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Translating The Vision Of The EHR: Promoting Change, Culture and Clinical Expertise

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Today's Topic Is A .....

However...

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Objectives for Session:

- To demonstrate the significance of having Registered Nurses on an electronic clinical documentation (eDoc) design team.
- To demonstrate the potential for electronic clinical documentation to achieve clinical transformation in complex clinical environments.
- To explore the necessity of nursing leaders to embrace electronic documentation projects as true clinical transformation endeavours and become agents of change.

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Bridgepoint Health

Largest complex chronic disease and rehabilitation organization in Canada.

An integrated network of services that include:

- **Focus on disease prevention and health promotion**
- **Leading-edge medical and rehabilitation care, and wellness programs**

Provide specialized and integrated care to more than 2,200 patients/year in 479 inpatient beds, and through 12,000 outpatient visits

40,000 home care visits/year provided by Community Rehab

Launched the first research institute for complex illness in Canada

Working with the University of Toronto to develop the first curriculum for complex disease management.

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Electronic Clinical Documentation Design Team – Bridgepoint Health

Larissa Wisniewski, Speech Pathologist (Co-Lead)
Linda Yetman, Registered Nurse (Co-Lead)
Tiffany Niles, Registered Nurse
Mary Ellen Shaw, Registered Nurse
Margaret Burns, Occupational Therapist
Niall Hay, Applications Specialist
Terri Lefort, Project Manager (Healthtech)
Randy Ausenhus, Project Manager (Bridgepoint Health)

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"In attempting to arrive at the truth, I have applied everywhere for information, but scarcely in an instance have I been able to obtain hospital records fit for any purpose of comparison."

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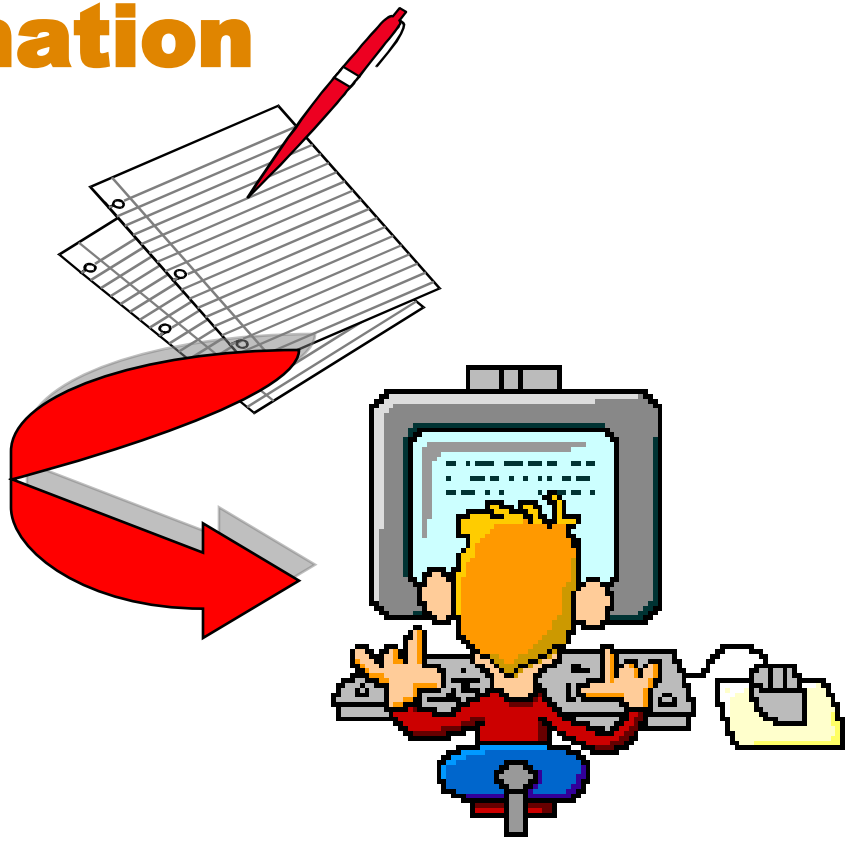
Electronic Documentation and Clinical Transformation

Electronic Documentation:



Automating best practices with electronic healthcare records

(Hamilton, Jacob, Koch, Quammen, 2004)

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Electronic Documentation and Clinical Transformation

