

Above all else, we
are committed to the
care and improvement
of human life.

Evidence-based Clinical Documentation
HCA Healthcare

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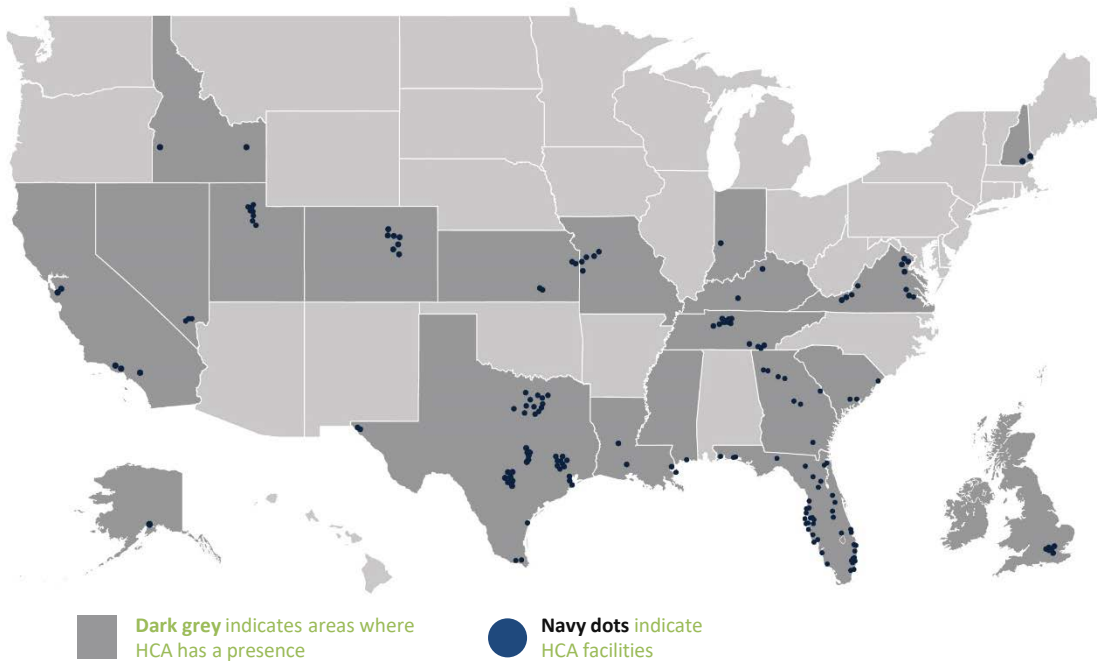
HCA[®]

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

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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

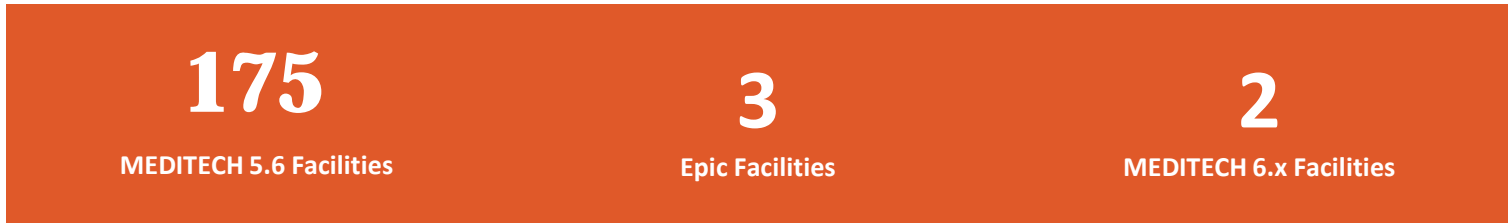
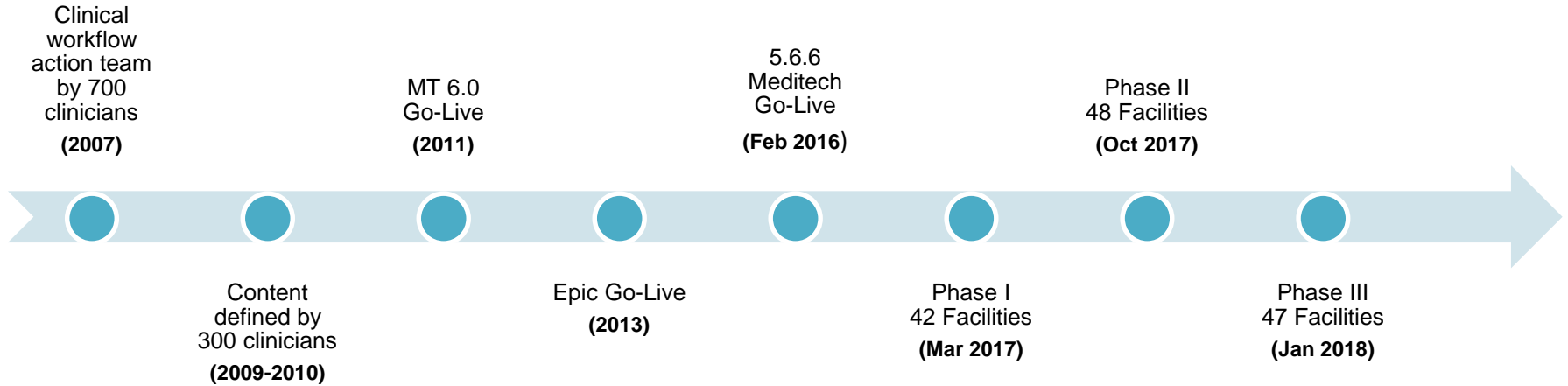
SCOPE:

