

Digital Documentation Deployment: What's the Attraction?



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Objectives

At the completion of the session, the participants will be able to:

1. Relate the role of the Clinical Analysts and a design Validation Team in a multi-entity environment.
2. Apply the forces of Magnetism to implementation of electronic clinical documentation.
3. Discuss the TIGER Vision that bridges information technology with nursing practice to provide safer, higher-quality patient care.

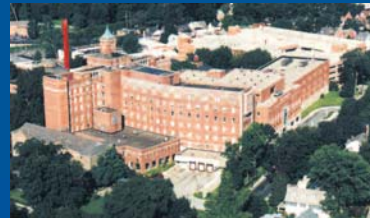
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What is Main Line Health?

- Integrated healthcare system in suburban Philadelphia
- 5th Acute Care Hospital added in 2007
- > 10,000 staff members, Train > 100 interns, residents, fellows annually
- 3 Acute Care Hospitals attained Magnet designation in 2005
- Lankenau Institute for Medical Research
- "Most Wired"

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Bryn Mawr Hospital



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Lankenau Hospital



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Paoli Hospital



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Bryn Mawr Rehabilitation Hospital



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Riddle Memorial Hospital



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The Clinical Documentation Journey

- Validation of CPI process findings 2003
- All documentation was manual
- IS Clinical Team – 3 RNs and a former Unit Secretary; Clinical Analyst a new role
- Initially a temporary, 2-year position
- Created to free nursing of staff time needed to be devoted to project
- Hired as part of the IS project team

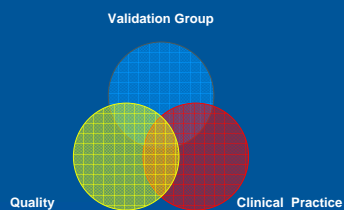
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Clinical Analysts

- Role – liaison between nursing staff and IS; NOT builders; look at processes as well as forms
- Initial Tasks:
 1. complete workflow analysis
 2. collect and analyze all “nursing documentation” forms
 3. implement a Clinical Validation Team

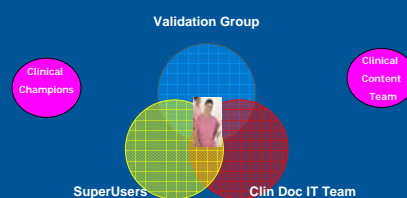
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Links to Clinical Groups

