STREAMLINING AND TRANSFORMING DOCUMENTATION:
the vendor view

Denise Rasmussen
Epic

AGENDA:

BURDEN

noun | bur-den | bər-dᵊn

1. A load, especially a heavy one

2. A duty or misfortune that causes hardship, anxiety, or grief

3. The main responsibility for achieving a specific aim or task

DOCUMENTATION BURDEN

Time spent documenting

"Nobody looks at the data I enter"
= Perceived low value

Duplicative documentation

Number of times logging in/out

"We only document our Care Plan for TJC"

CHARTING BY EXCEPTION

1990

CHARTING BY EXCEPTION

A MORE EFFICIENT WAY TO DOCUMENT

A better way to chart

The concepts of charting by exception can be used with any type of nursing care planning system that requires documentation of interventions. Thus, whatever your philosophy for approaching and organizing patient care, you can put this shorthand method to work for you. We think you'll probably discover that its benefits far outweigh those of the charting method you're now using.

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- **Nursing documentation time is cut significantly. Nurses at St. Luke's noted a 23% decrease in charting time—an average of 26 minutes per RN per shift.**

TIME MOTION STUDY 2008

ORIGINAL ARTICLE

A 36-Hospital Time and Motion Study: How Do Medical-Surgical Nurses Spend Their Time?

Ann Hendrich, RN, MSN, FAAN
Marilyn P Chow, DNSc, RN, FAAN
Boguslaw A Skierczynski, PhD
Zhenqiang Lu, PhD

Abstract

Context: Nurses are the primary hospital caregivers. Increasing the efficiency and effectiveness of nursing care is essential to hospital function and the delivery of safe patient care.

Objective: We undertook a time and motion study to document how nurses spend their time. The goal was to identify drivers of inefficiency in nursing work processes and nursing unit design.

Design: Nurses from 36 medical-surgical units were invited to participate in research protocols designed to assess how nurses spend their time, nurse location and movement, and nurse physiologic response.

Main Outcome Measures: Nurses' time was divided into categories of activities (nursing practice, unit-related functions, nonclinical activities, and waste) and locations (patient room, nurse station, on-unit, off-unit). Total distance traveled and energy expenditure were assessed. Distance traveled was evaluated across types of unit design.

Results: A total of 767 nurses participated. More than three-quarters of all reported time was devoted to nursing practice. Three subcategories accounted for most of nursing practice time: documentation (35.3%; 147.5 minutes), medication administration (17.2%; 72 minutes), and care coordination (20.6%; 86 minutes). Patient care activities accounted for 19.3% (81 minutes) of nursing practice time, and only 7.2% (31 minutes) of nursing practice time was considered to be used for patient assessment and reading of vital signs.

Conclusion: The time and motion study identified three main targets for improving the efficiency of nursing care: documentation, medication administration, and care coordination. Changes in technology, work processes, and unit organization and design may allow for substantial improvements in the use of nurses' time and the safe delivery of care.

Introduction

The US hospital system is in a state of transition. Hospitals face daunting challenges, such as evolving technologies and reimbursement policies, demographic trends, competing fiscal demands, and a worsening workforce shortage. This point in time also affords a unique opportunity, as the US is in the midst of one of the largest hospital-building and -renovation booms in history.[1] A reconsideration of hospital design and work processes holds the potential to affect the efficiency and effectiveness of care delivery for the foreseeable future. Bold changes in the hospital work environment are imperative to ensure the sustainability and affordability of the hospital as part of the American health care delivery system.

Nurses are the linchpin of hospital care delivery. These frontline caregivers represent a critical and costly resource; maximizing the efficiency and effectiveness of nurses is essential to the integrity of hospital function and the promotion of safe patient care. A growing evidence base links more nursing time per patient-day with better patient outcomes.[2-5] However, increased nurse workload and the growing nursing workforce shortage[6] reduce the amount of nursing time available for patient care activities.

How medical-surgical nurses spend their time is a key driver of bold changes in the hospital work environment.[7-9] Current re-

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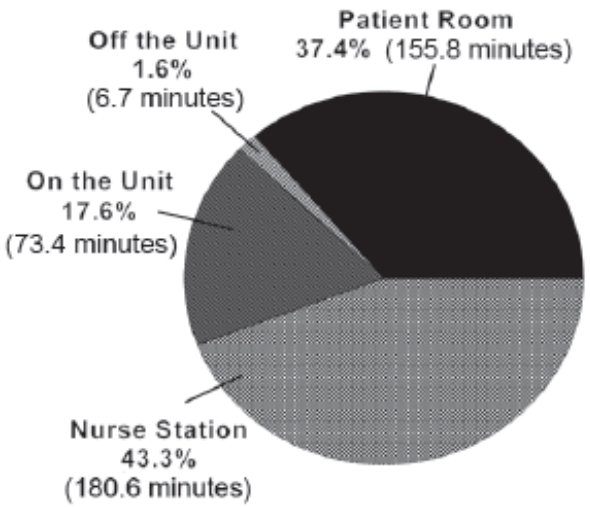
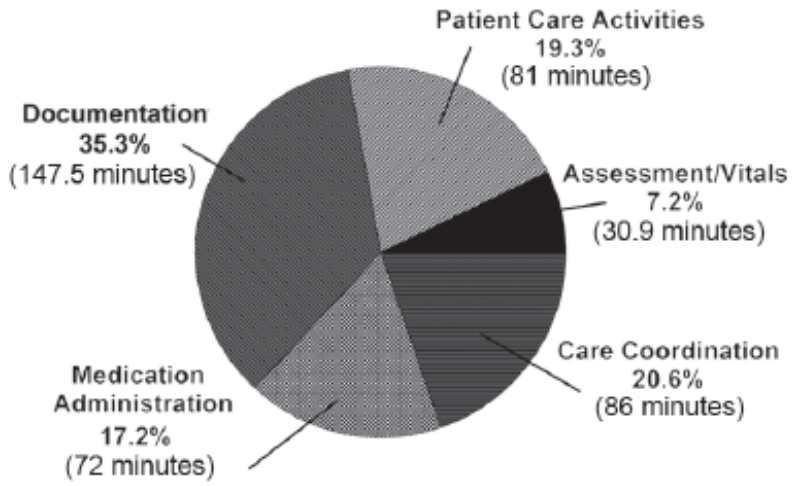
Study Protocol B: 382 Nurses, 1083 10-Hour shifts

Data Collection Method: Nurses self-reported location, activity, and cognitive category on PDA every 15 minutes.

