

The Perfect Storm: The Development of Nationally Standardized Nursing Documentation Templates for the VA Healthcare System



Alicia Levin RN, MS
Nursing Informatics Specialist
Office of Nursing Services, Informatics
Department of Veterans Affairs
alevin@va.gov

Objectives

- At the conclusion of this program the participants will be able to:
 - Describe the rationale for standardizing patient assessment documentation templates as an approach to addressing the dilemmas raised by the current healthcare environment
 - Describe the components behind template development
 - Discuss the approach to pilot testing, the implementation plan, and evaluation of the tools.

VHA Office of Nursing Services, Informatics

2

The Healthcare Environment – A Gathering Storm



VHA Office of Nursing Services, Informatics

3

Storm Cloud Issues



VHA Office of Nursing Services, Informatics

4

The VA Setting

- 5.5 million patients treated in 2008
- 153 Hospitals
- 909 Ambulatory Care/Community Based Outpatient Clinics
- 135 Nursing Homes
- 47 Residential Rehab Treatment Centers
- Every state of the union, plus Guam, Puerto Rico, Philippines

VHA Office of Nursing Services, Informatics

5

The VA Nursing Work Force -2008

- All Nursing Personnel: *
80,700
- Direct Care Nursing Staff: **
63,907

* Includes support staff that report to nursing service

** RN, LPN, UAP with direct patient care assignments – Inpatient or Outpatient

VHA Office of Nursing Services, Informatics

6

Current Documentation in the VA

- Electronic Health Record (EHR) is integrated for inpatient and outpatient care
 - Patient data is retrievable anywhere in the national system
- Nursing assessment documentation in the system is often entered as 'free text' and is individualized across the system

How Did the VA Attempt to Address Some of the Issues

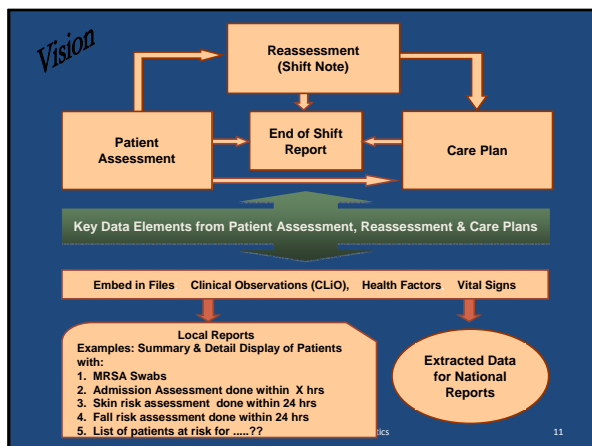
Creation of standardized documentation templates utilized by nursing throughout the healthcare system while minimizing duplicate charting

The Challenge

To blend the needs for standardized data collection on patient care as related to the nursing profession with the general documentation needs of the system

How Did This Process Start

- Started with acute care inpatients but will move to all healthcare settings e.g. long term care, ambulatory care, home care etc.
- Started with a clean slate, not doing things as they have always been done – *"Thinking Outside of the Box"*
- Important to always keep the end point in mind while growing



Template Development



Trying to calm the storm – how best to do this

Template Development Process

- Group chartered on March 6, 2008
- Development Team: 38 nurses from 17 VISNs and 28 VAMCs representing all stakeholders
- Pilot Testing
- Packaging and release by OI&T
- Deployment Team: Nursing & Healthcare Informatics Alliance (NHIA) - national roll out and implementation

Template Development: Who Participated

- 38 nurses from across VHA representing:
 - Multiple VISNs/facilities
 - Various nursing roles
 - Clinical Nurse Leaders
 - Nurse Executives
 - BCMA Coordinators
 - Clinical Nurse Specialists
 - Informatics Nurses
 - Educators
 - Researchers
 - Clinical Application Coordinators
- Representatives from Data Standardization

Who Participated (continued)

- National representatives from other professional healthcare disciplines e.g. chaplaincy, social work, nutrition services, pharmacy etc.
- Representatives from other specialty groups/offices within the system e.g. pain nurses, MRSA coordinators, Office of Ethics, dialysis experts etc.
- Representatives from the technology arm (Information Systems) of the VA

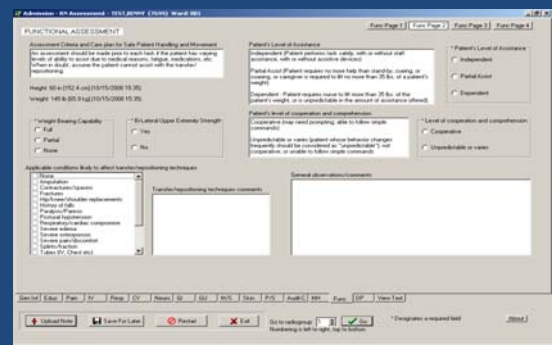
Initial Documentation Packet Includes

- Patient Admission Assessment
- Patient Reassessment
- Interdisciplinary Plan of Care Prototype
- End of Shift Report