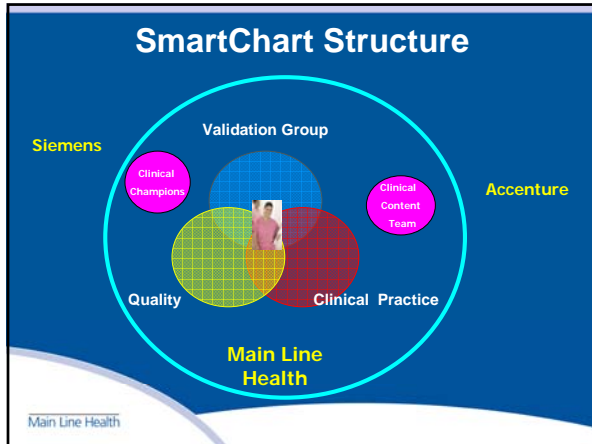


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Links to Project Groups

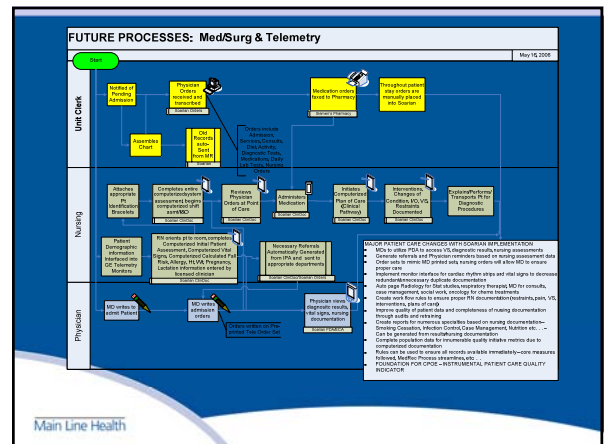
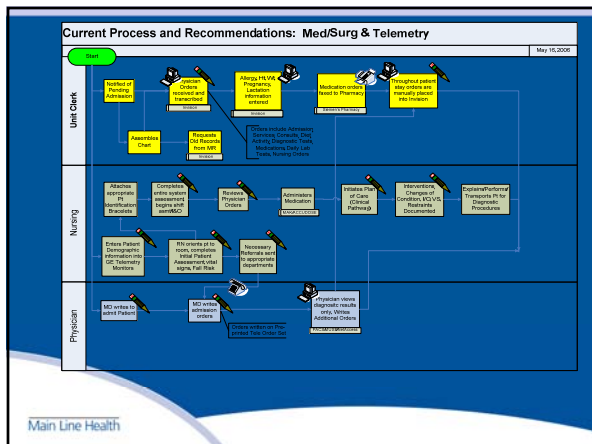
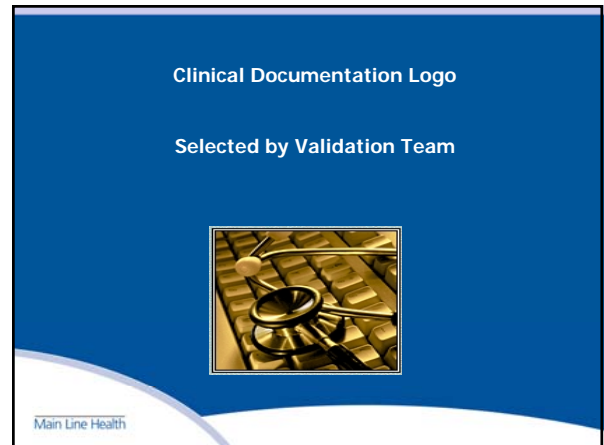


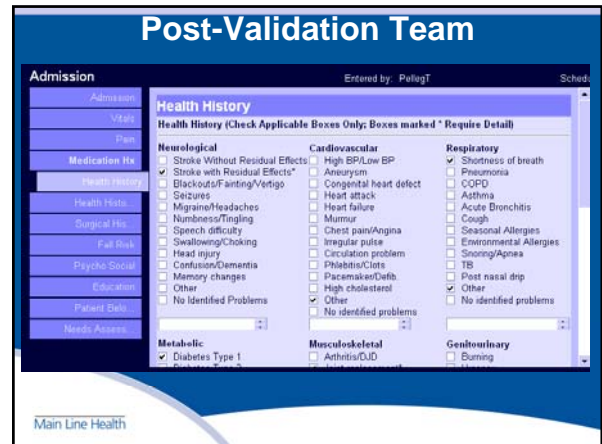
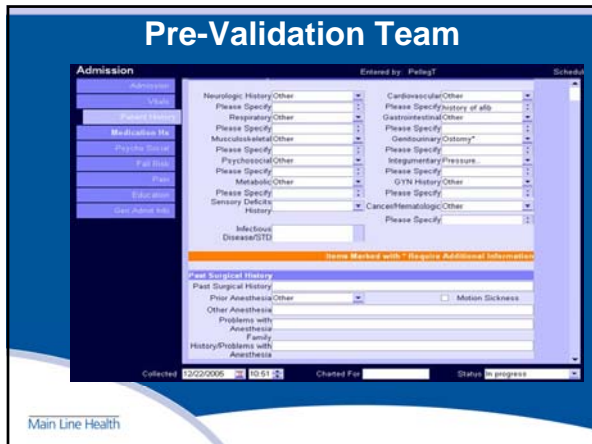
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- ## Validation Team
- Voice of Staff-Level Nursing
 - 31 members from all 4 campuses
 - Physicians, Nursing Administration and Nursing Education as available
 - Independent Validation Sessions

- ## Validation Team
- Responsibilities:
- Validate accuracy of the workgroup findings
 - Review and approve operation flows documented by Workgroup
 - Review and approve all documentation forms built by the Workgroup
 - Participation in education, quality assurance and downtime procedures planning and other areas as assigned





Implementation

- Planning, planning, planning
- Devices – what kind? location;? Who will use what? – not just data entry, data review as well not “One size fits all”
- Space constraints – Training Room, Command Center, storage of carts?
- Downtime – back entry of data? Source of information in a paperless world

Implementation

- Scheduling – Nursing, SuperUsers, IS staff
Education schedule posted 2-3 months prior to classes (nursing schedules up to eight weeks in advance)
- Mentoring peers
- 1st site – 1 week pilot, 2 week “live”
- 2nd site – 2 week “live”
- 3rd & 4th site – 1 week “live” plus 2 week-end shifts

Keys to Success


- Nursing “ownership” of the project – not reluctant to take back to their peers
- Rapid turn around with implementing Validation team suggestions – liked associating their name with “that was my idea!”
- CEU’s offered for SmartChart education sessions
- Mentoring from site-to-site as implementation progressed

Lessons Learned/Staff Feedback

- Survey of Validation Team members after first assessment validation conducted independently by the Project Management Office
- Change in meeting structure
- Full Lessons Learned conducted after each implementation
- The importance of planning for on-going support and development: Change Control Process

Bridges Crossed...