4A. Location



4B. Subcategory



Criteria to Keep a Data Element

- Is this information needed to provide immediate clinical care to patients?
- Does an RN need to collect this?
- Required for Core Measure/MU/other?
- Is it essential that it is collected within first 8 hours of admission?
- Is it being pulled into a report or patient summary?
- Does this information trigger a BPA?
- Does this information trigger a referral?
- Is this information documented elsewhere in the chart?
- Is this information displayed in the patient header?

Key Decision: Not Needed in Medical Record

- Inventory of belongings
- Care area / patient population *Standards of Care*
- Standard precautions
- Hand washing
- Safety measures defined by policy (i.e. trach tube at bedside)
- ‘Routine’ emotional support
- ‘Routine’ explanations of care processes
- *Handoff Communication* is defined by process not “form”

Nursing Documentation Guiding Principles

1. Documentation reflects RNs practicing to maximum scope of license.
2. Patient information, contained in the medical record, is meaningful to the nurse and interdisciplinary team members.
3. The personalized, patient-centered record reflects the patient's individual story.
4. Focus is always on what is best for our patients, resulting in optimal quality and safety outcomes.
5. Our EMR will be simple, elegant, fast and intuitive.
6. The EMR is an expected method of communication but does not replace verbal communication among the multidisciplinary care team.
7. Avoid duplication among disciplines; chart it once – share it widely.
8. Patient information is standardized across the care continuum.
9. Stay true to the Epic model.
10. Eliminate "we've always done it this way"!

5 Why Root Cause Analysis

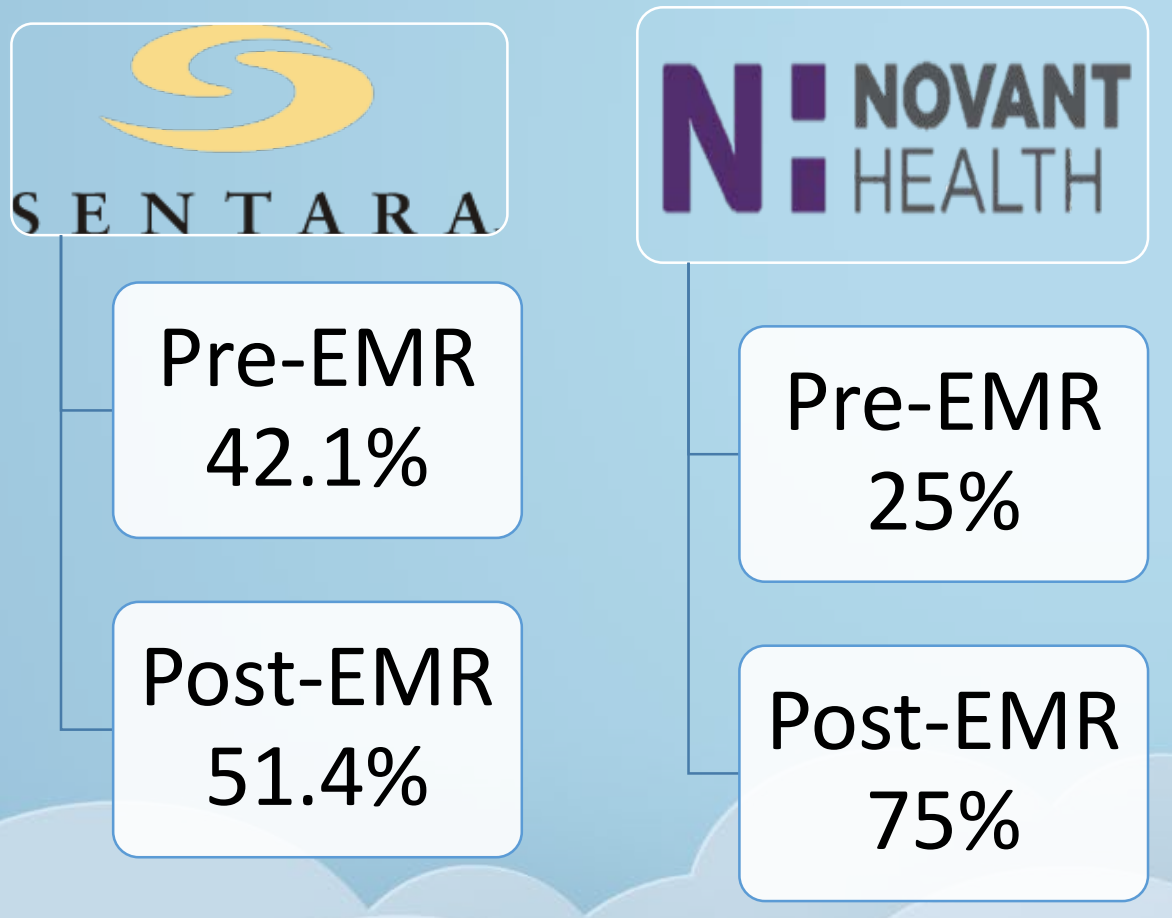
INOVA
Join the future of health.

PROBLEM

All problems typically relate to these root causes

- No Standard
- Inadequate Standard
- No Visual Indicator
- Inadequate System

INCREASING DIRECT PATIENT CARE



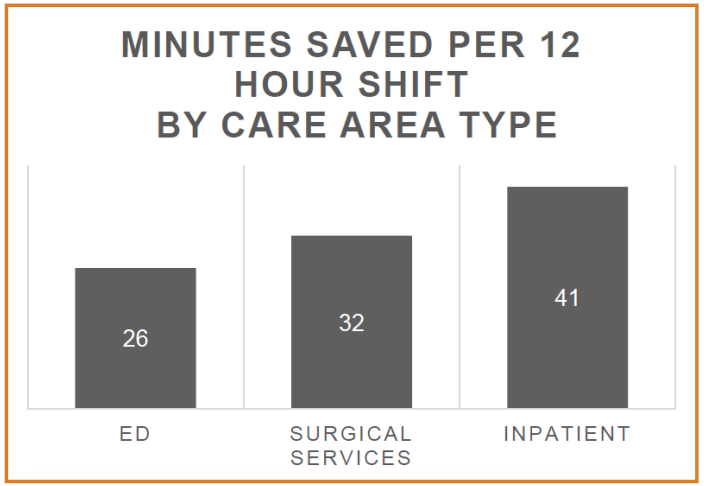
EFFECTIVE + EFFICIENT NURSING DOCUMENTATION

Efficiency benefits of EBCD

HIMSS18 The leading health information and technology conference
WHERE THE WORLD CONNECTS FOR HEALTH

Change in documentation time measured on five routines

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

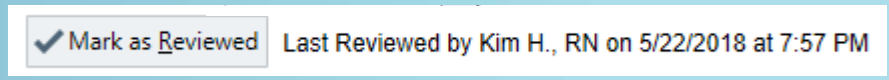


Results from first 11 hospitals

#HIMSS18

WHAT ELSE IS POSSIBLE…

- Mark as Reviewed



- Single Sign-On
- Nurses picking what and how often to document on the head to toe
- Coding and mapping to avoid duplication

“Measurement is the first step that leads to control and eventually to improvement. If you can’t measure something, you can’t understand it. If you can’t understand it, you can’t control it. If you can’t control it, you can’t improve it.”