Clinical Transformation:

is the adoption of new processes to improve clinical workflow and patient outcomes

(Marley & Reck, 2006)

- **Improve patient safety**
- **Streamline workflow**
- **Ensure standard practice**
- **Enable best practice**
- **Define measures and care process outcomes**

(Knecht, 2005)

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Benefits of Electronic Documentation

For the Patient:

- Patient-centered redesign
- Minimized redundancy
- Streamlined documentation
- More effective care planning

For the Nurse:

- Patient-centered redesign
- Minimized redundancy
- Streamlined documentation
- More effective care planning

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Benefits for the Practice Settings

- Data available concurrently to multiple users
- Patient history available one visit to the next
- Concurrent communication between departments
- Legible documentation
- Automated chart reviews and audits
- Data available for trending and monitoring
- Operationalize the philosophy of care
- Operationalize clinical standards
- Optimize staff efficiency
- Improve management effectiveness for patient care units

(Englebright, 2005)


Complex Care
Environments

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Can the Promise.....


Complex Care
Environments

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The Significance of Having an RN on an EDoc Team

- "The Build"
- Role of the RN on the team
- Why a nurse?
  - Who – nurses
  - What – nursing assessments
  - Where – on patient care units
  - When – point of care documentation

Electronic Nursing Documentation

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Electronic Documentation

Design

- Standards Based Charting/Focus Charting
- DARP

Integration:

- MDS
- HOBIC
- Work Load Measurement

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Cardio Vascular Assessment (Acute)

Original Meditech Content - Cardiovascular Ax

Pulse	
Rate	(60 - 90 bpm)
→ Modifier	( ) Left ( ) Right
→ Location	( ) Radial ( ) Apical ( ) Carotid ( ) Femoral ( ) Popliteal ( ) Posterior Tibial ( ) Dorsalis Pedis ( ) Ulnar ( ) Brachial ( ) Superficial Temporal
Rhythm	( ) Regular ( ) Irregular
Strength	( ) Normal ( ) Weak ( ) Strong ( ) Bounding ( ) Absent
Method	( ) Palpation ( ) Doppler ( ) Auscultation
Heart Sounds	
Heart Sounds Select all that apply	( ) S1 & S2 ( ) S3 ( ) S4 ( ) Murmur ( ) Distant ( ) Accentuated Split S1 ( ) Diminished S1 ( ) Split S1 ( ) Physiologic Split S2 ( ) Persistant Wide Split S2 ( ) Fixed Split S2 ( ) Paradoxical Split S2
Murmur Type	( ) Midsystolic ( ) Holosystolic ( ) Early Diastolic ( ) Mid-to Late Diastolic
Quality	( ) Blowing ( ) Harsh ( ) Rumbling
Pitch	( ) High ( ) Medium ( ) Low
Grade	( ) I ( ) II ( ) III ( ) IV ( ) V ( ) VI
Circulation	
Jugular Vein Distention	( ) Mild ( ) Moderate ( ) Severe
Capillary Refill	( ) < 3 seconds ( ) Immediate ( ) > 3 seconds ( ) Delayed ( ) None
Homan's Sign Present	( ) Left ( ) Right
Circulatory Tenderness Select all that apply	( ) Right Calf ( ) Left Calf ( ) Right Thigh ( ) Left Thigh ( ) Right Arm ( ) Left Arm
Edema	
→ Site	( ) Left ( ) Right
→ Edema Location	( ) Foot ( ) Ankle ( ) Leg ( ) Lower Extremity ( ) Periorbital ( ) Hand ( ) Arm ( ) Upper Extremity ( ) Scrotal ( ) Sacral ( ) Generalized ( ) Facial
Type	( ) Non-pitting ( ) Pitting
Degree	( ) 1+ ( ) 2+ ( ) 3+ ( ) 4+
Chest Pain	
Chest Pain Complaint	( ) Yes ( ) No
Description Select all that apply	( ) Continuous ( ) Tingling ( ) Numbness ( ) Intermittent ( ) Crushing ( ) Burning ( ) Severe ( ) Tightness ( ) Heaviness ( ) Constricting ( ) Stabbing ( ) Squeezing ( ) Pressure ( ) Dull
Radiation Location Select all that apply	( ) Left Jaw ( ) Left Arm ( ) Left Shoulder ( ) Right Jaw ( ) Right Arm ( ) Right Shoulder ( ) Back ( ) Neck
Duration	( ) Less than 15 minutes ( ) 15-30 Minutes ( ) 31-60 Minutes ( ) 1-3 Hours ( ) 3-6 Hours ( ) > 6 Hours
Intensity	(out of 10)
Associated Findings Select all that apply	( ) Nausea ( ) Vomiting ( ) Diaphoresis ( ) Cool Extremities ( ) Faintness ( ) Dyspnea ( ) Tachypnea ( ) Tachycardia ( ) Hypotension
Precipitating Event	( ) Physical Exertion ( ) Mental Exertion/Stress ( ) Eating ( ) At Rest ( ) Coughing ( ) Other
Alleviating Factors	

