Objectives

1) Recall the importance of staff feedback in Electronic Medical Record (EMR) tool development.

2) List two EMR strategies to help increase process compliance.

I have no disclosures
**Clostridium difficile Facts**

- *Clostridium difficile (C difficile)* is a common hospital-acquired infection (Centers for Disease Control and Prevention [CDC], 2015; Magill et al., 2014), which affects more than 300,000 patients annually in U.S. hospitals (Lucado, Gould, & Elixhauser, 2012).
- It causes diarrhea, colitis, and occasionally death (Kelly, Pothoulakis, & LaMont, 1994; Polage et al., 2015).
- Patients can become colonized with *C difficile* without showing symptoms or clinical signs of infection (Kelly, Pothoulakis, & LaMont, 1994; McFarland, Mulligan, Kwok, & Stamm, 1989).

**Stop C difficile Project Overview**

- **Purpose**
  - To decrease the rate of hospital-acquired *C difficile* infection
- **Interdisciplinary**
  - Physician, Registered Nurses (RN), Information Technology (IT), Clinical Laboratory, Environmental Services
- **Project Timeline**
  - March 12, 2014 - June 24, 2015

**Robust Stop C difficile Project EMR Utilization**

- Extensive Project Scope
- Workgroup Formulated Bridge bedside RNs and EMR tool development
- Motto: Make it easy to do the right thing
- RN Screening Process Focus
  1. *C difficile* risk assessment questions at admission
  2. Surveillance at discharge
C difficile Risk Assessment Questions

- Incomplete RN documentation of C difficile risk assessment questions in EMR:
  1. Gather data on “high risk” population
  2. Guide laboratory analysis of C difficile test selection

Pre-implementation Compliance Rates:

<table>
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<th>C difficile Risk Assessment Questions RN Documentation</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
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</tbody>
</table>
**C difficile Risk Assessment Questions RN Documentation Barriers**

- Novelty
- Busy workflow
- Partially complete

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**C difficile Risk Assessment Questions BPA Intervention**

- Solution
  - Best Practice Advisory/Alert (BPA) reminder system
- Implementation Date
  - August 21, 2014

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**Post-implementation Compliance Rates: C difficile Risk Assessment Questions RN Documentation**

- [Graph of compliance rates]

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**C difficile Surveillance at Discharge**

- Missed obtainment of *C difficile* surveillance at discharge by RN
  - Determine positive *C difficile* conversions

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**Pre-implementation Compliance Rates: C difficile Surveillance at Discharge**

![Bar Graph]

- April
- May
- June
- July

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**C difficile Surveillance at Discharge Barriers**

- Novelty
- Equipment accessibility
- RN staff education
- Busy workflow
- Forgetfulness
**C difficile Surveillance at Discharge Interventions**

- **Solutions**
  - Unit-based efforts
  - Housewide noninvasive EMR reminder systems
    - RN discharge checklist surveillance inclusion
    - RN discharge checklist surveillance secondary reminder
    - Daily compliance report
  - **Implementation Date:** July 30, 2014

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**Intervention #1**
RN Discharge Checklist Surveillance Inclusion

**Intervention #2**
RN Discharge Checklist Secondary Reminder (with link)

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**Post-implementation Compliance Rates:**
*C difficile Surveillance at Discharge*
BONUS: Other EMR C difficile Tools Developed

- Positive (+) result notification
- Positive (+) isolation order prompt
- Isolation checklist
- Swab done within 24 hours banner
- Swab history report
- Swab orders: RN and MD alerts

C difficile Project EMR Tool Development Outcomes

- Increased nurse buy-in
- Achieved workflow accommodations
- Improved process compliance

Objectives/Takeaways

- Bedside staff feedback in EMR tool development
  - Pursue and incorporate it
  - Encourage continual engagement
  - Demonstrate appreciation
  - Celebrate successes
- EMR leveraging strategies to help increase process compliance
  - Workflow integration
  - Foster creativity
  - Focus within interdisciplinary context
  - BPA balancing act
  - Keep it relevant and simple
Acknowledgments

• Project Team:
  - Dr. Christopher Polage, MD
  - Associate Professor of Clinical Pathology
  - Project Physician Director
  - Jacqueline Stocking, RN, PhD(c), MBA, MSN
  - Program Director (Previous)
  - Stacy Hevener, RN, MSN
  - Program Director (Current)
  - Catherine Adamson, RN, BSN
  - Project Nurse Champion Lead

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  - Environmental Services
  - Information Technology (IT) Support
  - Infection Prevention
  - Pharmacy

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References


Questions?

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