An Interdisciplinary Approach to Clinical Documentation across the Care Continuum

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The North Shore Long Island Jewish Health System (NSLIJHS) leveraged implementation of its system wide electronic health record (EHR) with a commitment to advance interprofessional collaboration and practice. An enterprise-wide team engaged leaders and clinicians from nine hospitals in the path of implementation, with a focus on developing a patient-centered documentation framework that creates and builds the patient's story through the continuum of their health care encounter, and across future encounters.

Prior to the EHR, staff used 45-60 paper tools, some specific to certain roles or tasks. The new framework consisted of 6 integrated, patient-focused tools, (recent upgrade decreased this to 4), supported by evidence-based clinical practice guidelines (CPGs) with content review and validation by interprofessional teams, including physicians. All disciplines, including nursing, respiratory therapy, dietitians, social workers, case managers, physical, occupational and speech language therapists, pastoral care, and childlife specialists document side by side in the tools, enhancing interdisciplinary workflow and knowledge of patients and their clinical progress. Physicians enter History & Physicals and document on the Discharge Plan and a Discharge Summary, which is shared with the next provider or level of care.

Finally, a Clinical Summary View assembles all clinical data reflecting the patients' status/progress. This streamlined, integrated Clinical Summary is used for change of shift or handoff to other departments assuming care for the patient, providing a standardized, comprehensive report.

The new documentation framework highlights each clinical discipline’s unique scope of practice. CPGs integrate multiple care plans each professional would have developed for their expert work with the patient into one plan of care, shared by all. This integrated care planning, assessment, and outcome evaluation enriches the care teams' knowledge and appreciation of their interdisciplinary colleagues' expertise, reducing duplication and redundancy of tasks, focusing all disciplines on common optimal patient outcomes.

A unit-based and hospital-wide, interdisciplinary Collaborative Care Council infrastructure is used for practice and workflow discussions, before go-live and ongoing to engage and support staff through the evolution.

Rapid deployment of a regular forum to address concerns and opportunities for improvement was essential, further sustaining end-user engagement and preserving enterprise design post go-live. The Health System's Institute for Nursing, together with its' Office of the Chief Information Officer and its' EHR vendor, initiated a Practice Optimization Workgroup.

The Workgroup engages enterprise wide, interdisciplinary end users for practice improvements, for ongoing enhancements and revisions and for dissemination of new evidence. The primary objective is to ensure best-practice standardization and consistency of care. Numerous practice improvements have been implemented with supportive changes in the EHR; exemplars will be provided.

Five years post the first implementation, our journey has accelerated beyond all imagining, engaging clinicians across the continuum without whom we could not succeed. This year three final hospitals go live on EHR, 5 hospitals implement bar code medication administration, a major EHR system upgrade is installed, we implement a patient portal, certify for Meaningful Use 2, continue rollout of Emergency Department information systems, ambulatory practice systems, and across all systems, complete preparations for ICD-10.