

# Shrink-Wrap Your EHR

Sherri Hess, MS-IS, BSN, RN-BC, FHIMSS  
CNIO Banner Health

## ECD Collaborative Customers

## Banner Health

- 28 Acute Care and Critical Access Hospitals
- Behavioral Hospital
- Banner Health Network
- Banner Network Colorado
- Banner Medical Group and Banner - University Medical Group with nearly 2,000 physicians and advanced practitioners and more than 200 Banner Health Centers and Clinics
- Banner Home Care and Hospice
- Outpatient Surgery
- Urgent Care
- Banner - University Medicine Division
- \$7.6 billion in revenue in 2016
- AA+ Accredited
- \$75 million in community benefits, including \$89 million in charity care (2016)

## Three Pronged Approach

**Evidence Based Practice**

Review of literature for content, *not process or workflow*

**Regulatory: CMS, TIC, DNV, MU 1-3**

United States, Federal Regulatory, *not state or global*

**Practice Based Evidence**

Environmental scans of clients' production data for frequency of data element and utilization metrics

**Final ECD**

## WHY – Essential Clinical Dataset (ECD)

Most organizations have over-designed their EHRs resulting in a lot of “noise” and non-value added data elements

There is not an established standard for the essential clinical data that needs to be documented in an EHR

Anticipated Outcomes:

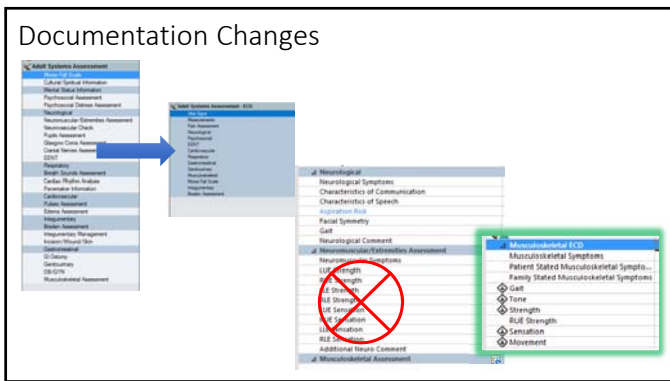
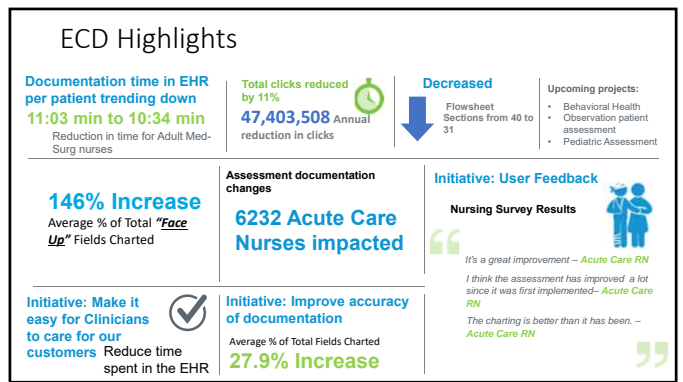
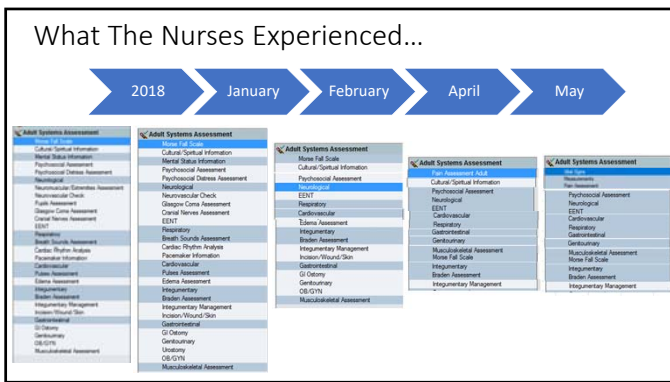
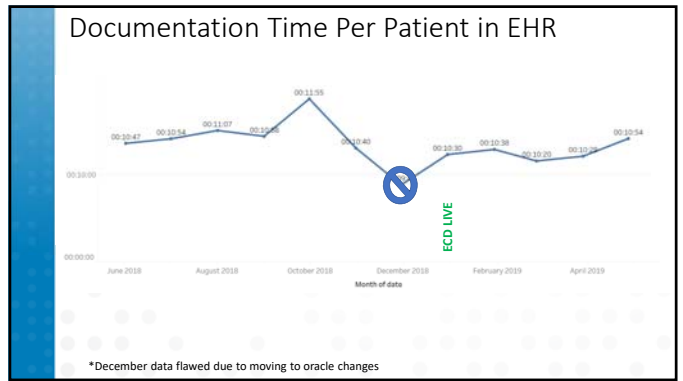
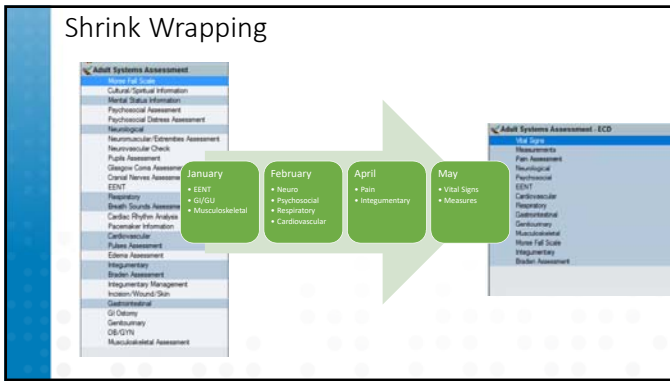
- ECD will establish a national (international) standard, leverageable across all EHR vendor platforms (EHR agnostic)
- Organizations will use the ECD as the foundation for EHR optimization
- ECD will become Model Experience content

