Evidence-based Clinical Documentation
HCA Healthcare
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Outline

• Developing EBCD
• Application of a standard, coded nursing taxonomy
• Using the “data exhaust” of clinical documentation
HCA Healthcare

177 hospitals and 118 surgery centers located in 20 states and the United Kingdom

Clinical Data Warehouse:
- 40 Million unique patients
- 140 Million patient encounters

“Above all else, we are committed to the care and improvement of human life.”
Evidence Based Clinical Documentation (EBCD)

VISION:
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 evaluate care of individual and populations of patients

The Business Case:
- Reduce RN time spent on documentation
- Respond to major RN dissatisfaction with documentation burden
- Return RN time to caregiving, improving patient outcomes and RN retention

SCOPE:
- Inpatient
- Surgical Services
- Emergency Services
- Pediatrics
- Behavioral Health
- Respiratory Therapy

FOUNDATION FOR HCA NURSING PRACTICE:
- Pain Assessment
- Wound Assessment & Staging
- Safety & Risk Assessment
- Tube/Line/Catheter Management
- Plan of Care
- Hygiene Care
- Ventilator Management
The Timeline: 2007 to 2018

- Clinical workflow action team by 700 clinicians (2007)
- MT 6.0 Go-Live (2011)
- Content defined by 300 clinicians (2009-2010)
- 5.6.6 Meditech Go-Live (Feb 2016)
- Epic Go-Live (2013)
- Phase I 42 Facilities (Mar 2017)
- Phase II 48 Facilities (Oct 2017)
- Phase III 47 Facilities (Jan 2018)

- 175 MEDITECH 5.6 Facilities
- 3 Epic Facilities
- 2 MEDITECH 6.x Facilities
Project Structure

Roles & Responsibilities:
- Clearly defined
- No overlap
- Mutual respect
Guiding Principles: EBCD Development Process

- Evidence-based vs. consensus-based decision-making
- Small design team, large review group
- Practicing clinicians define content
- Regulatory experts evaluate content for compliance
- Standard taxonomy to allow data re-use
Guiding Principles: EBCD Design

- Focus on the ethical, competent clinician
- Support ideal workflow
- Automate data entry whenever possible
- Share content between clinicians and care areas whenever possible
- Incorporate decision-support
- Use software as designed
- Strict adherence to Style Guide
Critical Decisions for Decreasing Documentation Time

- Focused plan of care
- Limiting documentation for others
- Removing non-value added content
- Sharing content among care areas
- Six consistent screen designs
- Interoperability to eliminate manual data entry
Efficiency Benefits of EBCD

Change in documentation time measured on five routines

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

Results from first 11 hospitals
Nursing Feedback

“Thank you so much for making my shift much more productive”

“I feel a big weight off my shoulders stressing about data collections, mid day and end of shift notes.”

“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.”

“This has truly transformed the way we deliver care”

“I really like how the information flows from unit to unit”

“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...”
Holding the Gains

Structure

Corporate Governance Process

Division Practice Council

Facility Practice Council

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
Clinical Care Classification System (CCC)

- Building framework
- Education framework
- Management framework
• Healthcare Patterns: Organizing framework for plan of care and teaching documentation screens

• Care Components & Diagnoses: content for nursing diagnoses/problems dictionaries, elements of plan of care and teaching documentation screens

• Outcomes: Content for goals and outcomes dictionaries, elements of plan of care

• Interventions & Action Types: Content for intervention dictionary, queries for screens
## CCC in the Education Framework

<table>
<thead>
<tr>
<th></th>
<th>Physiologic</th>
<th>Psychosocial</th>
<th>Functional</th>
<th>Health Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Perform</td>
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<tr>
<td>Teach</td>
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<td></td>
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<tr>
<td>Manage</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

The four domains of the CCC model, combined with the four action types, create a matrix for identifying RN competency requirements for defined patient populations or sites of care.
## ICU Example

<table>
<thead>
<tr>
<th></th>
<th>Physiologic</th>
<th>Psychosocial</th>
<th>Functional</th>
<th>Health Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assess</strong></td>
<td>Indepth assessment, Invasive monitoring</td>
<td>Basic assessment</td>
<td>Basic assessment, Swallowing assessment</td>
<td>Basic assessment</td>
</tr>
<tr>
<td><strong>Perform</strong></td>
<td>Vasoactive drip administration IABP</td>
<td>Anxiety relief Delirium prevention</td>
<td>Assist self-care</td>
<td>None</td>
</tr>
<tr>
<td><strong>Teach</strong></td>
<td>Disease process Medication Family-focus</td>
<td>Family-focus</td>
<td>Family-focus</td>
<td>Disease process</td>
</tr>
<tr>
<td><strong>Manage</strong></td>
<td>Physician notification Therapy collaboration IDT</td>
<td>Identify need for psych referral</td>
<td>Identify need for therapy referral</td>
<td>Identify need for case management referral</td>
</tr>
</tbody>
</table>
# Rehabilitation Example

<table>
<thead>
<tr>
<th>Assess</th>
<th>Physiologic</th>
<th>Psychosocial</th>
<th>Functional</th>
<th>Health Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Indepth assessment: musculoskeletal, GI, GU and skin</td>
<td>Moderate assessment</td>
<td>Indepth assessment</td>
<td>Indepth assessment</td>
</tr>
<tr>
<td>Perform</td>
<td>Bowel &amp; bladder retraining</td>
<td>Cognitive care</td>
<td>Use of assistive devices</td>
<td>NA</td>
</tr>
<tr>
<td>Teach</td>
<td>Patient &amp; family signs of infection, blood clots</td>
<td>Patient &amp; family recognize depression</td>
<td>Patient &amp; family bowel &amp; bladder management</td>
<td>Patient &amp; family medications, skin checks</td>
</tr>
<tr>
<td>Manage</td>
<td>Interdisciplinary team conferences</td>
<td>Referrals for psychiatric care</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
The four domains of the CCC model, combined with the domains of performance for a nursing service, create a matrix for identifying management interventions to improve performance.
## CAUTI Example

<table>
<thead>
<tr>
<th>Patient Outcome: CAUTI rate on unit 1.2 SIR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess</td>
</tr>
<tr>
<td>Assess adherence to Key Performance Indicators for each staff member</td>
</tr>
<tr>
<td>Perform</td>
</tr>
<tr>
<td>Implement new foley protocol</td>
</tr>
<tr>
<td>Teach</td>
</tr>
<tr>
<td>Provide remedial education to staff not meeting key performance indicators</td>
</tr>
<tr>
<td>Manage</td>
</tr>
<tr>
<td>Consult Infection Preventionist to assist with education and audits</td>
</tr>
</tbody>
</table>
Using the Data Exhaust of EBCD

• Data slides to be inserted here
References
