

# Integrating HOBIC: One Community Hospital's Experience

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# Session Overview

- HOBIC update
- Web Application – building a common assessment
- Clinical workflow
- Implementation
- Challenges
- Achievements
- Current status



- A set of clinical outcomes that are representative of nursing practice and can be collected systematically and standardized across the health care system

**Functional Abilities –ADL and bladder continence**

**Therapeutic self-care (Doran & Sidani)**

**Symptoms**

**Pain**

**Fatigue**

**Dyspnea**

**Nausea**

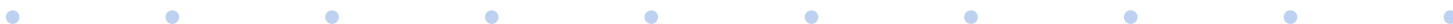
**Safety outcomes: Falls & pressure ulcers**

- Collected on admission and discharge in acute care and admission, quarterly and if condition changes in other sectors



# Implementation

- 148 participating sites (acute and long-term care) across Ontario submit data electronically to the HOBIC database which resides at the Institute for Clinical Evaluative Sciences (ICES)
- Web Application available for smaller acute care site
- Working with the home care sector
- College and University curriculum integration



# Challenges

- **Smaller hospitals do not have resources to support clinical documentation systems**
- Lack of devices at the bedside for clinicians to enter information – entering information on paper
- Current clinical information systems do not provide information back to clinicians
- Information is not standardized and is focused on one sector and does not follow the patient across the system
- Lack of access to internet – knowledge workers

# Building a Standardized WEB Design

- **Campbellford Memorial Hospital**, Campbellford, ON
- **The Alexandra**, Ingersol ON
- **Wellington Healthcare Alliance** -comprised of Groves Memorial Community Hospital (Fergus site) and North Wellington Health Care (Mount Forest and Palmerston sites)



# Achieving Standardization in Ontario

- It is possible....within regions
- **Achieving substantive consensus**
- Ensure value for nurses and patients
- Eliminate duplication
- Focus on the first 24hrs: what do we really need to know to plan, implement and evaluate care?
- Shift thinking from a local focus to an electronic & global future



# HOBIC and Patient Care









# Campbellford Memorial Hospital

- 30 acute care bed rural hospital with 4 special care beds
- 1100 admissions per year
- 89% admitted through the ER Department
- 21,000+ ER visits per year
- A nursing staff of 75 RN/RPNs.
- CMH uses MEDITECH for order entry and results review only



**NURSING ASSESSMENT & HISTORY – ACTIVE****OBSERVATIONS**

TPR \_\_\_\_\_ BP \_\_\_\_\_  
 Weight \_\_\_\_\_ kg Height \_\_\_\_\_ cm  
 Recent Weight Change \_\_\_\_\_

Allergies \_\_\_\_\_

**HABITS**

Sleep \_\_\_\_\_  
 Alcohol \_\_\_\_\_  
 Smoking \_\_\_\_\_  
 Drugs \_\_\_\_\_

**GENERAL APPEARANCE ON ADMISSION****OTHER HEALTH PROBLEMS AND/OR OPERATIONS**

Are you an organ donor?

Yes \_\_\_\_\_ No \_\_\_\_\_

Specify \_\_\_\_\_

**COMMENTS****HEALTH TEACHING / DISCHARGE PLANNING****PREVIOUS HOMECARE/VON****RESPIRATORY**

No problem \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Cough \_\_\_\_\_  
 Wheeze \_\_\_\_\_  
 SOB \_\_\_\_\_  
 Congested \_\_\_\_\_  
 Sputum \_\_\_\_\_  
 O<sub>2</sub> at Home \_\_\_\_\_  
 Asthma \_\_\_\_\_  
 Bronchitis \_\_\_\_\_  
 Other \_\_\_\_\_

**CARDIOVASCULAR**

No problem \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Cyanosis \_\_\_\_\_  
 Edema \_\_\_\_\_  
 Pacemaker \_\_\_\_\_  
 Chest Pain \_\_\_\_\_  
 Palpitation \_\_\_\_\_  
 High Blood Pressure \_\_\_\_\_  
 Circulation \_\_\_\_\_  
 Other \_\_\_\_\_

