Development of an Interdisciplinary Critical Care Problem List

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Background. We have developed an interdisciplinary problem list for use in the electronic patient record of our 4 medical/surgical ICUs. Previous experience in developing problem lists suggests that terminology should be familiar to clinicians, be based on current clinical practice and be developed with clinician input[1,2,3]. Our goal was to develop a problem list that would be consistently used and updated by all clinicians in the critical care setting.

To accomplish this, we set out to develop a problem list that would be easy to use and would facilitate effective communication of information about patients’ conditions. In addition, we ensured that representative clinicians had input into the development of the problem list.

Methods. The first step was to establish a database of current terminology. An audit of 383 medical records of patients admitted to the four participating ICUs during a two-month period identified a total of 3234 documented terms. After combining duplicate terms, a list of 1642 unique terms resulted. The most common terms identified were: Discharge Planning, S/P CABG, R/O MI, GI bleed, Impaired Gas Exchange, Unstable Angina, Knowledge Deficit, Intubated and Ventilated, Altered Skin Integrity, and Pneumonia. A multidisciplinary work group scrutinized the 1642 unique terms and identified preferred terms. Combining these terms resulted in a list of 282 preferred terms.

Clinician input. Physician and nurse representatives from each of the four ICUs reviewed the list of 282 preferred terms. The group then reviewed and discussed each term. Many of the terms representing problems identified in the chart review process were collapsed into less specific terms or deleted altogether, resulting in a list of 79 terms. Clinicians then proposed the addition of terms relevant to their practice, which met specific criteria set up by the group. Fifty-two additional terms were added to the final problem list by this process.

Description of Final List. The final problem list contains a total of 131 problems and is organized using two hierarchical levels. Each problem resides under one of 18 categories based on physiologic systems, patient care issues, and procedures.

Of the 10 most frequently identified problems from the chart review six were preserved unchanged in the final list and four were combined into less specific problems or had minor changes in terminology.

Future Efforts
This problem list was developed by an interdisciplinary and evolutionary group process. There is a strong commitment by the critical care clinicians to use this problem list as a key element of their interdisciplinary electronic record. We plan to evaluate the use of this problem list formally as we gain experience with it in the clinical setting. In addition, we plan to map the existing problem list to an accepted vocabulary such as SNOMED.

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References