Clinical Nurse Specialist Led Evidence-Based NDNQI Performance Improvement Enabled by Innovative EHR Technology

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Objectives

1. Identify the impact of the EHR in improving NDNQI outcomes.

2. Describe the impact of the CNS in improving outcomes utilizing NDNQI structure and process in a Magnet health system.
Organizational Characteristics

- Largest public health District in California
- First Magnet health system in California
- Represents the full continuum of care
- TJC Diabetes and Stroke
- Bariatric Center for Excellence
- Wound and Hyperbaric
- Nurses Improving Care for Health System Elders
Structure Process Outcome

- Clinical Nurse Specialist led Fall and Skin Team
- Staff nurse representation across health system
- Multiple reps from every nursing unit
- Budgetary support
- Metrics/Outcomes/Benchmark-NDNQI data quarterly reporting and feedback
- Cohesive, active and engaged pressure ulcer/fall prevention
- EHR provides real time fall and pressure ulcer data to inform decision making and evidence-based care planning at the bedside to improve quality of care.
EHR Design

- Real time documentation and data at point of care
- Quality dashboards
- 18 months
- Transdisciplinary
- Evidence-based standards of care
- Thousands of design decisions
- Advanced clinical applications
New EHR Applications

- CPOE / PowerPlans
- Medication Reconciliation
- IView
- Enhanced View (in PowerChart, SurgiNet, FirstNet)
- Prescription Writer
- Depart Process
- Message Center
- CareMobile / CareAdmin
- Handheld Specimen Collection
- NHIQM
- Lighthouse
- Clinical Reporting XR
- PowerInsight Reporting
- Document Imaging
- eSignature
- CareAware BMDIs
- 724 Access
CNS practice conceptualized as core competencies in three interacting spheres actualized in specialty practice, and guided by specialty knowledge and standards.
CNS and Direct Care

• **Client Direct Care**
  - Integration of evidence based practice resources and EHR documentation process to attain optimal patient outcomes
  - Example: clinical resource tab, insulin drip calculator, quality dashboard, automatic consult generation for documented pressure ulcer and falls.
CNS and Nursing

• Nurses & Nursing Practice Standards
  – Alignment of standard of care with EHR documentation
  – Task list design
  – SBAR nurse communication handoff screen
  – Integrated system assessment and electronic flowsheet
CNS and Organization

• **Systems & Organizations**
  – Integration of change across departments
  • Laboratory, radiology, pharmacy, medicine, finance, medical records, touch therapist (respiratory, P.T. O.T.)
  – Troubleshooting and refining quality reporting innovation

• Sleuthing out “go live” issues in all three spheres
Pressure Ulcer/Falls Team Structure Process Outcome

- **Structure**: representation from every unit in the organization, direct care RNs
- **Metrics/Outcomes/Benchmark**: NDNQI benchmarks, quarterly reporting, feedback
- **Cohesive, active and engaged pressure ulcer/fall prevention**
- **Lighthouse implementation provides real time feedback for improving care at the bedside**
Lighthouse

- Identify fall and PU risk promptly during the care process
- Alert when Braden Scale score ≤18, Morse > 45
- Place Risk for Pressure Ulcer/Fall on Problem List
- Activate PowerPlan for prevention measures
- Document interventions and outcomes
- Educate patient for ongoing pressure ulcer and fall prevention
- Use links to reference text throughout process
- Provide immediate feedback through use of daily reporting
What works

- Lighthouse quality view allows easy tracking of pressure ulcer and fall patients
- Gives real-time feedback to direct care RNs for improving care at the bedside
- Implementations in place immediately
- Documentation includes risk, interventional care plans, evaluation
Design

• Nursing workflow intuitive for RNs
• Reflects EBP, Research and Regulatory requirements
• Support EBP technology enabling the nursing process
• Transdisciplinary care planning
• Interactive electronic flow sheet
Nursing documentation for Braden assessment, pressure ulcer assessment, and fall risk by the RN. Generates Braden and Morse Fall Risk Scores.
Based on the nursing documentation, nursing care plans are recommended by the system. The nurse is able to modify and select care plan details.
The care plan creates documentation tasks for the nurse that reminds the RN to document fall prevention/safety interventions.
At a glance, any nurse or physician can see how the patient is progressing related to the care plan – the green checkmark indicates that any nursing documentation is showing how the patient is progressing. The red X indicates that a charted result was not expected (such as the patient being willing to adhere to fall precautions).

<table>
<thead>
<tr>
<th>Description</th>
<th>Last Evaluated</th>
<th>Target</th>
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The Quality and Safety Dashboard allows an at-a-glance look at any status for falls, AMI, Heart Failure, Pneumonia and Pressure Ulcers. A blue circle indicates that items have been documented as required. Partial circle indicates it is in progress, and an empty circle indicates it requires completion.

<table>
<thead>
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<th>Patient Demographics</th>
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IVIEW: Restraint Workflow Process

Step 1: CPOE – order entered by provider
Step 2: Task generated by Order for Restraint Documentation to Nurse Task List
Step 3: Clicking on task brought Nurse to area in IVIEW to document – captures Regulatory Requirements

Reflects initiation and discontinuation
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