**GASTROINTESTINAL / ENDOCRINE**

No problem \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Diet at Home \_\_\_\_\_  
 Appetite \_\_\_\_\_  
 Difficulty Swallowing \_\_\_\_\_  
 Constipation \_\_\_\_\_  
 Diarrhea \_\_\_\_\_  
 Bleeding \_\_\_\_\_  
 Incontinent \_\_\_\_\_  
 Ostomy \_\_\_\_\_ size \_\_\_\_\_ type \_\_\_\_\_  
 Distention \_\_\_\_\_  
 Date of Last BM \_\_\_\_\_  
 Diabetic \_\_\_\_\_  
 Thyroid \_\_\_\_\_  
 Other \_\_\_\_\_

**GENITOURINARY**

No problem \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Distention \_\_\_\_\_  
 Burning \_\_\_\_\_  
 Frequency \_\_\_\_\_  
 Incontinence \_\_\_\_\_  
 Discharge \_\_\_\_\_  
 Bleeding \_\_\_\_\_  
 Pain \_\_\_\_\_  
 Assistive Device \_\_\_\_\_  
 Pregnant \_\_\_\_\_ EDC \_\_\_\_\_  
 Last Menses \_\_\_\_\_  
 Other \_\_\_\_\_

**MUSCULOSKELETAL**

No problem \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Restricted Movement \_\_\_\_\_  
 Restricted Sensation \_\_\_\_\_  
 Arthritis \_\_\_\_\_  
 Potential for Injury Assessment \_\_\_\_\_  
 Other \_\_\_\_\_

**SKIN**

No problem \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Rash \_\_\_\_\_  
 Bruise \_\_\_\_\_  
 Colour \_\_\_\_\_  
 Dry \_\_\_\_\_  
 Swelling \_\_\_\_\_  
 Diaphoretic \_\_\_\_\_  
 Itchy \_\_\_\_\_  
 Abrasion \_\_\_\_\_  
 Skin Temp to Touch \_\_\_\_\_  
 Ulcerations \_\_\_\_\_  
 Other \_\_\_\_\_



# ADL Documentation Before...

\_\_\_\_\_  
Activities of Daily Living (i.e. bathing,  
dressing, ambulation)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**MUSCULOSKELETAL**

No problem \_\_\_\_\_

Describe: \_\_\_\_\_

Restricted Movement \_\_\_\_\_

\_\_\_\_\_  
Restricted Sensation \_\_\_\_\_

\_\_\_\_\_  
Arthritis \_\_\_\_\_

\_\_\_\_\_  
Potential for Injury Assessment \_\_\_\_\_

\_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_



ADL Self-Performance (HOBIC)

218.	<p><b>Bathing</b> - How takes full-body bath OR shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, perineal area (EXCLUDE WASHING OF BACK AND HAIR) Assess for performance over full 24-hour periods, considering all occurrences of the activity</p>	<input type="radio"/> 0. Independent <input type="radio"/> 1. Set-up help only <input type="radio"/> 2. Supervision <input type="radio"/> 3. Limited assistance <input type="radio"/> 4. Extensive assistance <input type="radio"/> 5. Maximal assistance <input type="radio"/> 6. Total dependence <input type="radio"/> 8. Activity did not occur	
219.	<p><b>Personal hygiene</b> - How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands (EXCLUDE baths and showers) Assess for performance over full 24-hour periods, considering all occurrences of the activity</p>	<input type="radio"/> 0. Independent <input type="radio"/> 1. Set-up help only <input type="radio"/> 2. Supervision <input type="radio"/> 3. Limited assistance <input type="radio"/> 4. Extensive assistance <input type="radio"/> 5. Maximal assistance <input type="radio"/> 6. Total dependence <input type="radio"/> 8. Activity did not occur	
220.	<p><b>Walking</b> - How walks between locations on same floor indoors Assess for performance over full 24-hour periods, considering all occurrences of the activity</p>	<input type="radio"/> 0. Independent <input type="radio"/> 1. Set-up help only <input type="radio"/> 2. Supervision <input type="radio"/> 3. Limited assistance <input type="radio"/> 4. Extensive assistance <input type="radio"/> 5. Maximal assistance	