- H. JAMES HARRINGTON

TIME MOTION STUDY

Small sample

Click Estimates

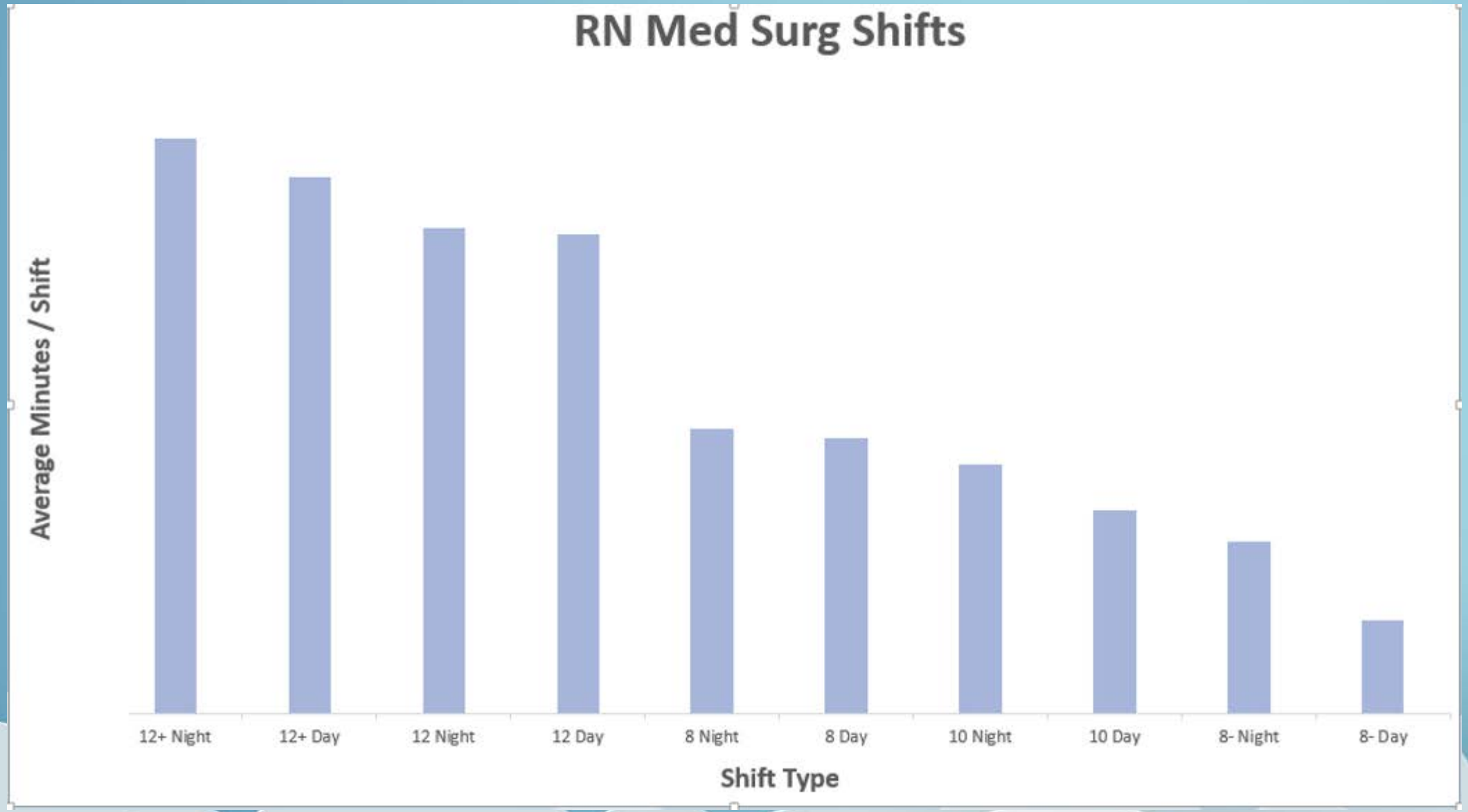
NEAT

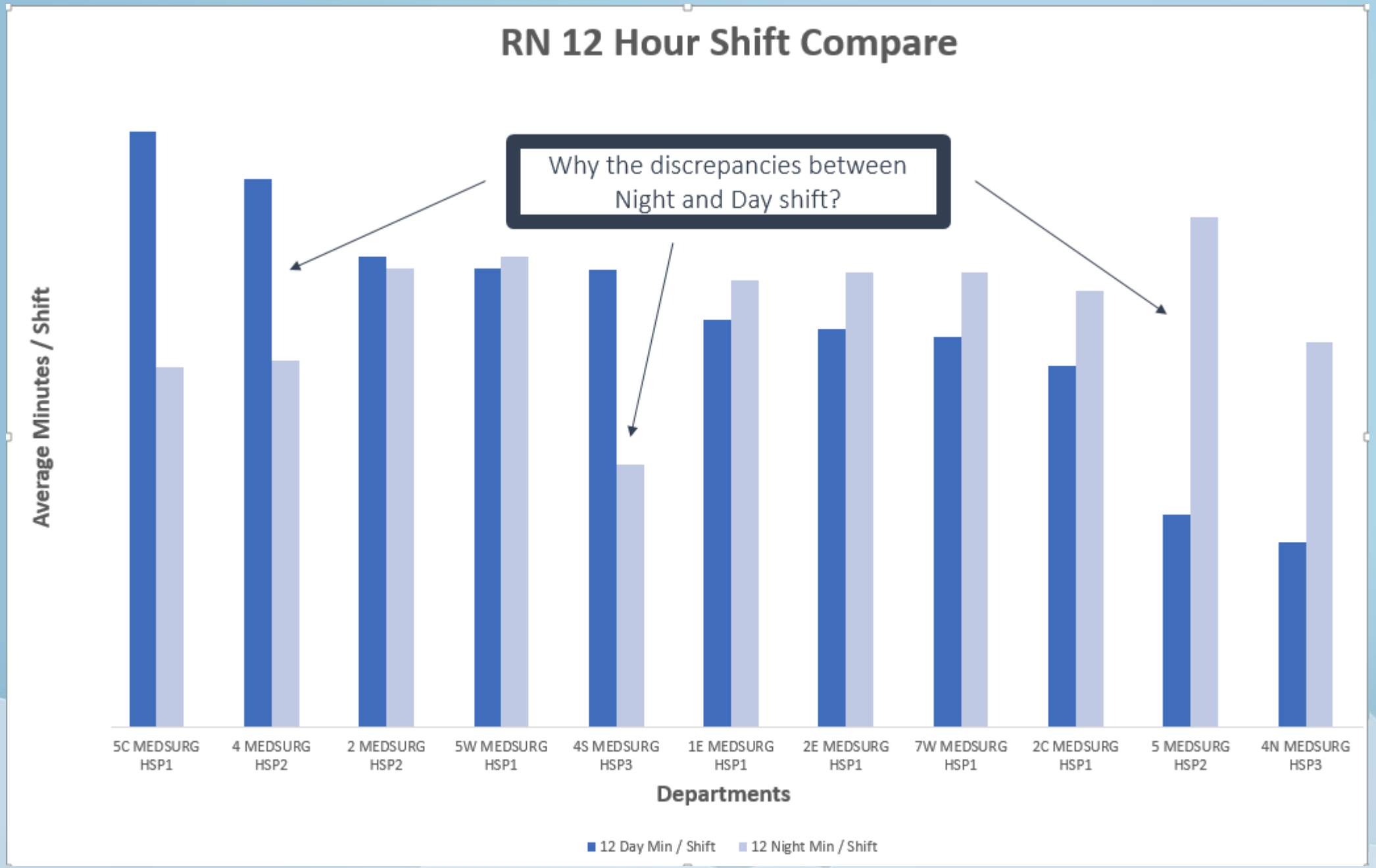
~~Small sample~~

All Users

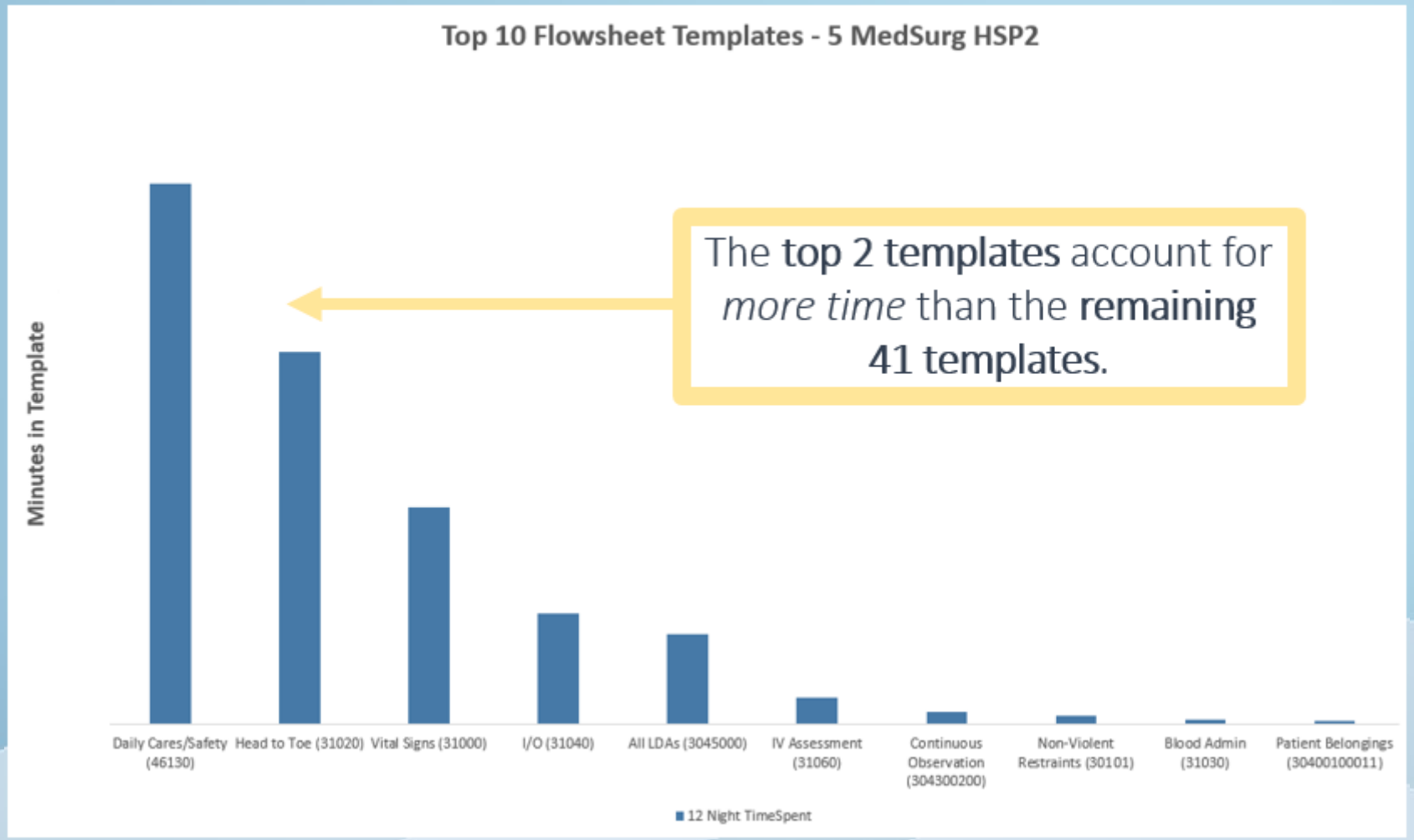
~~Click Estimates~~

Measures Time


RN Med Surg Shifts
Average Minutes / Shift
12+ Night
12+ Day
12 Night
12 Day
8 Night
8 Day
10 Night
10 Day
8- Night
8- Day
Shift Type


RN 12 Hour Shift Compare
Why the discrepancies between Night and Day shift?
Average Minutes / Shift
5C MEDSURG HSP1
4 MEDSURG HSP2
2 MEDSURG HSP2
5W MEDSURG HSP1
4S MEDSURG HSP3
1E MEDSURG HSP1
2E MEDSURG HSP1
7W MEDSURG HSP1
2C MEDSURG HSP1
5 MEDSURG HSP2
4N MEDSURG HSP3
Departments
12 Day Min / Shift
12 Night Min / Shift

WHICH FLOWSHEET TEMPLATES SHOULD I FOCUS ON IMPROVING FIRST?