Content Selection Determined By:

- Licensing Body (e.g. Joint Commission) requirements
- VHA directives and policies/procedures
- Indicators determined to be "Nursing Sensitive" (Nursing Quality Forum) and captured by other nursing databases.
- Evidence based practice (what does current evidence in healthcare point to as best practices for patient care)
 - Assessment tools
 - National guidelines for care
 - Patient care interventions

Template Type Chosen



Patient Admission Assessment

- Completed within 24 hours after admission to acute care (or sooner based on facility policy)
- Provides a clear comprehensive view of the patient as he/she arrives at the facility
- Pulls from administrative data for background information
- Assessment allows for problem identification and development of interventions - pulls forward into interdisciplinary care plan

Shift Reassessment

- Fed by information pulled forward from the initial assessment
- Information from one shift reassessment is pulled into next shift reassessment
- Allows for update of care plan status (of problem, of interventions etc). That information is pulled forward into the care plan

Interdisciplinary Plan of Care Prototype

- Populated by information entered in admission and shift reassessments which is pulled forward into a stand-a-lone template to allow for multidisciplinary use
- Problems and interventions are updated at time of every shift reassessment
- Problem evaluation: No Change/Stable; Improving; Deteriorating; Resolved; Unresolved at Discharge
- Intervention status: Completed; Continue; Discontinue; Pending

Considerations for Template Development

- Instructions for use of assessment tools are embedded in templates
- Human Factors review
- 508 Compliance review
- Security, privacy review
- Systems requirements review

Pilot Testing



Can we learn to ride the waves and come out on the shore?

Elements of Initial Pilot Testing in Mirror (Test) Account

- 25 sites representing large & small; urban & rural; teaching & non teaching; all regions of the country
- Memorandum's of Understanding signed by all pilot sites
- Weekly support calls
- Link on VANOD Website for information about templates
- Feedback on functionality and clarity of questions

Evaluation



Is the umbrella working?

Formal Evaluation

- Evaluations by bedside nurses using a link to an anonymous survey located on the VANOD website
 - Comparison with current method of charting
 - Better
 - Worse
 - Same
 - Clarity of questions
 - Comprehensiveness of content
 - Flow of content

Implementation



Tackling both the waves and the storm clouds

Approach – Phased in

- Region by region (four regions)
- Med-Surg first, then Mental Health and Critical Care
- Educational tools – for installation and for use of the templates
- Facility VANOD Site Coordinators head local teams for implementation

Barriers/Constraints Around Implementation

- Size of the healthcare system
- Diversity of current practices
- Buy-in from multiple disciplines (Interdisciplinary Plan of Care)
- Technical support both locally and system wide

Barriers/Constraints Around Implementation (continued)

- Lack of point of care computer access for nurses who provide care to patients
 - Avoid need for double documentation
- Lack of computer familiarity on the part of some bedside nurses at some VA facilities
- Lack of familiarity with type of template design being used.

Ensuring Success



Sunshine is breaking through the clouds

What is Needed for Success

- Formalized ongoing process for updating the templates based on new VA Directives, VA Policies /Procedures, licensing body requirements, and new evidence around the best ways to deliver patient care.
 - On a pre-determined, preset basis e.g. yearly
 - Pre-determined review body – core members and **adhoc** members

What is Needed for Success (continued)

- Process/program to keep system apprised of patient care interventions based on the most current evidence
 - E.g. Use of a “Knowledge Management System”
- Technology to support documentation
 - E.g. point of care computers for nursing staff providing hands on care

What is Needed for Success (continued)

- Support at local level from senior management
- Feedback loop for end users
- Established agreement with OI&T for documentation updates on prescheduled basis
 - Assigned OI&T personnel for project

What is Needed for Success (continued)

- An interdisciplinary team to address the overall look and use of the patient interdisciplinary care plan (in process)
- Terminology standardization in system (in process)
- National decision on selection of a nursing language (in process)

Challenges

- Sustaining integration beyond implementation
- Continued development of an interdisciplinary care plan

What Will Be the Impact of Standardized Templates on:

- Healthcare costs
- Documentation of patient outcomes
- Interdisciplinary collaboration
- User friendly documentation
- Evidence based practice provision of care
- Patient safety



Impact

Standardized Documentation impacts:

- Patient Safety
- Healthcare costs
- Tracking patient outcomes on a national, regional, and facility level

Impact (continued)

These templates support:

- Interdisciplinary collaboration
- Ongoing evaluation of the care plan and selected interventions
- Decreased work on the part of nurses as related to charting
- The use of evidenced based assessment tools and components of comprehensive nursing practice

Are We Building a Bridge or a Barrier?



We expect this to be a bridge



Rationale

- System wide interdisciplinary input
- Numbers of people involved in template content and review
- Extensive pilot testing in mirror (text account)
- Close collaboration with Office of Information and Technology

Thank You!
Questions