

Improving Nursing Documentation of Family Presence Policy With Implementation of New Electronic Health Record System

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Objectives

1. Examine techniques useful in ensuring documentation systems meet the needs of direct care nurses.
2. Discuss the effectiveness of utilizing the assigned task function as a reminder of required documentation.

Background

- The University of Louisville Hospital (ULH) patient care model is based upon a framework of patient and family centered care.
- This framework is used to shape policies, programs, facility design, and staff day-to-day interactions.



Background

- Patient and Family Centered Care (PFCC)
 - An approach to the planning, delivery, and evaluation of care that is grounded in mutually beneficial partnerships among health care providers, patients, and Families¹.
 - Core concepts¹:
 - Respect and dignity
 - Information sharing
 - Participation
 - Collaboration



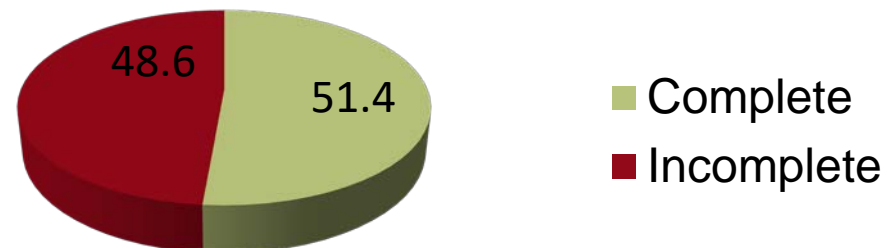
- Partners in Care
 - “Individuals that the patient deems as integral in the process of caring and recovery from illness¹”.
 - Identified upon admission
 - Name(s) and designation(s) documented in the medical record
 - Afforded 24 hour visitation

Background

- Challenges to documentation
 - Manual process
 - System limitations
 - Workflow
 - Paper checklist

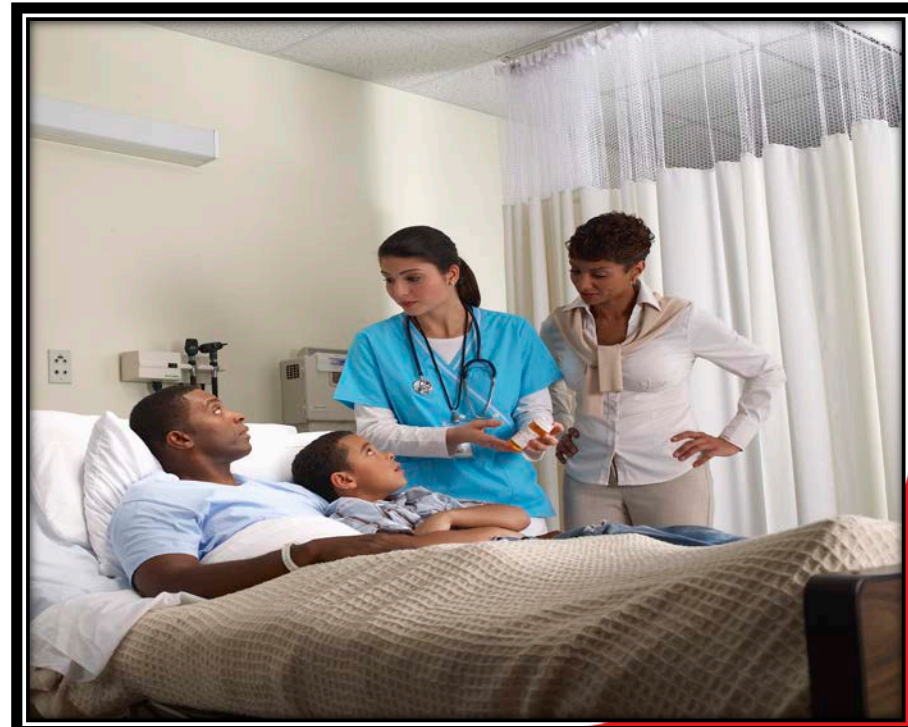
Partner In Care Documentation

- October 2015



Purpose

- To describe how clinical nurse involvement with the design and implementation of a new electronic health record system improves nursing documentation and enhances the institution's patient care model as demonstrated by improved documentation of "Partner in Care".