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

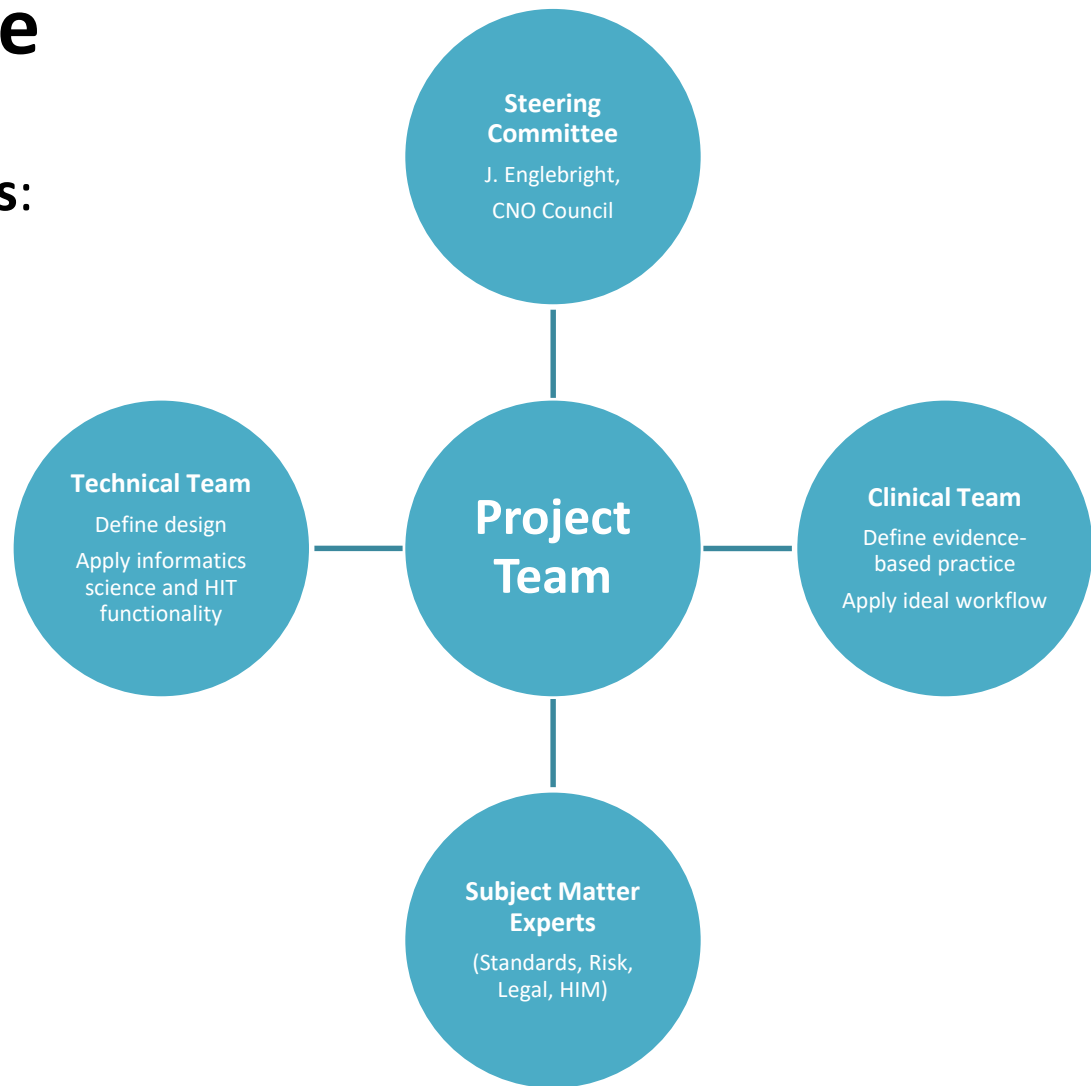
The Timeline: 2007 to 2018



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



Sharing content among care areas



Limiting documentation for others



Six consistent screen designs



Removing non-value added content



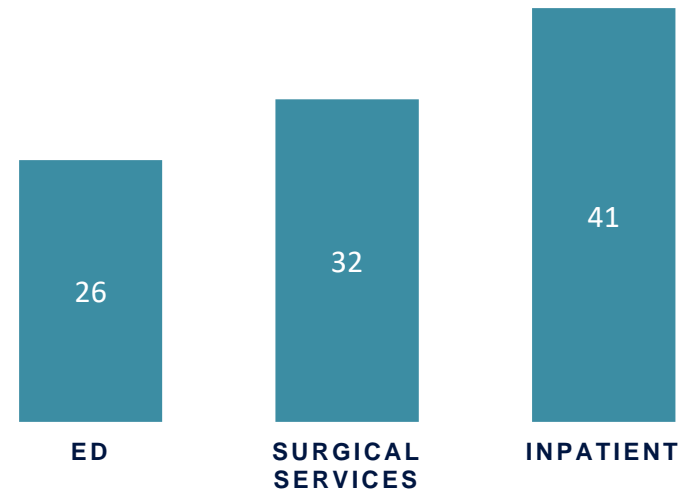
Interoperability to eliminate manual data entry

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

MINUTES SAVED PER 12 HOUR SHIFT BY CARE AREA TYPE



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



Process

Does current process match the ideal process?



Does content align with guiding principles and key decisions?



Clinical Care Classification System (CCC)

- Building framework
- Education framework
- Management framework

CCC in the EBCD Build



4 Healthcare Patterns

21 Care Components

176 Diagnoses
3 Outcomes Classes

804 Interventions
4 Action Types

- 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

| | Physiologic | Psychosocial | Functional | Health Behavior |
|---------|-------------|--------------|------------|-----------------|
| Assess | | | | |
| Perform | | | | |
| Teach | | | | |
| Manage | | | | |

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

| | Physiologic | Psychosocial | Functional | Health Behavior |
|---------|--|---------------------------------------|--|--|
| Assess | Indepth assessment, Invasive monitoring | Basic assessment | Basic assessment, Swallowing assessment | Basic assessment |
| Perform | Vasoactive drip administration IABP | Anxiety relief Delirium prevention | Assist self-care | None |
| Teach | Disease process Medication Family-focus | Family-focus | Family-focus | Disease process |
| Manage | Physician notification Therapy collaboration IDT | Identify need for psych referral | Identify need for therapy referral | Identify need for case management referral |