221.	<p><b>Transfer toilet</b> - How moves on and off toilet or commode Assess for performance over full 24-hour periods, considering all occurrences of the activity</p>	<ul style="list-style-type: none"><li><input type="radio"/> 0. Independent</li><li><input type="radio"/> 1. Set-up help only</li><li><input type="radio"/> 2. Supervision</li><li><input type="radio"/> 3. Limited assistance</li><li><input type="radio"/> 4. Extensive assistance</li><li><input type="radio"/> 5. Maximal assistance</li><li><input type="radio"/> 6. Total dependence</li><li><input type="radio"/> 8. Activity did not occur</li></ul>
222.	<p><b>Toilet use</b> - How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes (EXCLUDE transfer on and off toilet) Assess for performance over full 24-hour periods, considering all occurrences of the activity</p>	<ul style="list-style-type: none"><li><input type="radio"/> 0. Independent</li><li><input type="radio"/> 1. Set-up help only</li><li><input type="radio"/> 2. Supervision</li><li><input type="radio"/> 3. Limited assistance</li><li><input type="radio"/> 4. Extensive assistance</li><li><input type="radio"/> 5. Maximal assistance</li><li><input type="radio"/> 6. Total dependence</li><li><input type="radio"/> 8. Activity did not occur</li></ul>
223.	<p><b>Bed mobility</b> - How moves to and from lying position, turns side to side, and positions body while in bed Assess for performance over full 24-hour periods, considering all occurrences of the activity</p>	<ul style="list-style-type: none"><li><input type="radio"/> 0. Independent</li><li><input type="radio"/> 1. Set-up help only</li><li><input type="radio"/> 2. Supervision</li><li><input type="radio"/> 3. Limited assistance</li><li><input type="radio"/> 4. Extensive assistance</li><li><input type="radio"/> 5. Maximal assistance</li><li><input type="radio"/> 6. Total dependence</li><li><input type="radio"/> 8. Activity did not occur</li></ul>

224.	<p><b>Eating</b> - How eats and drinks (regardless of skill). Includes intake of nourishment by other means, e.g., tube feeding, total parenteral nutrition. Assess for performance over full 24-hour periods, considering all occurrences of the activity</p>	<input type="radio"/> 0. Independent <input type="radio"/> 1. Set-up help only <input type="radio"/> 2. Supervision <input type="radio"/> 3. Limited assistance <input type="radio"/> 4. Extensive assistance <input type="radio"/> 5. Maximal assistance <input type="radio"/> 6. Total dependence <input type="radio"/> 8. Activity did not occur
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**Medications**

225.	Has own meds	<input type="checkbox"/> 0 At home <input type="checkbox"/> 1 Med Cart <input type="checkbox"/> 2 Pharmacy <input type="checkbox"/> 3 At Bedside <input type="checkbox"/> 4 Sent Meds Home
226.	Sent meds home with	<input type="text"/>
227.	Medications	<input type="radio"/> 0 See Medication List <input type="radio"/> 1 Medication Reconciliation <input type="radio"/> 2 None
228.	Comments	<input style="height: 80px;" type="text"/>

**Therapeutic Self-Care (HOBIC)**

Each of the following questions is about an aspect of your care related to your present health condition. Indicate how much you are able to do each care related activity, by choosing the number between "0" and "5" that is most appropriate. "0" represents "Not at all" and "5" represents "Very much so."



# Clinical Workflow

- ✓ Funding supported process review
- ✓ Printing
- ✓ Computer access

## Existing process for admission

- Patient flow
- Compliance of the assessment
- What was being collected on paper?