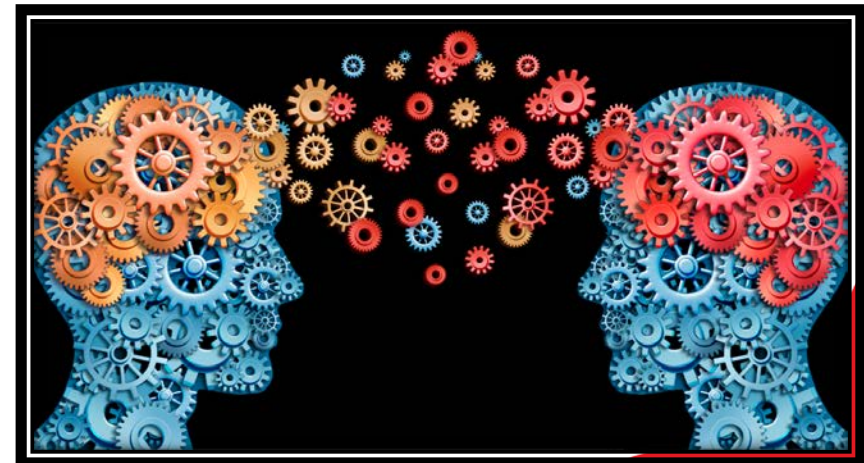
Methods



- Clinical Nurses
 - Team Leads
 - Surgical Services & Oncology
 - Subject Matter Experts (SME)
 - Varying specialties
 - Removed from patient care
 - Design
 - Implementation
 - Sustainment



- Responsibilities
 - Define “essential information”
 - Define “required documentation”
 - Share current workflow
 - Discuss opportunities for improvement
 - Communicate needs
 - Test functionality
 - Collaborate
 - Go-Live support





Have you ever felt like this?



- EHR (Cerner)
 - Task List
 - Personalized design
 - Patient specific
 - Upcoming & Overdue tasks
 - Automatically triggered
 - Links to documentation

System generated reminders have been shown to improve documentation by healthcare providers¹

