR or ASPR TRACIE.

SME Cadre Member 1:

- The main point of focus should be to review workflow and documentation. The facility should determine if there are options to decrease the frequency of nursing (or other staff) need for notetaking, change formatting that may assist with ease/ flow of charting, or eliminate certain charting requirements.

SME Cadre Member 2:

- Our facility never stopped doing charting electronically during the COVID-19 pandemic.
- For mass casualty incidents, we utilize our downtime packet that is already prepared with each needed form and preassigned disaster name and number that all clinicians use until we revert to normal registration/documentation.
- We are currently looking at abridged chart so we could continue to do everything electronically, but we have not finished the pilot testing of it yet.
- This ASPR TRACIE SME offered to speak with the requestor and share a sample of their packet. Please contact [ASPR TRACIE](#) to be connected with this SME.

SME Cadre Member 3:

- This point is not related to COVID-19; however, it may be helpful to this request. One of the [lessons learned](#) from hospitals that received multiple mass casualty patients during the 2017 Las Vegas shooting, was to utilize scribes in assisting with support duties and providing initial charting. The required documentation was still being done, but the work was transferred from the clinician providing the treatment to a non-clinical support staff. This concept may be applied during the COVID-19 pandemic as well.

II. Relevant Policies/ Guidance

Hackensack Meridian Health. (2020). [Guidelines for Documentation during the COVID-19 Pandemic](#).

This guidance for nurses delineates what documentation is necessary and what can be overlooked/eliminated.

New York State. (n.d.). [Example Nursing Streamlining Documentation during COVID-19 State of Emergency](#). (Accessed 8/20/2021.) American Organization for Nursing Leadership,

This policy focuses on streamlining documentation during the state of emergency. It provides guidance for documentation in the emergency room; during admissions, shifts, and discharges; and other documentation periods.

PennMedicine. (n.d.). [Clinical Practice Guideline Manual](#). (Accessed 8/20/2021.)

This manual was created for nursing documentation for inpatients in anticipation of emergency needs associated with the COVID-19 pandemic. Page 3 includes a chart noting the documentation that is required, to be completed if feasible, and not required unless acutely pertinent to the patient.