Content in this assessment may be more suitable for an acute care facility

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Cardiovascular Assessment (Continuing Care / Rehabilitation)

DATA: Introduction	
Patient's Concerns	
Family/Caregiver or Team Concerns	
DATA: Medication	
Is Patient Taking Cardiac Medication	○ Yes ○ No
DATA: Pacemaker	
Does Patient Have Pacemaker	○ Yes ○ No Comment
DATA: Skin Characteristics	
Skin Characteristics	☐ Cyanosis ☐ Flushing ☐ Diaphoretic ☐ Warm ☐ Dry ☐ Mottling ☐ Bruising ☐ Cold ☐ Hot ☐ Moist
DATA: Edema - Occurrence #1	
→ Site	○ Left ○ Right
→ Edema Location	○ Foot ○ Periorbital ○ Scrotal ○ Facial ○ Other ○ Ankle ○ Hand ○ Sacral ○ Labia ○ Leg ○ Arm ○ Generalized ○ Breast
Other Edema Location	
Type	○ Non-pitting ○ Pitting
Degree	○ 1+/4+ ○ 2+/4+ ○ 3+/4+ ○ 4+/4+
Chronic/Acute	○ Chronic ○ Acute
DATA: Circulation - Occurrence #1	
→ Capillary Refill Location	○ Fingers of Left Hand ○ Toes of Left Foot ○ Fingers of Right Hand ○ Toes of Right Foot
Capillary Refill	○ < 3 seconds ○ > 3 seconds ○ None
DATA/ANALYSIS: Cardiac Signs/Symptoms	
Cardiac Signs/Symptoms	☐ Chest Pain ☐ SOB ☐ SOBOE ☐ Tachypnea ☐ Tachycardia ☐ Bradycardia ☐ Bradypnea ☐ Other ☐ Nausea ☐ Vomiting ☐ Syncope ☐ Dyspnea ☐ Fatigue ☐ Diaphoresis ☐ Hypotension ☐ Altered Skin Colour ☐ Change In LOC ☐ Pitting Edema ☐ Restlessness ☐ Cool Extremities ☐ Circulatory Tenderness ☐ Jugular Vein Distention
Circulatory Tenderness Description	☐ Right Calf ☐ Left Calf ☐ Right Thigh ☐ Left Thigh ☐ Right Arm ☐ Left Arm
Other Cardiac Signs/Symptoms	
ANALYSIS: Assessment Parameters	
Assessment Parameters	○ W/I Defined Normal Limits ○ Significant Findings ○ Unchanged ○ Unable to Assess ○ Expected Findings
For Expected Findings Indicate Underlying Condition	
If Unable to Assess Indicate Reason	
ACTION: Clinical Action	
Clinical Action: Cardiac Care	☐ Physician Informed ☐ Vital Signs Evaluated ☐ Oxygen Initiated ☐ Psy/Soc Support Provided ☐ Other ☐ Medication Reviewed ☐ LOC Evaluated ☐ Chest Pain Ax Completed ☐ Pacemaker Ax Completed Ensure Level of Care Has Been Established and Verified
Other Action: Cardiac Care	
RESPONSE: Patient Response	
Patient Response to Care: Cardiac	☐ Pt Agrees ☐ Symptom Relief ☐ Caregiver Agrees ☐ Pt Disagrees ☐ No Symptom Relief ☐ Caregiver Disagrees
PLAN: Plan of Care	
Plan: Cardiac Care	☐ Evaluate Symptom Relief ☐ Provide Emotional Support ☐ Liaise/Refer Team ☐ Evaluate Cardiac Status ☐ Provide Education