Scheduled Patient Care

All PRN Tasks

All Continuous Tasks

Task retrieval completed

	Task Status	Scheduled Date and Time	Task Description	Order Details
✓	Complete	9/10/2017 1:01 EDT	Admission History, Adult	Start: 09/10/17 1:01:21 EDT Order entered secondary to patient admission.
✓	Complete	9/10/2017 1:01 EDT	Patient and Family Centered Care	Start: 09/10/17 1:01:21 EDT Order entered secondary to patient admission.
✓	Complete	9/10/2017 1:01 EDT	Document Patient's Preferred Pharmacy via Link on Toolbar	Start: 09/10/17 1:01:21 EDT Order entered secondary to patient admission.
✓	Complete	9/10/2017 1:03 US/Eastern	Need to Collect: 1 Lt Green Volume 7.00 mL, Accession # 40-17-253-00224	
✓	Complete	9/10/2017 1:10 US/Eastern	Need to Collect: 2 UrineCup Volume 100.00 mL, Accession # 40-17-253-00282 A; Volume 100.00 mL, Accession # 40-17-253-00282 B	
✓	Complete	9/10/2017 3:03 US/Eastern	Need to Collect: 1 Lt Green Volume 7.00 mL, Accession # 40-17-253-00225	
✓	Complete	9/10/2017 5:00 EDT	Review Care Plan	Start: 09/10/17 5:00:00 EDT Order entered secondary to patient admission
✓	Complete	9/10/2017 6:17 EDT	Medication Response Follow-Up	325 mg, Oral, Tab, 1-Time, Routine, Start 09/10/17 5:00:00 EDT, Stop 09/10/17 5:00:00 EDT
✓	Complete	9/10/2017 6:19 US/Eastern	Need to Collect: 1 Blue Volume 3.00 mL, Accession # 40-17-253-00572 A	
✓	Complete	9/10/2017 7:00 EDT	Chart Check-Review Order Profile	Start: 09/10/17 7:00:00 EDT Order entered secondary to patient admission.
✓	Complete	9/10/2017 8:00 US/Eastern	Need to Collect: 1 Lt Green Volume 7.00 mL, Accession # 40-17-253-00512	
✓	Complete	9/10/2017 10:05 EDT	Medication Response Follow-Up	650 mg, Oral, Tab, 1-Time, Routine, Start 09/10/17 9:00:00 EDT, Stop 09/10/17 9:00:00 EDT Do not exceed 4 gm total daily dose for acetaminophen.
✓	Complete	9/10/2017 10:43 EDT	Attempt To Treat	
✓	Complete	9/10/2017 11:25 EDT	Attempt To Treat	
✓	Complete	9/10/2017 14:00 US/Eastern	Need to Collect: 1 Blue Volume 3.00 mL, Accession # 40-17-253-01037 A	
✓	Complete	9/10/2017 15:05 EDT	Patch Removal	Start: 09/10/17 15:05:01 EDT, Nitroglycerin Patch Removal
✓	Complete	9/10/2017 17:00 EDT	Review Care Plan	Start: 09/10/17 17:00:00 EDT Order entered secondary to patient admission
⚠	Pending	Continuous	Chest Pain Instructions	Start: 09/10/17 1:01:00 EDT, ECG PRN anginal chest pain or ECG changes on monitor, Continuous Order
⚠	Pending	Continuous	Notify Provider	Start: 09/10/17 1:01:00 EDT, Continuous, Notify provider of patient arrival to unit
⚠	Pending	Continuous	Notify Provider of Change in Patient Condition	Start: 09/10/17 1:01:00 EDT, Continuous, Page provider STAT with any PRN lab order used
⚠	Pending	Continuous	Notify Provider of Change in Patient Condition	Start: 09/10/17 1:01:00 EDT, Continuous, Notify MD for the following; For oxygen saturations less than...
⚠	Pending	Continuous	Notify Provider Vital Signs	Start: 09/10/17 1:01:00 EDT, HR GREATER than 120, HR LESS than 60, SBP GREATER than 160, SBP LESS t...
⚠	Pending	Continuous	Notify Provider	Start: 09/10/17 1:06:00 EDT, Continuous, Baseline PTT GREATER than or EQUAL to 49.3, INR greater tha...
⚠	Pending	Continuous	Bleeding Precautions	Start: 09/10/17 1:06:00 EDT, No intramuscular (IM) injections while on Heparin drip, Continuous Order
⚠	Pending	Continuous	Notify Provider of Change in Patient Condition	Start: 09/10/17 1:06:00 EDT, Continuous, Notify Physician immediately for any bleeding or Neurological...
⚠	Pending	Continuous	Fall Precuations and Documentation	Start: 09/10/17 4:54:48 EDT, Continuous Order Order entered secondary to documenting a Morse Fall Risk Score greater than or equal to 45, OR ABC...

Patient and Family Centered Care - xxxulhstest, ptburn

*Performed on: 09/11/2017 1720 EDT By: BATES, KATRINA, Clinical IT Liaison

Patient and Family Centered Care
Education Topics: PFCC

Patient and Family Centered Care

Unable to Obtain Patient/Family Centered Care Information
☐ Yes
Core concepts of patient and family-centered care: Respect and Dignity, Information Sharing, Participation, and Collaboration

Reason Unable to Obtain Patient Family Centered Care Information

PFCC Support Person/Patient Representative Name #1
Who will be the most involved in your care and help you make decisions? This person(s) may or may not have legal authorization to sign medical consents. By this individual(s), it will not make them responsible of any financial obligations.

