Reducing documentation burden: Results from the front line

Summer Institute of Nursing Informatics 2019

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2014 Innovation Challenge:

A survey of more than 800 hospital nurses identified three major themes

Mobility

Integrated Devices

Reduced Documentation

4

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Objectives

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

2

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Documentation burden

The Tower of Babel, 1563
Pieter Bruegel, 1525 -1569

5

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Size

270,000+ colleagues

94,000 registered nurses

38,000 active physicians

Ranked 63 in Fortune 500

Patient Care

In 2018, approximately 30 million patient encounters happened at an HCA Healthcare facility, including:

8.8 Million emergency room visits

More than 200,000 babies delivered

Giving Back

$3.6 Billion invested last year in capital spending to expand or bring new services to the communities we serve

$3.3 Billion for delivery of charity care, uninsured discounts and other uncompensated care in 2018

$42 Million in charitable contributions across the enterprise in 2018

Up to $300 Million over three years is being invested towards programs that support colleagues' career development, their families and their lives

Industry Leader

HCA Healthcare has been named one of the "World's Most Ethical Companies" for 10 years in a row.

For our physicians, HCA Healthcare has more than 230 graduate medical education (GME) programs affiliated with high-quality medical schools that served more than 3,000 residents and 200 fellows in 2018. This makes our GME program one of the largest providers of residency and fellowship training programs across the nation.

HCA Healthcare affiliates deliver healthcare services in approximately 160 languages and dialects.

3   *Unless otherwise noted, this information is as of February 2019

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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 valuate care of individual and populations of patients

Timeline

Clinical workflow action team by 700 clinicians (2007)

MT 6.0 (2011)

MT 5.6 Alpha and Beta 11 Facilities (Feb 2016)

MT 5.6 Phase III 47 Facilities (Jan 2018)

6 acquisitions MT 5.6/ Epic

EBCD and CCC data defined by 300 clinicians (2009-2010)

Epic (2013)

MT 5.6 Phase I and II 108 Facilities (Mar 2017)

MT 6.1 2 Facilities (April 2018)

6

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EBCD: Strategic overview

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 determining most **effective practices.**

7

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Consistent and user-friendly screens

Style guide standards	Design decisions
• Designed around usability heuristics	• Case sensitivity
	• Symbols
• Designed around user workflow	• Abbreviations
	• Color usage
	• Positioning/ Justification/spacing
• Standard presentation	• On screen documentation (info boxes)
• Standard visual cues	• Navigation

10

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EBCD: Project scope

Scope	Education	Governance
Inpatient Nursing	**Getting Started toolkit**	**Governance model**
• Adult		• Change management
• Behavioral Health	**EBCD University**	• Operational maintenance
• Rehabilitation	• Super-user training	
• Pediatric	• Technical training	
	• End-user education	
Emergency Services	• Tip sheets and user guides	
Surgical Services		
Respiratory Therapy		

8

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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

If it wasn't documented, It wasn't done

11

11

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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

9

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Decisions that reduced documentation content

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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"

13

13

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Decisions that reduced documentation time

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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 (PTSD)
- Legal considerations (organ donor, advanced directives, POA)
- Assistive devices
- Substance use
- Living situation
- Educational needs and preferences

14

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Consistent user interface


17

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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 • PRN 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

15

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'Default Norms'

18

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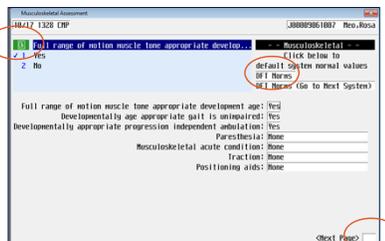
Default content in patient history

Demo recall used extensively to pull data forward from previous visits

19

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
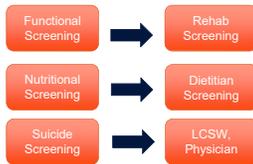

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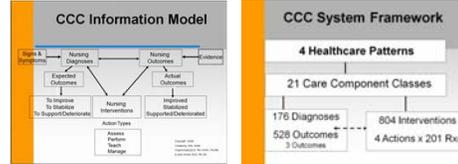
Limit data collection for others

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

Functional Screening	→	Rehab Screening
Nutritional Screening	→	Dietitian Screening
Suicide Screening	→	LCSW, Physician

20

CCC Background

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

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

Assess
Manage
Perform
Teach
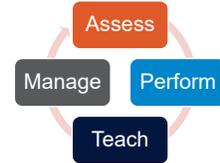
23

Safety/Risk/Regulatory

Risk screenings pulled to a common documentation routine for:

• Frequent Assessments
• Ease of access

21

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.
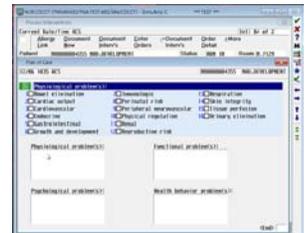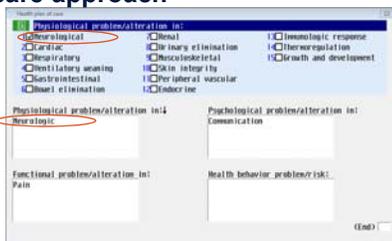

24

EBCD plan of care approach

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

25

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.

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

Minutes Saved

28

EBCD & CCC Overview
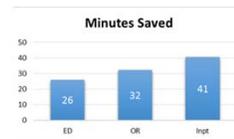
EBCD plan of care outcomes

- 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

26

EBCD Success Metrics:
Subjective Results

93% of Nurses Increased Time at Bedside

"give pain medicine quicker"

"talk one to one with the patient"

"help other RN's with patient care"

"wash their hair"

"check on them (patients) more often"

29

Reducing documentation burden

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."

Grand Strand Medical Center

"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, 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, we are committed to the care and improvement of human life."
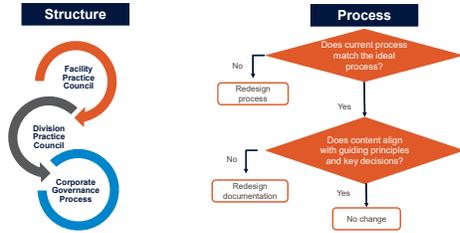
"I feel like a nurse again, treated like a professional. I am more able to chart real time, doing the little things that before I forgot or just didn't get to, and that makes me want to go the extra mile."

Sunrise Medical Center

30

Governance: Holding the gains

Structure

Facility Practice Council

Division Practice Council

Corporate Governance Process

Process

Does current process match the ideal process?

No → Redesign process

Yes ↓

Does content align with guiding principles and key decisions?
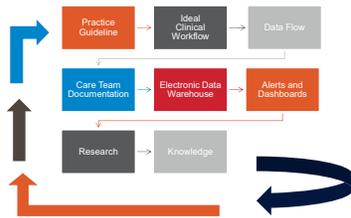
No → Redesign documentation

Yes ↓

No change

31

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34

EBCD: The BIG picture

Practice Guideline → Ideal Clinical Workflow → Data Flow

Care Team Documentation → Electronic Data Warehouse → Alerts and Dashboards

Research → Knowledge

32

33