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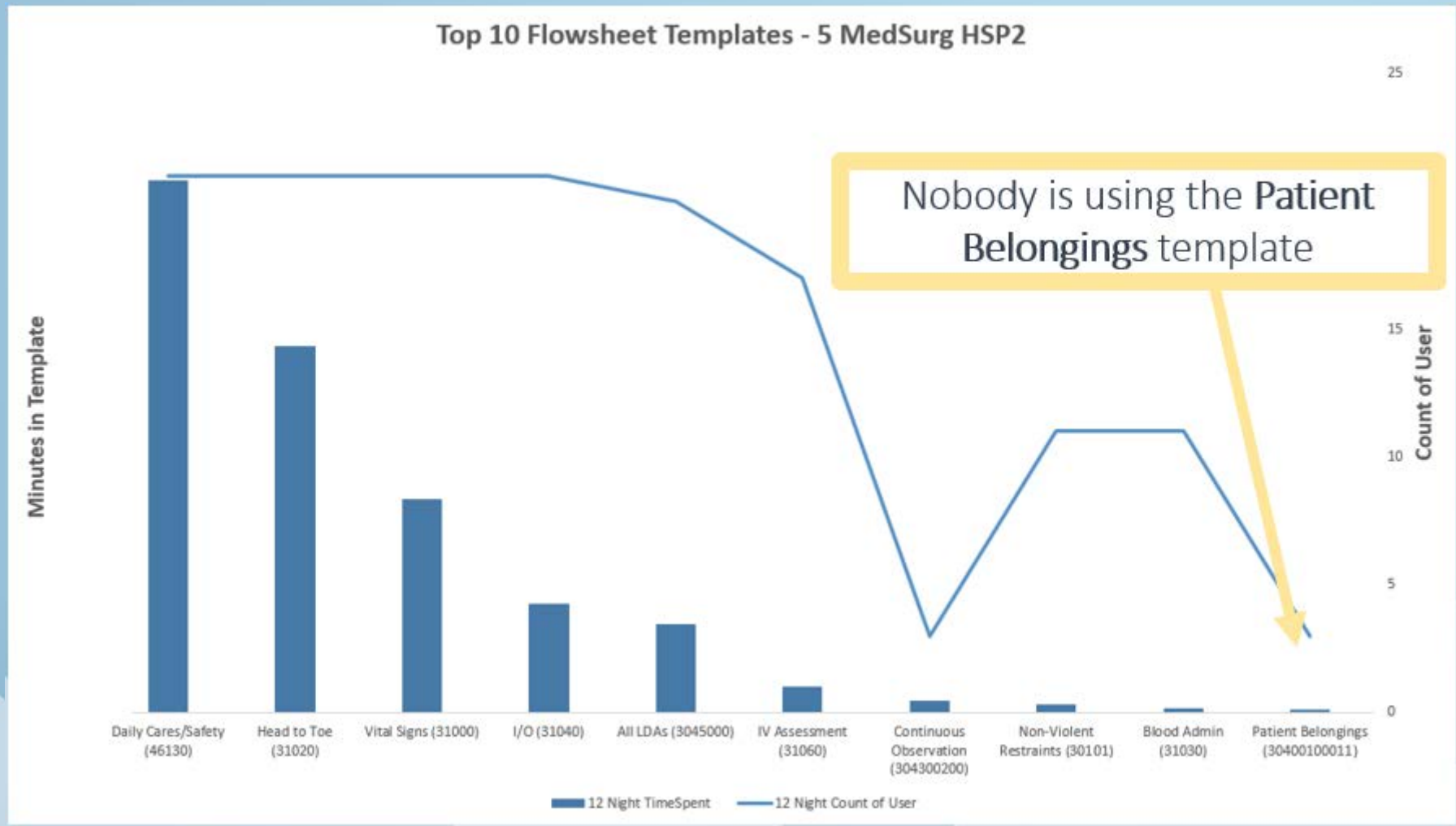