PFCC Support Person/Patient Representative Contact Information #1

PFCC Support Person/Patient Representative #1 Language Preferred Language for Learning

<input type="radio"/> English	<input type="radio"/> Chinese	<input type="radio"/> Korean	<input type="radio"/> Polish	<input type="radio"/> Yiddish
<input type="radio"/> Spanish	<input type="radio"/> French	<input type="radio"/> Laotian	<input type="radio"/> Portuguese	<input type="radio"/> Other:
<input type="radio"/> American Sign Language	<input type="radio"/> German	<input type="radio"/> Hmong	<input type="radio"/> Russian	
<input type="radio"/> Arabic	<input type="radio"/> Italian	<input type="radio"/> Nuer	<input type="radio"/> Tagalog	
<input type="radio"/> Bosnian	<input type="radio"/> Japanese	<input type="radio"/> Persian	<input type="radio"/> Vietnamese	

Share Medical Information with PFCC Support Person/Patient Representative #1
☐ Yes
☐ No

Partner in Care Band Given to PFCC Support Person/Patient Representative #1
☐ Yes ☐ Discontinued
☐ No

PFCC Support Person/Patient Representative Name #2

PFCC Support Person/Patient Representative Contact Information #2

Two
tabs

reference
text

Education Topics: Patient and Family Centered Care

PFCC Education Topics

	Verbalizes understanding	Returns demonstration	Needs further teaching	Needs reinforcement	Comment
All aspects					
Bedside shift report					
Family presence policy					
Visiting Hours					
Please ask					
Hourly rounding					

PFCC Education Needs Comment

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**PFCC Support Person/Patient Representative
Name #4**

**PFCC Support Person/Patient Representative
Contact Information #4**

**PFCC Support Person/Patient
Representative #4 Language** Preferred Language for Learning

- | | | | | |
|--|--------------------------------|-------------------------------|----------------------------------|-------------------------------|
| <input type="radio"/> English | <input type="radio"/> Chinese | <input type="radio"/> Korean | <input type="radio"/> Polish | <input type="radio"/> Yiddish |
| <input type="radio"/> Spanish | <input type="radio"/> French | <input type="radio"/> Laotian | <input type="radio"/> Portuguese | <input type="radio"/> Other: |
| <input type="radio"/> American Sign Language | <input type="radio"/> German | <input type="radio"/> Hmong | <input type="radio"/> Russian | |
| <input type="radio"/> Arabic | <input type="radio"/> Italian | <input type="radio"/> Nuer | <input type="radio"/> Tagalog | |
| <input type="radio"/> Bosnian | <input type="radio"/> Japanese | <input type="radio"/> Persian | <input type="radio"/> Vietnamese | |

**Share Medical Information with PFCC Support
Person/Patient Representative #4**

- ☐ Yes
☐ No

**Partner in Care Band Given to PFCC Support
Person/Patient Representative #4**

- ☐ Yes ☐ Discontinued
☐ No

**Authorized Designee to Grant Consent
When Patient is Unable**

Choses to Establish a Code Word

- ☐ Yes
☐ No

Code Word for Permission to Speak with Phone Callers

This word lets us know that it is ok to speak
with a phone caller on the patient's behalf.