- Implementation of Clinical Champions and Clinical Content Teams evolved to single Clinical Content Team for process changes, enhancement requests and change control
- Clinical Analysts moved from IS to Nursing Informatics Department
- Build design recognized pending and now active implementation of SmartChart orders, workflow and CPOE



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Bridges Crossed...


- Re-visiting findings from CPI was critical in our design – much had changed in our workflow processes
- Standardization of the PMO facilitates enterprise-wide project implementation; improves project implementation
- Clinical Analysts assure buy-in from stakeholders and sense of ownership



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A Bridge to the Future

- The work will never be done!
- In changing healthcare environment, the impacts of IOM, NPSG, NDNQI, TJC, IHI, DOH... we will constantly need to adapt to external forces
- We can be more responsive in an electronic world



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The Magnet Connection

- Initial Magnet status for 3 MLH Acute Care Hospitals in 2005
- Now busy preparing for Magnet redesignation
- Magnet forces are part of our culture



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The New Magnet Model

- 5 Model Components
 1. Transformational Leadership
 2. Structural Empowerment
 3. Exemplary Professional Practice
 4. New Knowledge, Innovation & Improvements
 5. Empirical Quality Results



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I. Transformational Leadership

- Forces of Magnetism Represented
 - Quality of Nursing Leadership (Force #1)
 - Management Style (Force #3)

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Quality of Nursing Leadership (Force # 1)

- MLH Nursing leaders participated in all roll-outs, including participation on multi-disciplinary steering committees, technology rounds, live support rounds and supplemental staffing
- Several positions created – Director who moved from direct operations; 5 analysts

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Management Style (Force #3)

- Leadership solicited feedback from organized teams (Validation, Clinical Content) as well as individuals.
- Staff contacted Validation team via e-mail
- Information posted on web site open to all staff
- Leadership attended education sessions; rounded during live events and after the events to listen to staff and encourage process improvement

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II. Structural Empowerment

- Forces of Magnetism Represented
 - Organizational Structure (Force #2)
 - Personnel Policies and Programs (Force #4)
 - Community and the Healthcare Organization (Force #10)
 - Image of Nursing (Force #12)
 - Professional Development (Force #14)

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Organizational Structure (Force #2)

- Decentralized decision making evidenced through multiple staff teams during implementation and post-live support.
- Design phase – over 100 staff members participated in design sessions.
- Validation team designed and tested software from user perspective.
- Clinical Content Team monitors and reviews enhancement requests and system changes

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Personnel Policies and Programs (Force # 4)

- Use of Bid Shift (a staff oriented shift bidding system) to gain support for the live events
- During design and build, implementation team communicated potential policy changes to the clinical practice committee for their review and decision-making to keep policies in line with changing practice

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Community and the Healthcare Organization (Force #10)

- Nursing informatics and IT staff actively participate in a wide variety of professional organizations – local nursing computer network; CARING; user groups
- Sharing experiences through presentations and networking support efforts to improve client outcomes in the community

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Image of Nursing (Force # 12)

- Image of nursing highlighted during implementations.
- Nurses were seen as important care givers who documented vital information about patients that was needed by other care givers.
- Nursing was the largest group represented on the steering committees.

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Professional Development (Force #14)

- Education for staff included competency documentation
- Education encompassed mentoring and technical components
- CEU's were awarded for class participation
- Numerous staff members seeking advanced education in informatics and/or Informatics certification

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III. Exemplary Professional Practice

- Forces of magnetism represented
 - Professional Models of Care (Force #5)
 - Consultation and Resources (Force # 8)
 - Autonomy (Force # 9)
 - Nurses as Teachers (Force #11)
 - Interdisciplinary Relationships (Force #13)

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Professional Models of Care (Force #5)

- Implemented automated orders based on findings in admission assessment.
 - Order for falls precautions is automatically generated by the computer if a nurse charts a Fall Risk score of 5 or greater (as per practice guideline). All care givers know the patient is on fall precautions, no one had to remember to create the order after the assessment

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Consultation and Resources (Force # 8)

- Participation in local nursing informatics organizations and presented their findings at a conference.
- Presenting to the national software user group meeting.
- Staff from other facilities in the system support the education sessions and live events to offer both knowledgeable support and prepare for the events at the site.