Rehabilitation Example

| | Physiologic | Psychosocial | Functional | Health Behavior |
|---------|--|---------------------------------------|---|---|
| Assess | Indepth assessment: musculoskeletal, GI, GU and skin | Moderate assessment | Indepth assessment | Indepth assesement |
| Perform | Bowel & bladder retraining | Cognitive care | Use of assistive devices | NA |
| Teach | Patient & family signs of infection, blood clots | Patient & family recognize depression | Patient & family bowel & bladder management | Patient & family medications, skin checks |
| Manage | Interdisciplinary team conferences | Referrals for psychiatric care | NA | NA |

CCC in the Management Framework

| | Patient Outcomes | Nurse Effectiveness | Nurse Efficiency | Nurse Engagement | Financial Performance |
|---------|------------------|---------------------|------------------|------------------|-----------------------|
| Assess | | | | | |
| Perform | | | | | |
| Teach | | | | | |
| Manage | | | | | |

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

| Patient Outcome: CAUTI rate on unit 1.2 SIR | |
|---|--|
| Assess | Assess adherence to Key Performance Indicators for each staff member |
| Perform | Implement new foley protocol |
| Teach | Provide remedial education to staff not meeting key performance indicators |
| Manage | Consult Infection Preventionist to assist with education and audits |

Using the Data Exhaust of EBCD

- Data slides to be inserted here



References

- Englebright J, Aldrich K, Taylor CR. (2014). Defining and incorporating basic nursing care actions into the electronic health record. *Journal of Nursing Scholarship*, 46(1):50-57.
- Saba, VK. (2012). *Clinical Care Classification (CCC) System, Version 2.5 User's Guide*, 2nd edition. Springer Pub, New York, NY.