Enhancing Patient Care through Effective and Efficient Nursing Documentation

Session NI1, March 5, 2018
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HCA Senior Vice President & Chief Nurse Executive
Conflict of Interest

Jane Englebright, PhD, RN, CENP, FAAN

Has no real or apparent conflicts of interest to report.
Agenda

• Background
• Getting Organized
• Key Decisions
• Getting Results
• Enhancing Patient Care
Learning Objectives

• Describe the value of organizing nursing data in a standard format
• Identify strategies for gaining nurse efficiencies in a technology enabled practice environment
• Explain the case for the operational value of cleaning up your documents
The Problem

The Tower of Babel, 1563
Pieter Bruegel, 1525 - 1569
Create a patient-centric record:

• To guide and inform the provision of safe, effective and efficient care

• To support interdisciplinary care

• To produce data to evaluate care of individual and populations of patients
The Timeline

A solution for nurses by nurses

Clinical workflow action team by 700 clinicians (2007)
MT 6.0 Go-Live (2011)
5.6.6 Meditech Go-Live (Feb 2016)
Phase II 48 Facilities (Oct 2017)
Content defined by 300 clinicians (2009-2010)
Epic Go-Live (2013)
Phase I 42 Facilities (Mar 2017)
Phase III 47 Facilities (Jan 2018)
Getting Organized
Roles & Responsibilities:

- Clearly defined
- Non-overlapping
- Mutual respect
## Guiding Principles: Development Process

### Evidence-Based Clinical Documentation (EBCD)

<table>
<thead>
<tr>
<th>Principles</th>
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<tbody>
<tr>
<td>Evidence-based vs. consensus-based decision-making</td>
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<tr>
<td>Small design team, large review group</td>
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<tr>
<td>Practicing clinicians define content</td>
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<td>Regulatory experts evaluate content for compliance</td>
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<tr>
<td>Principles</td>
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<td>------------------</td>
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<tr>
<td>Focus on the ethical, competent clinician</td>
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<tr>
<td>Support ideal workflow</td>
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<tr>
<td>Automate data entry whenever possible</td>
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<tr>
<td>Share content between clinicians and care areas whenever possible</td>
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<tr>
<td>Incorporate decision-support</td>
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<tr>
<td>Use software as designed</td>
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<tr>
<td>Strict adherence to Style Guide</td>
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</table>
Key Decisions
Clinical Care Classification System

• Standardized terminology for EHR systems
• Based on nursing process
• Applicable for other disciplines
• “Essence of care” approach

Key Decision:
Standard terminology

http://www.sabacare.com
<table>
<thead>
<tr>
<th>Use of CCC</th>
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<tbody>
<tr>
<td><strong>4 Healthcare Patterns</strong></td>
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<tr>
<td><strong>21 Care Components</strong></td>
</tr>
<tr>
<td><strong>176 Diagnoses</strong></td>
</tr>
<tr>
<td><strong>3 Outcomes Classes</strong></td>
</tr>
<tr>
<td><strong>804 Interventions</strong></td>
</tr>
<tr>
<td><strong>4 Action Types</strong></td>
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</tbody>
</table>
Goal: Transform the Plan of Care into a meaningful care activity and a vehicle for team communication

- The POC is patient centric and goal directed.
- Each patient has a unique POC consisting of 3 – 4 problems that are the focus for this episode.
- Not part of the POC:
  - Routine care
  - Individualized considerations for care
  - Physician ordered nursing interventions
Identify routine care activities common to all inpatient care areas

- Required for all inpatients
- Appear on the task list
- Not tied to specific problems or goals
- Not part of Plan of Care
- All nursing assistant actions are “perform”

Assess
- Assessment (head-to-toe)
- Pain management
- PRN Medication Effectiveness

Perform
- Vital Signs, MEWS/PEWS
- I&O
- Height & Weight
- Lines, tubes & drains
- ADLs: Hygiene Care / Meals / Ambulation

Teach
- First dose medication education
- Patient/Family Education

Manage:
- Care management
Individualized considerations for care necessary for planning and providing care

- Required history elements
- Communicated to all caregivers
- Not associated with goals
- Not part of Plan of Care

- Culture / Spiritual considerations
- Hearing / Sight Impairments
- Developmental level
- Legal considerations (organ donor, advanced directives, POA)
- Assistive devices
- Substance use
- Living situation
- Educational needs and preferences
Key Decision: Patient history

- Recall used extensively to bring forward information from previous encounters
- Family history assigned to the admitting provider
- Patient screenings limited to 3-5 queries
Key Decision: Shared content

- Content shared among:
  - Inpatient nursing
  - Rehabilitation
  - Behavioral Health
  - Emergency Services
  - Surgical Services
  - Respiratory Care

- Health History
- Assessment: Head to toe
- Safety/Risk/Regulatory
- Pain Assessment
- Lines, Drains, & Airways
- Vitals Signs
- Teach/Educate
- Manage, Refer, Contact, Notify
Documentation eliminated