## Methodology – Review of Systems/Physical Assessment

**Components of a physical assessment:**

- Vital Signs: Temperature, Pulse, Respirations, Blood Pressure, Pain
- Integumentary: Skin, Hair Nails
- ENT: Skull, Face, Eyes, Ears, Mouth, Neck Muscles, Lymph nodes, Trachea, Thyroid gland
- Respiratory: Lungs, External Chest
- Cardiovascular: Heart, Peripheral Vascular System
- Gastrointestinal: Intestines, Liver, Spleen
- Musculoskeletal: Muscles, Bones, Joints
- Neurological: LOC, Mental Status, Cranial Nerves, Reflexes, Motor Function, Sensory Function
- Genitourinary: Kidneys, Bladder, Genitalia

Baier, R. G., Brunner, L. S., Smeltzer, S. C. & Sulzbach, D. S. (2004). *Brunner & Suddarth's method of medical surgical nursing* (10th ed.). Philadelphia: Lippincott Williams & Wilkins.  
Eaton, M. J. (2002). *Health assessment & physical diagnosis* (2nd ed.). Albany, NY: Thomson Learning Inc.  
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Walker, L. & Kolko, J. (2007). *Health assessment in nursing* (3rd ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.



### Key Findings And Considerations

Senior Nursing Leaders (CNOs) had to be involved  
Nursing Shared Governance councils were best suited for the review of the ECD.

- Led by Nursing Informatics

Challenged the "because we have always done it"

- Asked WHY five times
  - "Did the information NEED to be collected on admission?"
  - "If yes, did the RN have to collect?"
  - "If yes: part of ECD, If NO: what role/department should be collecting it?"

Policy was driving practice with no relevant reason or evidence  
Local critical thinking and judgement applied when reviewing ECD

- What is needed for the local patient population or regulations

The process was just as valuable as the outcome

## Next Steps

### Full implementation of ECD

- Peds
- Critical Care
- Behavioral Health
- Adult Observation Intake
- Outpatient PreOp Day of Surgery

### Review overall documentation principles

#### Educate

- What to document
- When to document
- How & when to write a note

#### Devices

- Provide the right device for that



## Questions

