Reducing documentation burden: Results from the front line

Summer Institute of Nursing Informatics 2019

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SVP and Chief Nurse Executive

Objectives

• Describe an approach to reducing documentation burden
• Discuss current and future collaborative efforts to reduce documentation burden

HCA Healthcare

Size
215,000+ caregivers
96,000+ registered nurses
30+ states
10,000+ active physicians
Rank 3 in Fortune 500

Documentation burden

2014 Innovation Challenge: A survey of more than 800 hospital nurses identified three major themes

• Mobility
• Integrated Devices
• Reduced Documentation

Vision: Evidence-based clinical documentation

Create a patient-centric record that guides and informs the provision of safe, effective and efficient care by the interdisciplinary team and produces data to validate care of individual and populations of patients

Timeline

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Integrated Devices

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Objectives:
- Advance nursing practice systematically across the organization to a common, evidence-based foundation
- Enhance quality by capturing discrete data
- Enhance communication and transition of care as information is shared among caregivers
- Provide standard descriptions of patient nursing problems aggregated by unit
- Provide standardized, comparable data to drive improved performance at the unit and the individual level
- Provide standardized data to analyze differences in nursing practices and determine most effective practices.

Consistent and user-friendly screens

<table>
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<th>Style guide standards</th>
<th>Design decisions</th>
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<tr>
<td>Designed around usability heuristics</td>
<td>• Case sensitivity</td>
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<td>Designed around user workflow</td>
<td>• Symbols</td>
</tr>
<tr>
<td>Standard presentation</td>
<td>• Abbreviations</td>
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<td>Standard visual cues</td>
<td>• Color usage</td>
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Guiding principles: Content

Content requirements:
- Meaningful to patient care or necessary for regulatory or billing requirements
- Evidence-based vs. consensus-based
- Patient-focused design vs. discipline-focused design
- Data is shared among caregivers to eliminate duplication, but one caregiver should not perform data collection work for others
- Built for the ethical and competent clinician

Guiding principles: EBCD design

- Strict adherence to style guide for building screens
- Documentation supports ideal workflow
- Data entry is automated whenever possible
- Documentation incorporates decision support to minimize error and maximize effectiveness

Decisions that reduced documentation content
Documentation not needed in patient record

- Inventory of belongings
- Hand washing
- Safety measures defined by policy (i.e., trach tube at bedside)
- Routine emotional support
- Routine explanations of care processes
- Hand-off communication is defined by process, not “form”

Decisions that reduced documentation time

Individualized care considerations

- Required history elements for all inpatients
- Not associated with goals
- Not part of plan of care

- Culture / Spiritual considerations
- Hearing / Sight Impairments
- Developmental level
- Other respectful considerations (e.g., trach tube at bedside)
- Legal considerations (organ donor, advanced directives, POA)
- Assistive devices
- Substance use
- Living situation
- Educational needs and preferences

Consistent user interface

Routine care for all inpatients

- Required documentation elements for all inpatients
- Auto-populate for all admissions
- Not tied to specific problems/Plan goal
- All nursing assistant actions are “perform”

Assess
- Admission assessment
- Pain management
- FN1 medication effectiveness

Perform
- Vital signs, MEWS, PEWS
- Intake and output
- Height & Weight
- Lines, tubes & drains
- Activities of daily living

Teach
- First dose of medication
- Patient/family education

Manage
- Care management

‘Default Norms’
Default content in patient history

Demo recall used extensively to pull data forward from previous visits

Limit data collection for others

- Patient screenings have limited queries
- Enable specialists to identify patients in need of full assessment and/or intervention

Safety/Risk/Regulatory

Risk screenings pulled to a common documentation routine for:
- Frequent Assessments
- Ease of access

Plan of care framework: Clinical Care Classification (CCC)

Clinical Care Classification (CCC) System: A standardized terminology for electronic health record (EHR) systems that supports capturing discrete patient care data for documenting the "essence of care" and measuring the relationship of clinical care to patient outcomes

CCC System Framework

- 21 Care Component Classes:
- 175 Diagnoses:
- 563 Outcomes:
- 564 Interventions:
- 4 Actions x 201 Items

CCC Background

- Two interrelated, classified terminologies: Capturing the "ESSENCE of Care"
  - CCC of nursing interventions and actions (Assess, Perform, Manage & Teach)
  - CCC of nursing diagnosis and outcomes (Improve, Stabilize, Deteriorate)

  - Created by nurses for nurses
  - Follows the nursing process
  - Generates standardized, comparable data

EBCD plan of care approach

- Patient centric and goal directed.
- Regularly reviewed and updated as needed based on changes in the patient's condition, response to treatment, and progress toward goals.
- Routine care, individualized considerations for care and physician ordered nursing interventions are not components of the Plan of Care.
EBCD plan of care approach

- The nurse selects three to four priority problems for this patient during this episode of care.

EBCD plan of care outcomes

- A default goal is associated with each problem.
- The RN can status the goal to show progress or deterioration.
- The RN can document the final outcome of the problem.

EBCD Success Metrics: Objective Results

Pilot Results: pre-go-live study suggested 19 minutes saved in charting per nurse, per shift on five documentation routines.

EBCD Success Metrics: Subjective Results

93% of Nurses Increased Time at Bedside

Feedback

- "This has truly transformed the way we deliver care."
- "I really like how the information flows from unit to unit."
- "I normally have lunch at 5 PM. Today I had lunch at 1 PM."

Reducing documentation burden

- I am continuing to receive ALL overwhelmingly positive feedback. Even the novice nurses say that EBCD helps them have more time at the bedside and less time in front of a computer. In the past, there are sometimes no nurses in the unit and there is no time to chart. EBCD has truly transformed the way we deliver care and is the real deal. I now have HCA support this mission. Above all else, we are committed to the care and improvement of human life."

- "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 nurses used to go the extra mile."

- "This patient was admitted with a cardiomyopathy and renal failure and is critically ill. The patient’s condition has stabilized. He is now able to be up and moving around more. He has participated in family rounds and is engaged in his care plan."

Confidential – Contains proprietary information. Not intended for external distribution.

EBCD & CCC Overview

Reducing documentation burden
Governance: Holding the gains

Structure

Process

Does current process match the ideal process?

Yes

No

Redesign system

Does content align with guiding principles and key decisions?

Yes

No

Redesign documentation

No change

References