✓ Inventory of belongings
✓ Standard precautions
✓ Hand washing
✓ Safety measures defined by policy (i.e., trach tube at bedside)
✓ ‘Routine’ emotional support
✓ ‘Routine’ explanations of care
✓ *Handoff Communication* is a process not a “form”

If it wasn’t documented, It wasn’t done
Getting Results
Three Drivers for Optimizing A Business Case

Collaboration

Nursing
IT&S
Finance

Strategic Goals

Link to organizational goals and mission
Understand financial goals

Data

Operational and financial data

Adapted from: http://www.ihi.org/resources/Pages/Tools/Business-Case-for-Safe-Health-Care.aspx
Frequent nursing care activities left undone

- Comfort/Talk with Patients
- Developing or Updating Care Plans
- Educating Patients & Families

HCAHPS Domains
- Nurse Communication
- Responsiveness
- Pain management
- Communication about medicines
- Transition of care

Making the Case

RN Satisfaction Survey
• Narrative data identified burdensome documentation as second most frequently cited complaint

Physician Satisfaction
• Frequent complaints of nurses spending too much time on the computer

IMPACT

RN Satisfaction Survey improvement and change in narrative comments
RN turnover improvement
Physician interview data
A 2013 survey of more than 800 hospital nurses across HCA identified three major themes:

- Mobility
- Integrated Devices
- Reduced Documentation
Efficiency benefits of EBCD

Change in documentation time measured on five routines

- Shift Assessment
- Fall Risk Assessment
- Hygiene Care
- Skin Risk Assessment
- Inventory of Belongings

Results from first 11 hospitals

<table>
<thead>
<tr>
<th>Care Area Type</th>
<th>Minutes Saved</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED</td>
<td>26</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>32</td>
</tr>
<tr>
<td>Inpatient</td>
<td>41</td>
</tr>
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### Time saving design decisions

<table>
<thead>
<tr>
<th>Focused plan of care</th>
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<tbody>
<tr>
<td>Limiting documentation for others</td>
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<tr>
<td>Removing non-value added content</td>
</tr>
<tr>
<td>Sharing content among care areas</td>
</tr>
<tr>
<td>Six consistent screen designs</td>
</tr>
<tr>
<td>Interoperability to eliminate manual data entry</td>
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Vital Sign Interoperability

Summary of benefits:
- 30 minutes less time spent per vital sign rounds
- Consistent 23 seconds to delivery of results compared to highly variable 41 minutes pre-implementation
- Data entry errors eliminated
- Over 90% average utilization

Before

After

Data available for clinician use and decision support

2460 seconds average
23 seconds
“I am continuing to receive ALL overwhelmingly positive feedback. Even novice nurses say that EBCD helps them have more time at the bedside and less time in front of a computer, to the point there are sometimes no nurses at the station because they are all in the patient rooms. This has truly transformed the way we deliver care and is the most direct way I have seen HCA support our mission, “Above all else…””

“I feel like a nurse again, treated like a professional. I am more able to chart real time, doing the little things that before I forgot or just didn’t get to, and that makes me want to go the extra mile.”

“This has truly transformed the way we deliver care”

“I really like how the information flows from unit to unit”
Performance on TJC Standards

Joint Commission Triennial Accreditation Surveys
Plan of Care-associated RFIs as % of All RFIs
2014-2017 YTD

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
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<tbody>
<tr>
<td>Total Surveys</td>
<td>41</td>
<td>44</td>
<td>58</td>
<td>49</td>
</tr>
<tr>
<td>Total RFIs</td>
<td>668</td>
<td>674</td>
<td>1023</td>
<td>1729</td>
</tr>
</tbody>
</table>

POC as % of RFIs

- 2014: 2.40%
- 2015: 3.26%
- 2016: 1.17%
- 2017: 0.69%
## Value of Data in a Standard Format

<table>
<thead>
<tr>
<th>Share data between care areas</th>
<th>Provide consistent data for dashboards</th>
<th>Enable external data sharing &amp; benchmarking</th>
<th>Maximize efficiency of IT support</th>
<th>Enable nursing research</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Save patient time</td>
<td>• Identify variation</td>
<td>• Efficient data reporting</td>
<td>• Fewer variations in data display to maintain</td>
<td>• Enable comparative effectiveness studies with large number of subjects</td>
</tr>
<tr>
<td>• Save staff time</td>
<td>• Motivate change</td>
<td>• External performance comparisons</td>
<td>• Centralized governance</td>
<td></td>
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<tr>
<td>• Assure patient that staff are coordinating care</td>
<td>• Monitor improvement</td>
<td></td>
<td></td>
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</table>
Enhancing Patient Care
• Data slides not available for posting or sharing
Holding the gains

**Structure**
- Corporate Governance Process
- Division Practice Council
- Facility Practice Council

**Process**
- Does current process match the ideal process?
  - Yes
  - No
    - Redesign process
    - Yes
    - No
      - Redesign documentation
      - Yes
      - No change
References


Questions?

- Jane.Englebright@hcahealthcare.com

- Please complete online session evaluation