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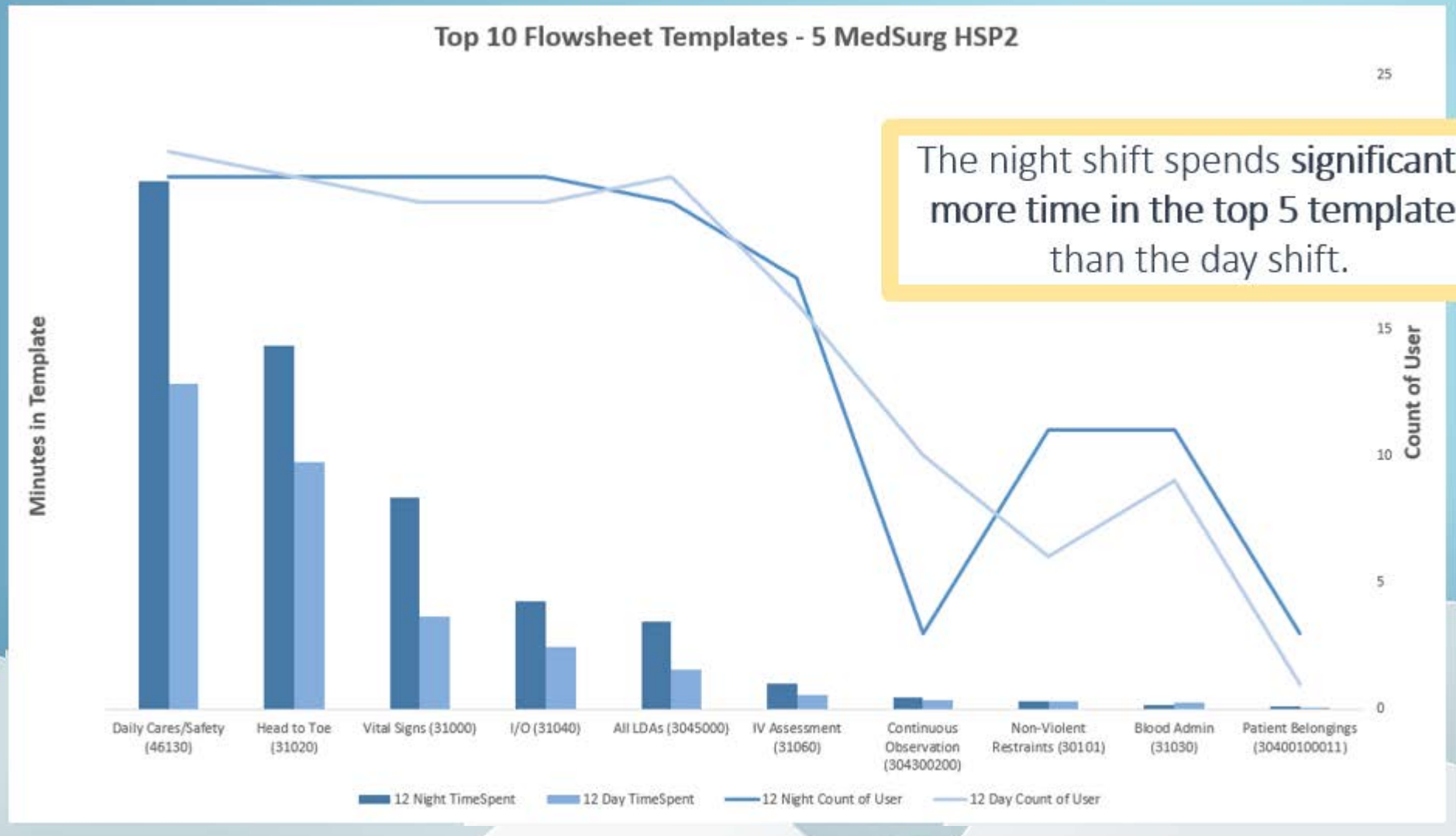
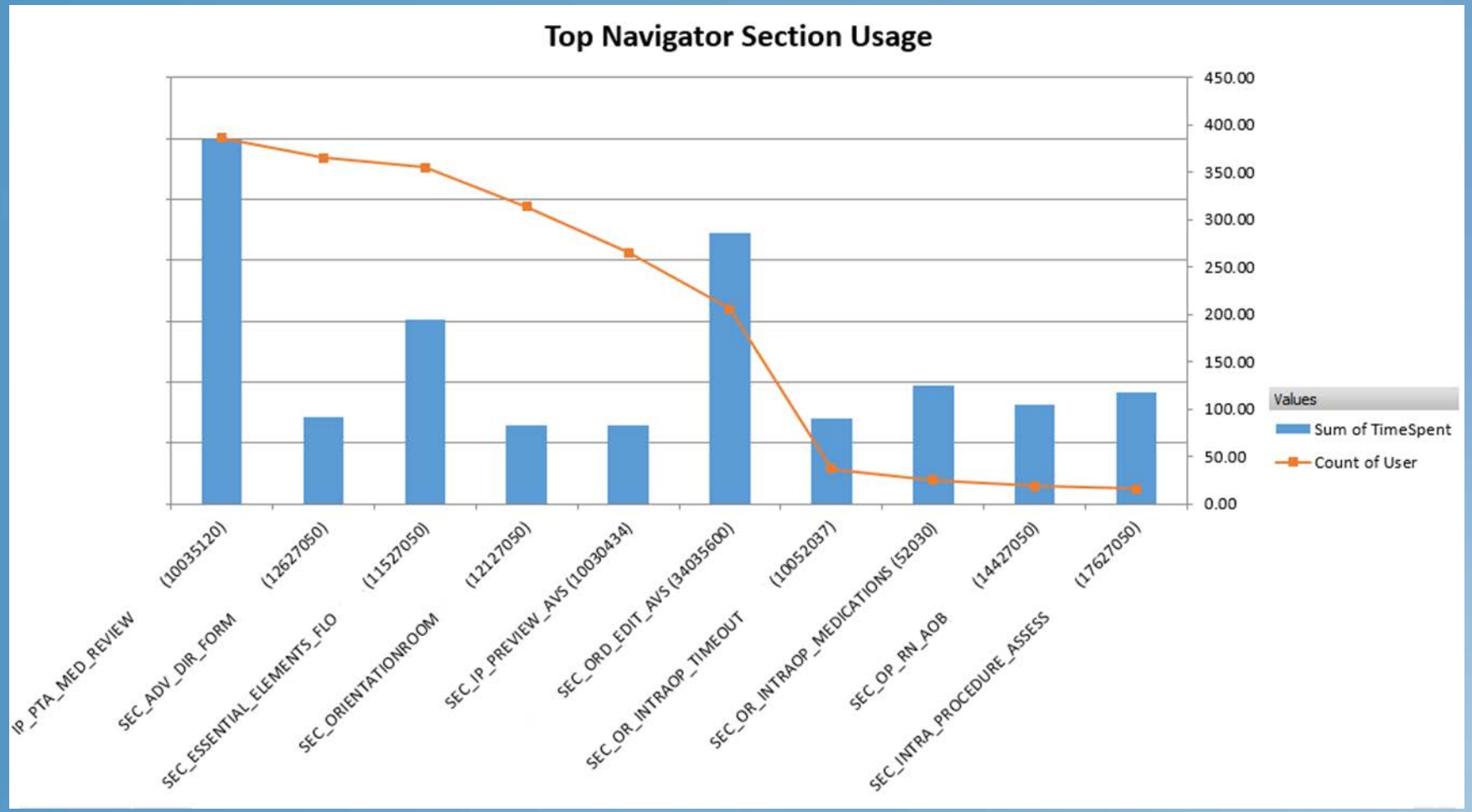