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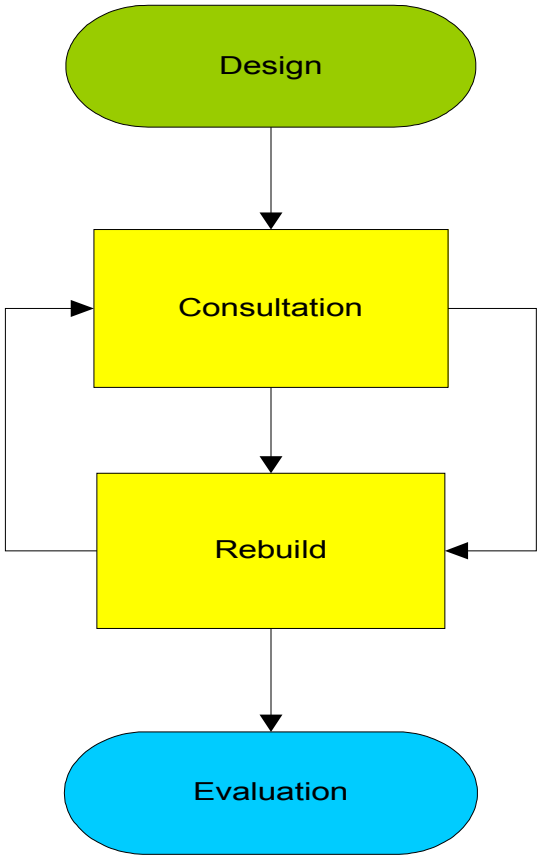
Electronic Documentation: Process of Staff Engagement

- Consultation
- Rebuild
- Evaluation



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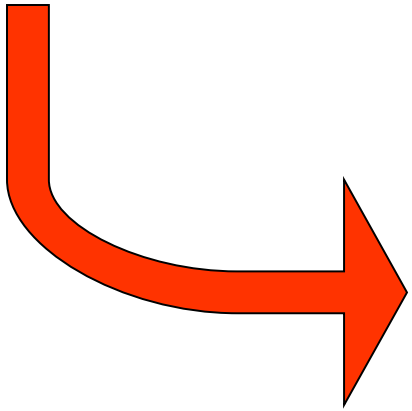
Electronic Documentation Systems: Achieving Clinical Transformation



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Considerations to Strive Toward Clinical Transformation

- Best care for patients and families
- Aspirations and goals of the organization
- Cultural diversity
- Resistance to or acceptance of change
- Computer literacy of the nurse
- Readiness of practice environment to embrace a major clinical initiative

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Building an Infrastructure to Support the Clinical Transformation Process

- Work Flow Analysis
- Standardizing nursing language
- Incorporating cultural considerations
- Hardware/vendor fairs
- Introduction to Software - Nursing focus groups

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Building an Infrastructure to Support the Clinical Transformation Process

- Integration of MDS, HOBIC and Work Load changes the dynamic of work (no longer completing GRASP - better representation of nursing actions)

- Interdisciplinary design team encourages and supports stronger interdisciplinary practice relationships in practice environment

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Next Steps

- Nursing Advisory Council
- Health Disciplines Advisory Council
- Ad Hoc Working Groups
- Education/Training Plan
- Sustainability Plan

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Why is Nursing Leadership Important in Integration of Tools/ Data in the Electronic Patient Record?

- The patient care record is the most central information and communication tool for healthcare professionals.
- Increased potential for interdisciplinary access to information is expected to increase the quality and continuity of patient care and treatment.
- Nurses manage most patient information and co-ordinate the interdisciplinary care among healthcare providers.

(Helleso & Ruland, 2001)

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In Summary:

- Technology supports critical thinking
- Must have strong clinicians on the design team
- Must have string links to practice
- Applications must be built to trigger critical thinking at the bedside while keeping the "bigger picture" in mind
- Find ways to integrate the technical with the clinical
- Promote dialogue in the clinical settings to promote common language

Integrating technology into the daily nursing practice has become part of every nurse's role whether as a nurse, administrator, educator, manager, or staff nurse *(McHaney, 2007)*

Thank You!!

Questions?
Comments?

(Bridgepoint Health Logo, 2006)

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