

# Hospitalist satisfaction with an inpatient electronic progress note



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## Background

Physician resistance is cited as one of the key barriers to implementing an electronic medical record (EMR). Our hospital has implemented numerous features of a comprehensive EMR, but we lacked an inpatient electronic progress note (EPN). Our goal was to create such a system with close coordination between the system programmers and hospitalists in order to maximize physician acceptance of the system.

## Methods

Our programmers developed a simple form to be used within our existing clinical information system (CIS). This form was incrementally augmented to provide the desired features of an EPN, in close consultation with two hospitalists. These two physicians had extensive EMR experience and were the primary testers of the system, providing direct feedback to the programmers as the system was developed.

Once these testers felt that the EPN system was stable and usable, a larger group of hospitalists were invited to use the system during their daily rounds. Over the course the next 3 months, eleven hospitalists were added to the pilot testing group, bringing the total number of users to 13. These users were then surveyed to assess their satisfaction with the EPN system.

## Results

Ten of 13 pilot users responded to the survey. Sixty percent of respondents had never used an electronic progress note system. Ninety percent of respondents were using the system almost exclusively. All of the users found the EPN system to be usable and 70% of users thought it was faster to enter a note via the EPN than on paper. Ninety percent of users thought that EPN helped them write "better" notes, subjectively defined. All users thought that printed EPN notes were easier to read than written notes. Overall, all users stated that they were either satisfied or very satisfied with the EPN system. Elements of the EPN which users found useful included macros that produce predetermined text, checkboxes for physical exam and review of systems entries, the ability to populate vital signs and lab values into the note, and ability to pull certain elements forward from previous day's note.

## Conclusions

Our experience has been that having hospitalists intimately involved in the development of an EPN system has resulted in the creation of a system which is useful to clinicians. As physician resistance is a key factor in the success or failure of such systems, we expect that this clinician-led development style will make overall adoption of the system more likely.

## Data