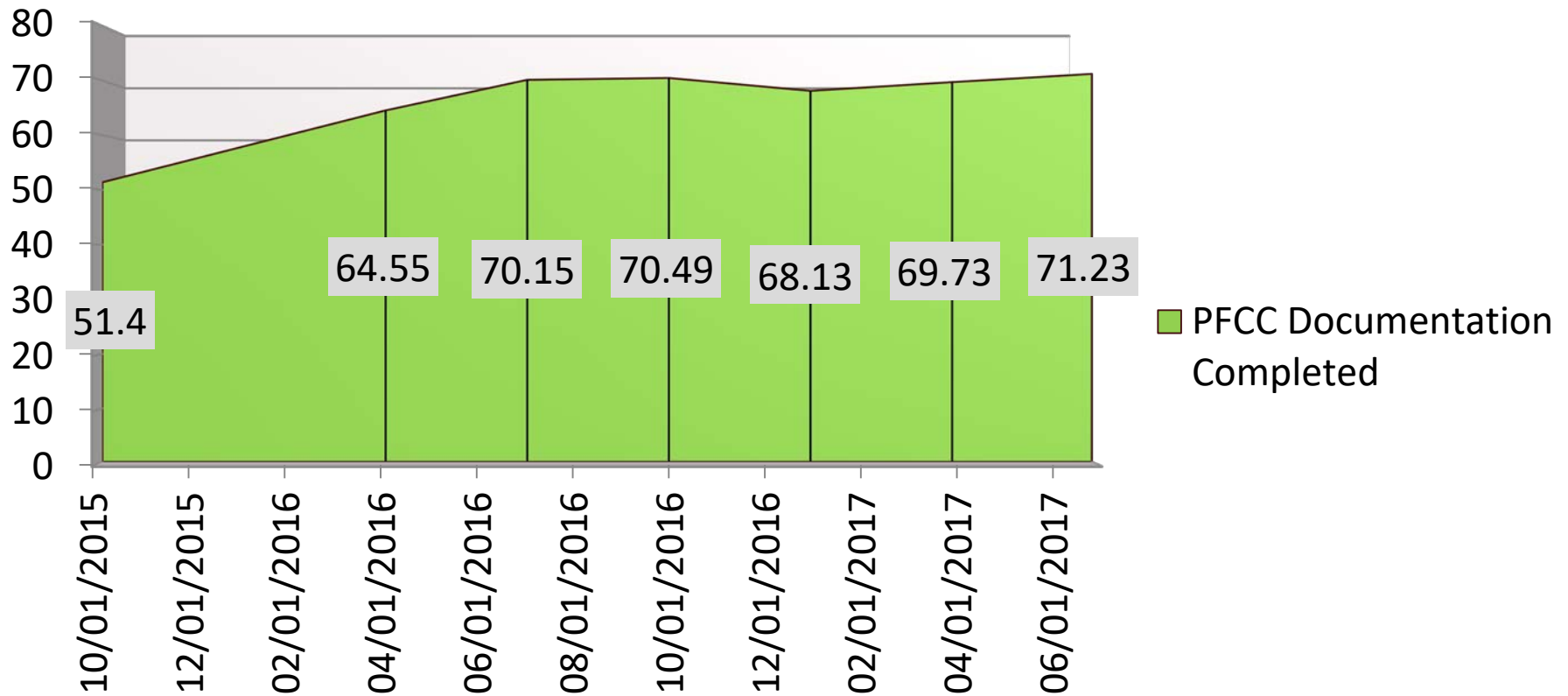
Parking Pass Given To

Relationship to Patient

- | | | |
|-------------------------------|-------------------------------|------------------------------|
| <input type="radio"/> Patient | <input type="radio"/> Child | <input type="radio"/> Other: |
| <input type="radio"/> Parent | <input type="radio"/> Sibling | |
| <input type="radio"/> Spouse | <input type="radio"/> Friend | |

Outcomes

PFCC Documentation



Implications for Practice

Clinical Nurse involvement is key

- Design with nursing workflow considerations at the forefront
- Improve understanding of documentation requirements
- Peer to peer education and reinforcement

System updates

- Unique design to meet facility specific requirements

Next Steps

- Continue to monitor quality metrics including PFCC
- Evaluate for correlation between increased compliance with documentation of PFCC and increased patient satisfaction ratings
- Continue to include bedside nurse input in the facility change control process for the existing EHR



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Questions

Contact Information

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