

Powerful Partnerships

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Tail Shouldn't Wag the Dog

Dog = Practice
Tail = EHR

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Objectives

- Appreciate the advantages of practice-driven information systems and the utility of aligning practice, informatics and quality.
- Provide examples of EHR documentation that can be utilized to provide clinical decision support and guide practice.
- Propose a structure and process to enable adoption of the practice, informatics and quality continuum in your organization.

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Organizational Structure

Reporting Structure for Senior NE Executive

CNO/Nursing Executive	20%	41%
COIT Executive	25%	25%
CEO/Administrator	15%	15%
Chief	7%	7%
CNO/COO/Physical Executive	15%	15%
Do Not Know	15%	15%
COO/Operations Executive	2%	4%

2017 Results | 2014 Results

Department to Which You Report

IS/IT	41%	41%
Nursing	25%	25%
Administration/Corporate Headquarters	15%	15%
Quality Improvement	15%	15%
Corporate Headquarters	15%	15%
Evaluation Department	15%	15%
Implementation	15%	15%
Software Design	15%	15%

2017 Results | 2014 Results

<https://www.himas.org/sites/himasorg/files/2017-nursing-informatics-workforce-full-report.pdf>

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Practice – Informatics – Quality Continuum

Nursing Practice

Clinical Informatics

Quality

Evidence Based Practice codified in policy, procedure, standard work, and job aids

Enabled by documentation standards in the EHR

Process & outcome metrics derived from EHR documentation

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Organizational Chart

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Screening for Readmission Risk

Adult Screen Tools

- Modified LACE Tool
- Pra Risk Tool
- Cerner's readmission stratification score
- HOSPITAL Score

Pediatric Screen Tools

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Evidence-Based Practice Prompted by the EHR

I-View Documentation

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HARRPS Tool

www.childrensmercy.org/harrps
 Email: HARRPS@cmh.edu

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Data-Based Practice Change

Year	Dressing Issue	Total CLABSIs	Percent
FY2017	31	65	48%

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C-Statistic Score compared to Adult Risk Tools

Modified LACE Tool	0.63
Pra Risk Tool	0.65
HARRPS	0.68
Cerner's Adult readmission calculation	0.69
HOSPITAL Score	0.76

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Children's Mercy CLABSI Rate/1,000 Central Line Days

Fiscal Year	CLABSI Rate/1,000 CLD
FY14	1.99
FY15	2.29
FY16	2.05
FY17	2.13
FY18	1.72
FY19	1.18

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Central Venous Line Details

Line type: Peripherally inserted central catheter (PICC) Tunneled catheter Non-tunneled catheter Other

Line manufacturer: Becton Dickinson Cook Covidien Medtronic Other

Line size: 1.5 Fr 2 Fr 2.5 Fr 3 Fr 3.5 Fr 4 Fr 5 Fr 6 Fr 7 Fr 8 Fr 9 Fr 10 Fr

Line length: 100 cm 110 cm 120 cm 130 cm 140 cm 150 cm 160 cm 170 cm 180 cm 190 cm 200 cm

Line insertion site: Internal jugular vein External jugular vein Subclavian vein Femoral vein Other

Number of lumens: 1 2 3 4 5 6 7 8 9 10

Reference: None Other

Single Lumen Primary Volume:

Line #	Description	Volume	Line #	Primary Volume
1	1		1	
2	2		2	
3	3		3	
4	4		4	
5	5		5	
6	6		6	
7	7		7	
8	8		8	
9	9		9	
10	10		10	

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Central Line Plan of Care

Description	Last Evaluated
Central Venous Line Plan of Care (Deleted) 04/11/2019 14:33 CDT	04/11/2019 14:46 CDT
Free from CLABS	04/11/2019 14:46 CDT
Maintain CLS, Patency, Site & Dressing	04/11/2019 14:33 CDT
CLABS Risk	04/11/2019 14:33 CDT
Central Line Maintenance Bundle	04/11/2019 14:33 CDT
CLABS Prevention-Beyond the Bundle	04/11/2019 14:33 CDT
Education-Central Line	04/11/2019 14:33 CDT
Resource-Central Line	04/11/2019 14:33 CDT
Tolerate dressing change	04/11/2019 14:37 CDT
CLABS Risk Assessment & Prevention Form	04/11/2019 14:33 CDT
CLABS Risk Assessment & Prevention Plan	04/11/2019 14:47 CDT
Include CHM Life in dressing changes	04/11/2019 14:48 CDT

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CLABS Risk Assessment & Prevention

CLABS risk: None Low Moderate High

***Central line maintenance bundle:** Yes No

***CLABS Prevention - Beyond the Bundle:** Yes No

***Central line size:** 1 2 3 4 5 6 7 8 9 10

CLABS Prevention-Beyond the Bundle

Reference:

Site: The site of the line should be inspected at least once daily for redness, swelling, pain, tenderness, drainage, or other signs of infection. If any of these signs are present, the site should be cleaned with antiseptic and covered with a sterile dressing. If the site is found to be infected, the line should be removed and replaced with a new line at a different site.

Line dressing: The line dressing should be changed at least once daily or whenever it becomes soiled, wet, or damaged. The dressing should be changed using aseptic technique. The dressing should be secured to the skin with a sterile adhesive.

Line change procedure: The line should be changed using aseptic technique. The line should be removed and replaced with a new line at a different site. The line should be secured to the skin with a sterile adhesive.

Patency: The line should be flushed with saline solution at least once daily to maintain patency. The line should be flushed with heparin solution if it is used for blood products.

Other: The line should be secured to the skin with a sterile adhesive. The line should be secured to the skin with a sterile adhesive.

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MPage Component

Arterial/Venous Access Details

All visits: Last 30 days

CVL Dressing Due: 04/16/2019

CVL Lumen #1 Adaptor Change Due: 04/13/2019 16:40

CVL Lumen #1 Tubing Change Due: 04/13/2019 16:40

CVL Details: 04/11/2019 16:41

CLABS Risk Assessment & Prevention: 04/11/2019 14:33

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Central Line Education

04/11/2019 16:52

Person(s) Taught: Mother, Father

CVL Access Type: PICC (peripherally inserted central catheter)

Educator: Catheter care nurse

Resources: Central line bundle

Evaluation: Verbalized understanding

Person(s) Taught: Parent Adult Adolescent Teen Other

CVL Access Type: PICC (peripherally inserted central catheter) Tunneled catheter Non-tunneled catheter Other

Educator: Catheter care nurse Nurse Other

Resources: Central line bundle How to flush the Central Line How to secure a Central Line How to prevent a Central Line infection How to change a Central Line dressing How to get in emergency Other

Evaluation: Verbalized understanding Written understanding Other

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Questions?

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