Leveraging Functionality of Clinical Documentation Software to Transform a Traditional Nursing Tool



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eChart (Siemens Soarian®)

- Used primarily for Nursing and Ancillary documentation.
- Quality and Performance Audits reports derived directly from charted data.
- Post Fall documentation feeds Incident Reporting System.
- Hand-off reporting moved to the bedside.
- Ongoing staff feedback is key factor to our success.



Electronic Clinical Documentation

- Siemens Soarian[®] (eChart) documentation software implemented for inpatient Nursing starting in 2007.
- Clinical Design and Implementation Committee (CDIC) guides development.
 - CDIC has representatives from every Nursing service line, Nursing administration, Pharmacy, Respiratory Therapy, OT, PT, SLP, Food and Nutrition Services, Performance Improvement, Compliance, Legal, and IT.
- CDIC meets 8hrs every month to review user feedback, enhance clinical documentation, devise implementation plans, and explore software functionality.



User Feedback

- Need quick access to a comprehensive snapshot of pertinent patient information (e.g. isolation, precautions, skin breakdown, invasive lines, psychosocial concerns, contact information, etc.).
- Hard to sort / filter through mountains of charted data.
- Pull specific data elements to the forefront depending on the task at hand - auditing & bedside reporting time could be reduced if particular data elements were easily obtained.
- Reduce the number of mouse clicks.



eKardex – Clinical Summary

- Create an electronic kardex that groups information similar to how a nurse would give report.
- Data is simply a byproduct of documentation NOT an additional step.

Summary Head to Toe Skin	Tubes/Drains Vascular Access Assessme	ents Interdisciplinary E	ducation Quality Contact/Belong	gings Clinical Notes Vitals	Labs Specialty				
Patient History		Clinical Considerations	5	Measurements					
1 Occurrence 🕨		1 Occurrence 🕨		2 Occurrences 🕨					
	12/07/11 17:54		12/08/11 12:00	12/07/11 17:54		12/08/11 12/07/11 00:00 17:54	11/29/11 14:04		
Patient History		Advance Directive Type		Health Care Power of	Height	172.72	171.5		
Reason for Admission - Pt. State	pain- back and stomach	Precautions	Bleeding, Falls, Neutropen	Attorney	Admission Weight	94.5			
Other illnesses/surgeries	Gallbladder,	FIELDUUUIS	ic		Last Recorded Weight	97.7 94.5			
	Tonsillectomy, several	Protocols Initiated	Bowel		Body Mass Index	31.68	32.40		
	kidney procedures, DM,HTN, GERD,		Dysfunction, Catheterizat ion: Urinary, Cardiac		Body Surface Area				
peripheral neuropathy, Multiple Myeloma, Asthma-Childhood			Monitoring, Central Venous Access Device, ICU, Neurological			4			
Learning Preferences	Verbal/Discuss		Assessment, Oral Care, Oxygen: Non- Ventilated			•			
Learning Barrier	Pain				Psycho-Social	•			
Vision	Contacts, Glasses		Patients, Pain Management, Telemetry		Toccurrence F	10/13/11			
Hearing	Intact	Other Protocols Initiated				12:42			
Speech		Activity			Family Considerations	Cares for children and mother at home			
		Diet							
		Cultures Sent							
	4 F		∢	•					



Asmts & Admission/Discharge

- Ability to precisely retrieve data by number of occurrences or number of days per container.
- Staff input used to determine content & default data retrieval method.

Summary Head to Toe S	kin Tubes/	Drains Vaso	ular Access	Assessme	nts I	nterdisciplina	ary Educatio	on Quality	Contact/Be	ongings	Clinical No	otes	Vitals Labs	Specialty				
Assessments																		
All Nursing PT OT	SLF Rec/N	lusic Therapy	Physician	Audiology	CCM	Nutrition	Hosp. Schoo	l Interprete	r Pastoral	Care Pha	armacy	Prost	netics/Orthotics	s				
1 - 300 of 337 🕨 🛛 7 Days 🕨	1																	+ 🖪 🗏 🗠
	12/09 12:0					12/09/11 10:00	12/09/11 09:00	12/09/11 09:00	12/09/11 08:30	12/09/11 08:00		09/11 :00	12/09/11 08:00	12/09/11 08:00	12/09/11 08:00	12/09/11 08:00	12/09/11 08:00	12/09/11 07:00
Activities/Interventions			✓			/	∢			∢								∢
Asmt - Cardio / Respiratory											✓							
Asmt - GI / GU																		
Asmt - Neuro / HEENT													√					
Asmt - Skin / Musculo														∢				
Asmt - Tubes / Drains															∢			
Asmt - Vascular Access Device	es																	
Education																∢		
Falls Risk																		
Graphics				✓				∢										
	•																	►
Admission / Discharge					Initi	al Ancillary	/ Evals						Once Per Vi	isit				
2 Occurrences 🕨			[N 🗏 🖂	2 Oct	currences)	•				B E		2 Occurrence	es 🕨				
	11/28/11 08:30	04/05/11 10:41	04/05/11 06:15	03/26/11 15:41				11/28/11 17:32	11/28/11 10:14	03/26/11		26/11 :08	No data is av	ailable for the	specified tim	eframe or occu	irrence.	
Admission	✓ △	10.41	00.15	✓ △	Diet	itian Assess	ment	✓ △	10.14	✓ △	09	.00						
Rec Therapy Asmt/Treatment					PT A	Acute Care E	valuation		√ ^		∢ ∧							
Discharge Assmt			∢ ≜		Rec	Therapy As	mt/Treatment											
Discharge Meds		∢																
	4			÷.								×.						