## Existing process for discharge

- Gained a discharge assessment
- What was documented? Given to the patient?
- Promotes communication

# Implementation

## Education

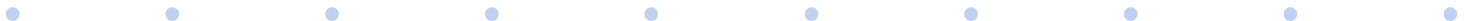
- Super user group training
- Trained all nurses (ER & IP) – 5 hr session

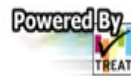
## Information Technology

- Wireless infrastructure
- New computers with carts
- User names and passwords for database access

## Policy and Procedure

- Assessment Norms
- Delayed Admissions
- Down-time procedures





## Authentication

User ID:

Password:

Organisation ID:

Log On



Helen Holmes  
DEMO  
Logged In

### Find Client

- Tools
  - Results
  - Find Client
- Data Centre
- Help
- Logoff

Search by:

First Name:

Last Name:   Soundex on Last Name

or

Medical Record #:

Lookup

Browser navigation and toolbars including address bar (https://hobictest.ices.on.ca/hobictest/app/treat), search bar, and various utility icons.

## Pre-Assessment Set up

Client Name: **Sample , Dorothy** MRN: **66887411233**

### Assessment header

Assessment Date: 18-Jun-2009  Assessment Label:

Entered into Computer by: Clinician

### Encounter

Location	Encounter#	Admit Date	Discharge Date	Select
Unit 44	87632141	01-Jan-2007	--	<input checked="" type="radio"/>
Unit 12	22785412369	05-Jan-2006	--	<input type="radio"/>

(\*Questions with an asterisk must be answered)

## Common Admission Assessment

Client Name: **Sample , Dorothy** MRN: **66887411233** Encounter: **87632141**

Choose response format  
Radio Button  Convert

Page 1 - Patient Details, Allergies, Vital Signs, Reason for Visit, Precautions

Patient Details	
1. Primary Language	<input type="text"/>
2. Patient ID Bracelet On	<input type="radio"/> 1 Yes <input type="radio"/> 0 No
3. Contact Name	<input type="text"/>
4. Contact Relationship	<input type="text"/>
5. Contact Work Phone	<input type="text"/>
6. Contact Home Phone	<input type="text"/>
7. Contact Cell Phone	<input type="text"/>
8. Power of Attorney for Personal Care Name	<input type="text"/>
9. Power of Attorney for Personal Care Phone	<input type="text"/>

63. Date	<input type="text"/>
64. Precautions	<input type="radio"/> 1 Yes <input type="radio"/> 0 No
65. Precautions - Type	<input type="checkbox"/> 0 Contact <input type="checkbox"/> 1 Droplet <input type="checkbox"/> 2 Airborne
66. Precautions - Reason	<input type="radio"/> 0 MSRA <input type="radio"/> 1 VRE <input type="radio"/> 2 C Diff <input type="radio"/> 3 Other
67. Reason - Other	<input type="text"/>
68. Flu Vaccine	<input type="radio"/> 1 Yes <input type="radio"/> 0 No
69. If Yes - When	<input type="text"/>
70. Pneumococcal Vaccine	<input type="radio"/> 1 Yes <input type="radio"/> 0 No
71. If Yes - When	<input type="text"/>



# Challenges

- Password configuration
- Time to complete
- Overnight admissions
- ER inpatients
- Loss of connectivity
- “Time outs”
- Down time notification





# HOBIC and Nursing Practice



# Achievements

- Standardized assessment
- Compliance
- Improved information
- Improved patient safety
- Encourages communication
- Patient knowledge about their health
- Enhanced computer skills



## Where we are at now....

- Preplanning January 2009
- GO LIVE March 2009
- Short term solution to LHIN wide implementation of a clinical documentation standardized system
- Alternative uses for the internet, wireless capacities for nurse and patient care
- Data utility and reports



# Available Reports



Helen Holmes  
DEMO  
Logged In

## Reports

### Tools

Results  
Find Client

### Data Centre

### Help

### Logoff

#### Subscribed Reports

#### Assessments Export

- HOBIC Report 1 - Mean Indicators by Unit
- HOBIC Report 2 & 3 - Mean Indicators (Composite/Detail) by Diagnosis, Age
- HOBIC Report 4 - Client Detail per Encounter
- HOBIC Report 5 - Percentages per Question on Admission/Discharge
- HOBIC Report 6 - Mean Indicators Over Time
- HOBIC Report 7 - Submission Report
- HOBIC Report 8 - Graphing Report

Configure

For further information visit our website:

<http://www.health.gov.on.ca/hobic>