TIME IN CONTENT



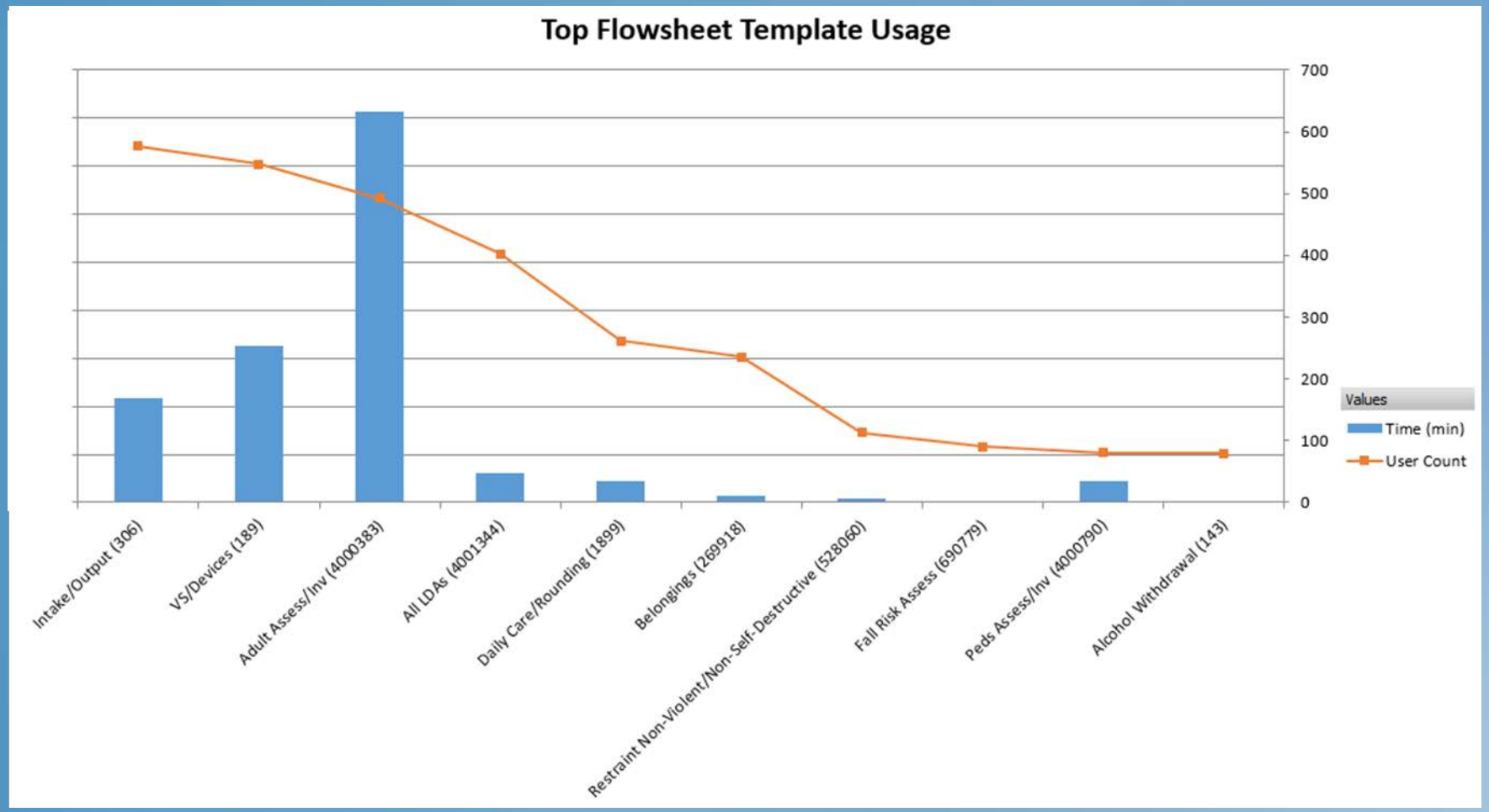
Navigator

Flowsheet Template

Care Plan

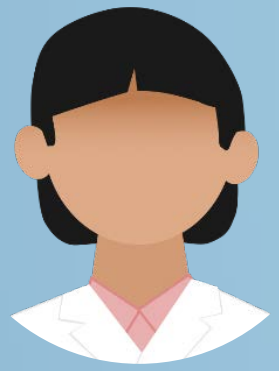
Activity

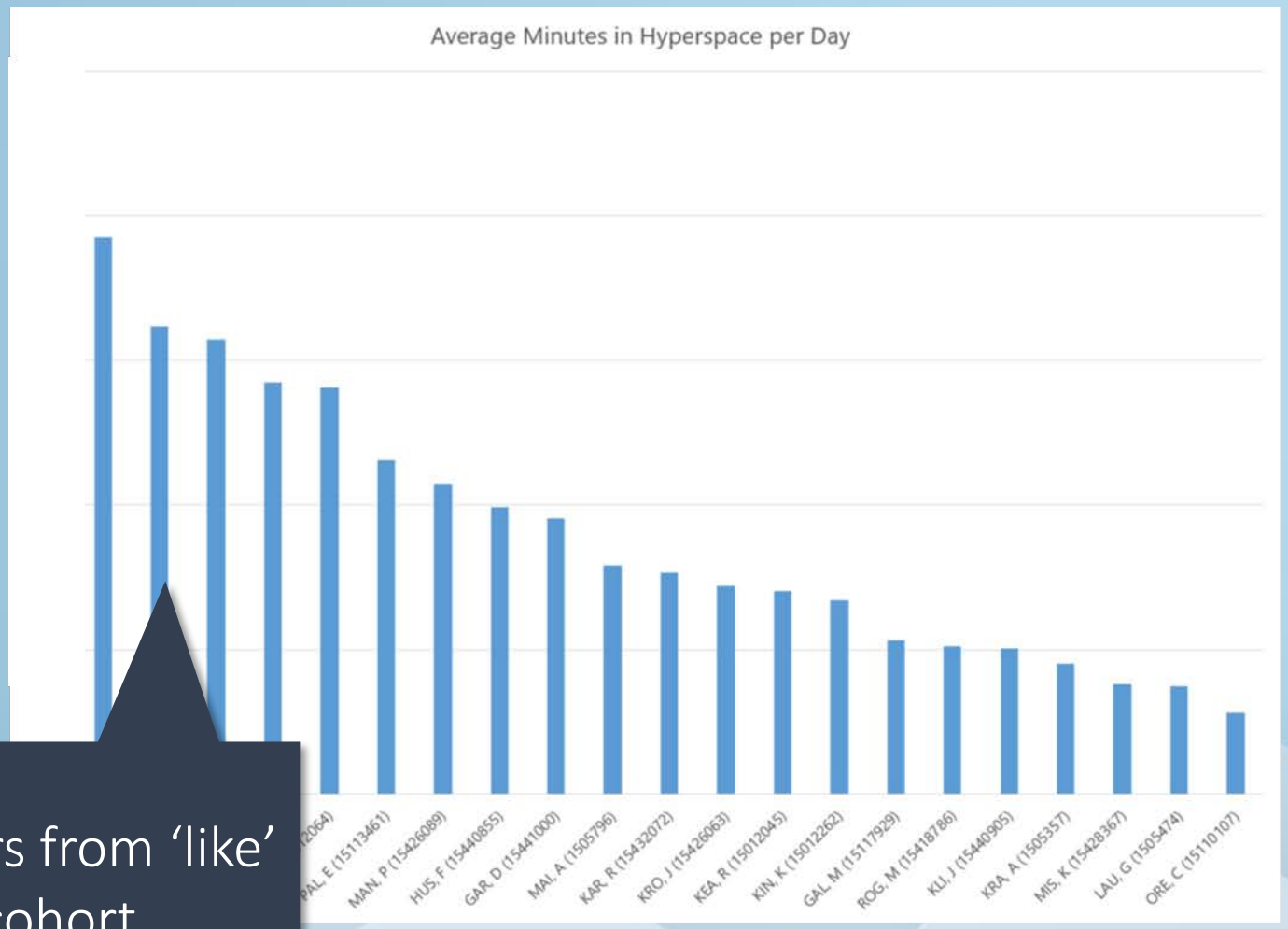
TIME IN CONTENT



- Navigator
- Flowsheet Template
- Care Plan
- Activity

WHERE SHOULD WE FOCUS OUR TRAINING PROGRAMS?





Outliers from ‘like’ cohort

PEER STORY

SSMHealth®

Data used: January 2017 & December 2017 NEAT Workbooks

Sample: 435 Nurses (They had data in both workbooks and attributed to same department.)

Intervention: Extensive nursing documentation build improvement programs in Q3 of 2017.

SSM estimated

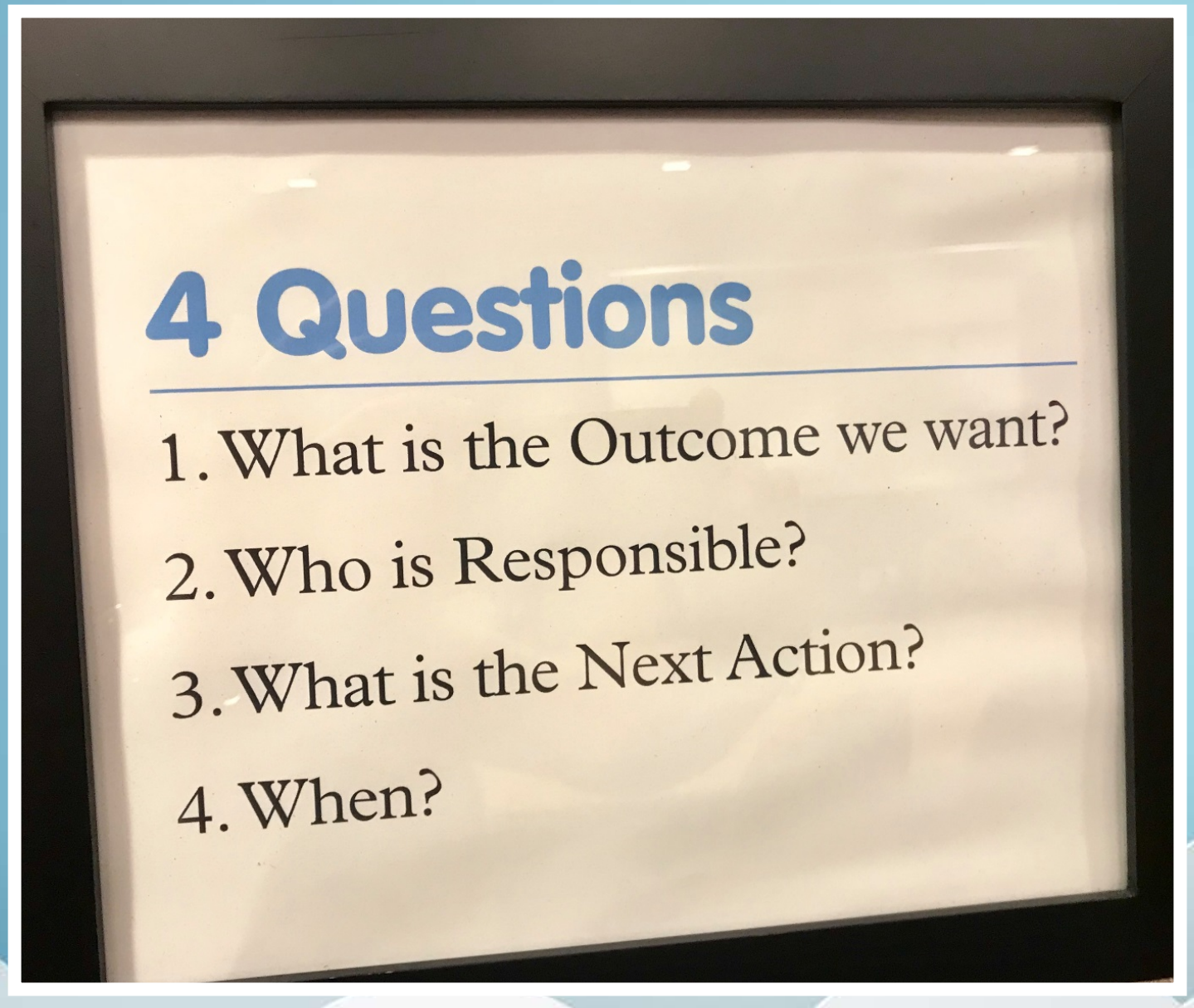
140,000,000 clicks saved

and NEAT measured a

17 minute per day reduction

in nurse system documentation through extensive build improvement programs in Q3 of 2017.


WHERE TO GO NEXT...


4 Questions
1. What is the Outcome we want?
2. Who is Responsible?
3. What is the Next Action?
4. When?

NURSING HAPPINESS = PATIENT HAPPINESS

The poor nurse work environments and staffing levels associated with patient dissatisfaction in this study have been linked previously to nurse turnover.[17] Additionally, better hospital nurse work environments have been linked empirically with higher job satisfaction and lower nurse burnout, and to lower risk-adjusted mortality and failure-to-rescue rates

Nursing: A Key To Patient Satisfaction

Ann Kutney-Lee, Matthew D. McHugh, Douglas M. Sloane, Jeannie P. Cimiotti, Linda Flynn, Donna Felber Neff, and Linda H. Aiken

Health Aff (Millwood). 2009; 28(4): w669–w677.
Published online 2009 Jun 12. doi: 10.1377/hlthaff.28.4.w669

QUESTIONS?