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Interdisciplinary Plan

• Keeping pertinent information together allows for faster, more accurate data review.

	to Toe Skin Tubes/Drains			Interdisciplinar	y Education	Quality	Contact/Belo	ongings		tals Labs	Specialty		
Problems			PT						SLP				
		+	1 Occurrence 🕨				R 🗏		1 Occurrence 🕨			R	
all Risk 🕞 elf-Care Impairmen						12/09/11 10:59			No data is available	for the speci	fied timeframe or occurrence.		
Skin Integrity Impairment 🕞			PT STG Transfer T	ype 1	Supine to	Sit		-					
			PT STG Transfer L	OA 1	Contact Gu	ard Assis	st						
			PT STG Transfer T	ype 2	Sit to Star	nd							
			PT STG Transfer L	Min Assist									
Nursing			PT STG Transfer T	ype 3	Low Pivot								
	[PT STG Transfer L	Contact Guard Assist									
	08/06/10 07:02		PT STG Ambu/Mob	15			-						
Team Update	continent of bowel;		от		•			•	Rec./Music Thera	DV/			_
	continue timed toilet for bladder continent	CING	1 Occurrence										
			roccarcice y			08/06/10		Æ	roccurrence P		12/09/11	08/06/1	
						16:22					07:36	07:02	
			Team Update		Barriers: Chronic R sided weakness, Hard of hearing)				Team Update			Social FIM: 7 Barriers: endurand	
Other Ancillary					Strengths: persistance,							balance	.ce, st
					participation				Patient Stated Goal	s "To wal	k independently."		
No data is available for the specified timeframe or occurrence.			OT Patient Stated	Goals					Rec Therapy Goal 1		in 5 tx sessions, pt		
			OT Acute STG Tim	eframe						non-pha	dependently use of 2 rmacological anxiety		
			OT STG Eating						choice	ent techniques of during times of			
			OT STG Groom Sel		with Setup standing at the sink with CGA-goal met			-		standin	ed anxiety (transfer: ng, motor function) to		
								• ·		demonst	rate increased self		



Core Measures - Quality

 Easily view groups of patient data from disparate assessments for auditing or hand-off report.

Summary Head to Toe Skin	Tubes/Drains	Vascular Access	Assessments	Interdisciplinary	Education	Quality Contac	t/Belongings Clinical N	lotes Vitals	Labs Speci	alty					
Quality Measures				Audit - *future r	release	Restraint Audi	t - *future release								
		[💫 🗏 🖂		r 🗉 🖂						T.				
		12/06/11 14:35		No data is available specified timeframe		No data is available for the specified timeframe or occurrence.									
Influenza Vaccine	admission	ine received p n during curre not during th ization	ent flu	occurrence.											
Pneumococcal Vaccine		ine given in 1 t during this ization													
Smoking Status	Never Smo	oker (CDC_4)													
Smoking History	No or Una	able to Detern	mine												
Smoking Cessation Counseling Giv															
				Pain Audit - *fut											
						2 Days 🕨									
				No data is available specified timeframe			12/09/11 08:00		12/09/11 08:00	12/09/11 06:57	12/09/11 03:00				
				occurrence.		Name Band	On Patient and verified	1 ID							
						Bed Check	Power On,Heel On,Side Rails 3								
						Position	Semifowler			Right Lateral	Right Lateral	Let			
						Braden Score		1	7						
	•		×				4					Þ			



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Specialty – Labor & Delivery

- Obstetricians saw the quality and flexibility of information available and asked to document in eChart.
- Currently planning tabs for other specialties like Rehab and Oncology.

Labor / Delivery							
Assessment		Maternal			Fetal		
2 Days 🕨	+ 🖪 🗏	1 - 100 of 117 🕨 2 Days	•	🖪 🗏	1 - 102 of 548 🕨 2 Days 🕨		R =
	12/09/11 13:07		12/09/11 14:00	12/09/11 13:30		12/09/11 14:00	12/09/11 13:30
Assessment / Plan	20 yo G1 at 40+1 by L/11 in	Observations			Uterine Monitoring		
	labor	Cervical Dilation			Uterine Monitoring Mode	Internal	Internal
	1) Labor: Given recurrent variable decels in the	Cervical Effacement (%)			Contraction Duration (sec)	45-60	45-60
	setting of pushing and fetal	Station	+1	+1	Contraction Frequency (min)	1.5-2.5	1.5-2.5
	station still at +1, will have pt labor down as these	Amniotic Fluid Assessment	Clear	Clear	Resting Tone External		
	decels resolve with stopping pushing. Once OR space is	Membranes			Contraction Intensity Internal	50-80	60-80
	available (within the hour), will have pt resume pushing;	Uterus NonTender			Resting Tone Internal	20-30	25-35
	if there is fetal intolerance	Preeclampsia Symptoms	None	None	Montevideo Unit(s)	190-210	170-190
	of pushing, would offer operative vaginal delivery if	Interventions			Fetal Assessment		
	station lower versus outright	OB Interventions			Fetus A Monitor Mode	Internal	Internal
	c-section if station still at +1. Pt in agreement with				Fetus A Baseline Heart Rate	145	150
	this plan.				Fetus A Variability	Moderate (6-25 bpm)	Minimal (1-5 bpm)
	2) FWB: currently Cat 2.	OB Medications			Fetus A Accelerations	Yes	No
	3) GBS: Positive, on PCN.	Oxytocin (milliunits/min)	6	6	Fetus A Decelerations	None	Early
	4) Pain: Epidural						
Intrapartum Comments							
Intrapartum - Singleton	1						
	4		4) b		4	



Education

- Clinicians educated at various committee & staff meetings.
- ISD Training developed online tutorial available from within eChart.