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Autonomy (Force #9)

- Nurse-ordered vaccinations. Based on assessment, nurse can send order and give vaccine
- Foley protocol – nurse can remove foley based upon criteria
- Fall risk identified by nursing, based on their judgment (in addition to score from Heinrich model) – implementation of Fall Risk protocol

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Nurses as Teachers (Force #11)

- Implementation team members presented at leadership meetings, provided train-the-trainer training, and provided updates to the staff on a regular basis.
- Super users at each facility were used to support the education and live events

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Interdisciplinary Relationships (Force # 13)

- Design used staff from all departments so that the interdisciplinary focus could carry through the entire implementation process.
- Documentation at the Rehab facility was expanded to all care givers (nursing, therapy, case management) since the standard paper documentation was already interdisciplinary.

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IV. New Knowledge, Innovations & Improvements

- Forces of Magnetism represented
 - Quality Improvement (Force #7)
 - Quality Champions and unit council lead nurse sensitive improvement activities on the unit
 - Prevention of Urinary Catheter Associated Infections – SmartChart workflow
 - Influenza and Pneumococcal Immunizations Clinical Practice Guidelines – SmartChart workflow

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V. Empirical Quality Results

- Forces of Magnetism Represented
 - Quality of Care (Force #6)
 - Participation in NDNQI
 - Staff empowered to test evidence based changes in practice – example is Fall Risk Assessment (nurse identification of risk as well as tool scoring)

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Quality of Care (Force #6)

- Members of the implementation team participated directly in clinical practice and quality team meetings. This ensures that the clinical staff and IS are working towards the same outcomes.
- Staff members actively engaged in research projects designed to improve quality of care
- Staff contributing to and utilizing evidence based practice

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Help to Cross the Bridge

TIGER

Technology Informatics

Guiding Educational Reform

- You will hear more about the TIGER initiative in the days that follow
- Bridging a gap – 20 + Nursing Informatics Professional Organizations + major Nursing Organizations = > 2,000,000 nurses

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Technology Informatics Guiding Education Reform (TIGER)

- **Vision:**
 - Allow informatics tools, principles, theories and practices to be used by nurses to make healthcare safer, effective, efficient, patient-centered, timely and equitable
 - Interweave enabling technologies transparently into nursing practice and education, making information technology the stethoscope of the 21st century

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TIGER Pillars

- Management and Leadership
- Education
- Communication and Collaboration
- Informatics Design
- Information Technology
- Policy
- Culture

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Technology Informatics Guiding Education Reform (TIGER)

Phase I – Engaging Stakeholders

- Formed in 2004
- Goal: development of a shared vision, strategies, and specific actions for improving nursing practice, education and the delivery of care through the use of IT

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TIGER Phase II: Collaboratives

- **Nine Collaboratives**
 - Standards and Interoperability
 - National Health IT Agenda
 - Informatics Competencies
 - Education and Faculty Development
 - Staff Development
 - Usability and Clinical Application Design
 - Virtual Demonstration Center
 - Leadership Development
 - Consumer Empowerment & Personal Health Records

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Collaborative Results

- What does every practicing nurse need to know about this topic?
- Initiative now involves over 70 professional nursing organizations
- Summary Report available at: www.tigersummit.com

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TIGER: Phase III - Implementation

- Integration of recommendations from nine collaboratives to include:
 - Developing the U.S. nursing workforce capability of using electronic health records to improve delivery of healthcare
 - Engaging more nurses in the development of a Nationwide Health Information Technology Infrastructure

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TIGER Phase III continued

- Accelerating adoption of smart, standards-based, interoperable, patient-centered technology that will make healthcare delivery safer, more efficient, timely, accessible, and efficient.

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So, What's the Attraction?

- An opportunity to improve patient care safety while improving nursing workflow!
- An opportunity to sustain Magnet nursing excellence while demonstrating Magnet forces!
- An opportunity to become involved and make a difference!
- It's an exciting time to be a nurse!



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Time for Questions and Discussion

Thank you!

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