

Digitizing Care: Enhancing Efficiency and Accuracy through a Mobile Electronic Observation Record on an Inpatient Behavioral Health Unit

Robert Baune, BSN Robin Arends, DNP, CNP, FNP-BC, PMHNP-BC, CNE, FAAN, FAANP Dannica Callies, DNP, CNP, FNP-C, CNE

College/Department of Graduate Nursing

INTRODUCTION AND PURPOSE

- Mental health staff observe patients
 every 15 minutes to ensure safety(Daniels, 2016; Janofsky, 2009; Jayaram et al., 2010)
- Observations are documented into an observation record
- Transition to a mobile electronic observation record (MEOR) could improve observation adherence and patient safety(Grundgeiger et al., 2016; Lehtovuori et al., 2020; McLoughlin, 2021)
- P: Mental health staff on behavioral health unit
- I: MEOR
- C: Paper Observation Record
- O: Observation compliance (<15 mins) and timeliness
- T: 30 days for each intervention

REVIEW OF LITERATURE

Limitations of Paper-Based Observation Charting

- No digital timestamping: Allows backdating or falsification of documentation(Adaba & Kebebe, 2018; McLoughlin et al., 2021; Sefton et al., 2016)
- Lack of electronic alerts or reminders: Staff may miss or delay checks(Lehtovuori et al., 2020; Mikhael et al., 2019; You et al., 2021)
- Security risks of paper records: Higher risk of unauthorized access(Department of Health and Human Services, 2007a, 2007b, 2007c)

Advantages of MEOR/EHR Systems

- Timestamping ensures accurate, immutable documentation(Adaba & Kebebew, 2018; McLoughlin et al., 2021)
- Electronic alerts improve compliance of interventions (Lehtovuori et al., 2020; Mikhael et al., 2019; You et al., 2021)
- Improved Auditing and Access Controls
 (Department of Health and Human Services, 2007a, 2007b, 2007c)

METHODS

Setting

- 5-bed inpatient behavioral health unit
- Avg. census: 2.1 patients/day

Sample

- Staff: 7 RNs, 3 LPNs, 2 EMTs, 8 MHTs
- Routine 15-minute observations by staff

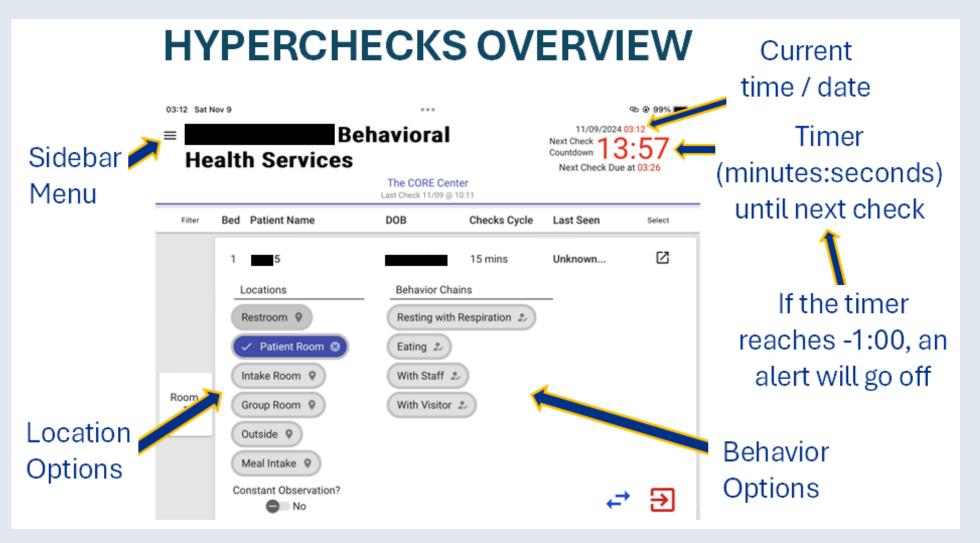


Figure 1: Hyperchecks Overview

Intervention: MEOR (Hyperchecks)

 Tablet-based application developed for realtime documentation

Study of the Intervention

- Paper Observation Period (30 days):
 - Standard practice; times manually recorded
- Compliance and timeliness manually calculated
- MEOR Observation Period (30 days)
 - Real-time documentation
 - Automatic compliance tracking
 - Data collected from SQL server

Measures

- Compliance rate (compliant + total observations)
- Observation Intervals

RESULTS

# of Compliant Observations	115
Total Observations	230
Compliance Rate	0.502
Mean Time Since Last Observation	0:15:0
Std Dev	0:02:4
5 observations excluded (0:01:00 <x<01:00:00)< td=""><td></td></x<01:00:00)<>	
MOBILE ELECTRONIC OBSERVATION RECORD	(30 Days)
# of Compliant Observations	160
# of Compliant Observations Total Observations	160 279
·	279
Total Observations	279 0.573
Compliance Rate	
Total Observations Compliance Rate Mean Time Since Last Observation	279 0.573 0:14:3

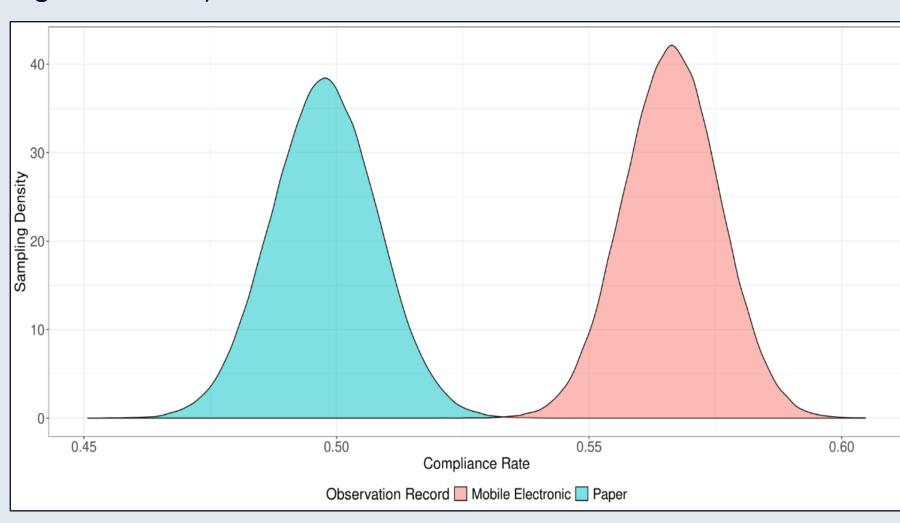


Figure 4: Probability Scale from Logistic Regression Indicates Improvement in Compliance Rate with MEOR

Paper Observation Record							
1%	25%	50%	75%	99%			
7.720	13.900	15.000	16.033	23.980			
Mobile Electronic Observation Record							
1%	25%	50%	75%	99%			
3.785	13.533	14.750	15.867	26.294			
Quantile Regression of All Observations (Pre- & Post-Intervention							
tau	Intercept	Value	Std. Error	t value	Pr(> t)		
0.01	7.720	-3.950	0.667	-5.926	0.000		
0.25	13.900	-0.367	0.083	-4.415	0.000		
0.50	15.000	-0.250	0.046	-5.475	0.000		
0.75	16.033	-0.167	0.081	-2.061	0.039		
0.99	23.980	2.350	1.703	1.380	0.168		
0.99	20.000						
0.33			of Complia	nce Rate			
Value				nce Rate			

- MEOR increased staff compliance of 15-minute safety observations from 50.2% to 56.7% (OR = 1.32, p < 0.001)
- MEOR reduced median observation intervals by 15 seconds (p < 0.001).

DISCUSSION

Discussion

- MEOR improved compliance and timeliness
- Findings align with literature supporting electronic alerts & timestamping
- Staff feedback recommends MEOR includes mood/activity fields and offline usability

Facility Impact

- Improved compliance, surveillance, and safety culture
- Reduced paper use and physical storage
- Streamlined auditing and survey readiness
- Enhanced accountability and operational efficiency

Limitations

- Single small unit, rural setting: Limited generalizability
- No patient-level outcomes measured

CONCLUSION

- MEOR improved observation compliance and timeliness
- Reduced falsified entries
- Supported safety initiatives and efficiency

REFERENCES

