Evidence-Based Clinical Documentation: Practice and Performance

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25 By 5: Symposium to Reduce Documentation Burden on U.S. Clinicians by 75% by 2025, 01/29/2021
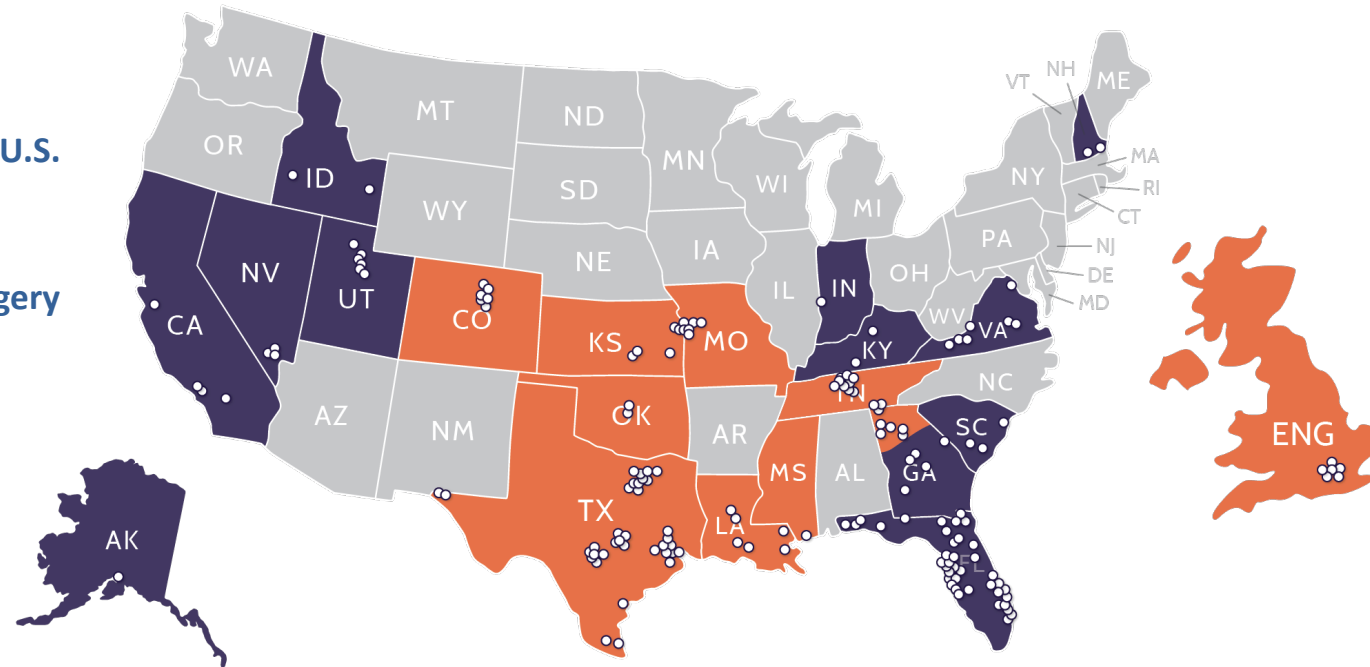
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Who is HCA?

172 Hospitals in the U.S. and 6 in the U.K.

119 Ambulatory Surgery Centers

51 Freestanding ERs

HCA hospitals care for 27M+ patients annually

- Admissions – 1.8 million
- Deliveries – 219,000
- ER visits – 8.4 million
- Physician Clinic Visits – 8 million
- Surgeries – 1.4 million

240,000 employees

- 80,000 nurses
- 47,000 allied health professionals
- 37,000 affiliated physicians
- 3,100 employed physicians & 1,000 practitioners

Topical Outline:

- Vision and History of EBCD

- Standards of Care, EBCD Design Guiding Principles, Governance of Data Assets

- Performance Visibility and Performance Management

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The Vision

Create a patient-centric record:

- To guide and inform the provision of safe, effective and efficient care

- To support interdisciplinary care

- To produce data to evaluate care of individual and populations of patients
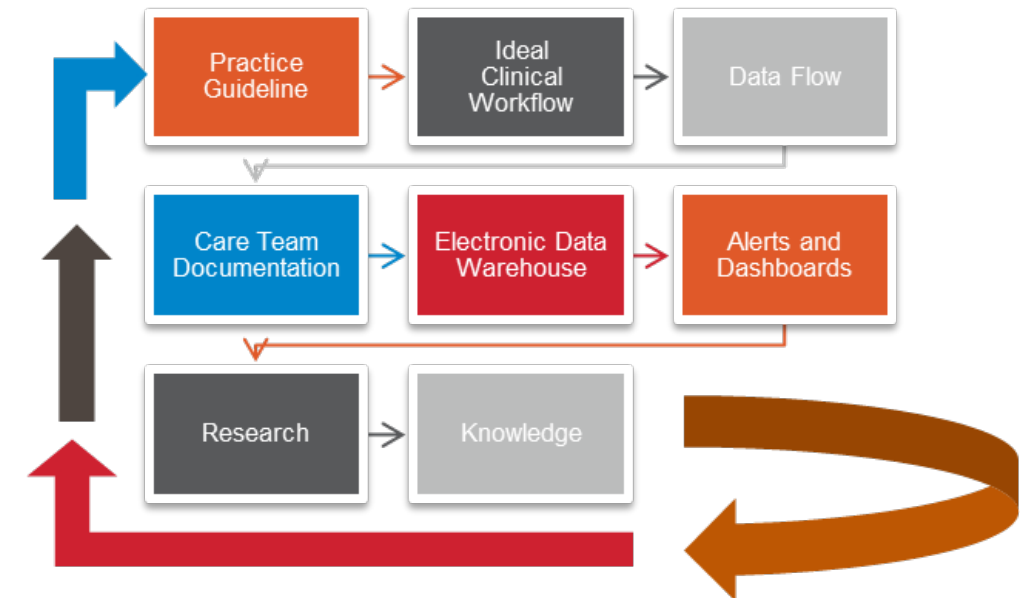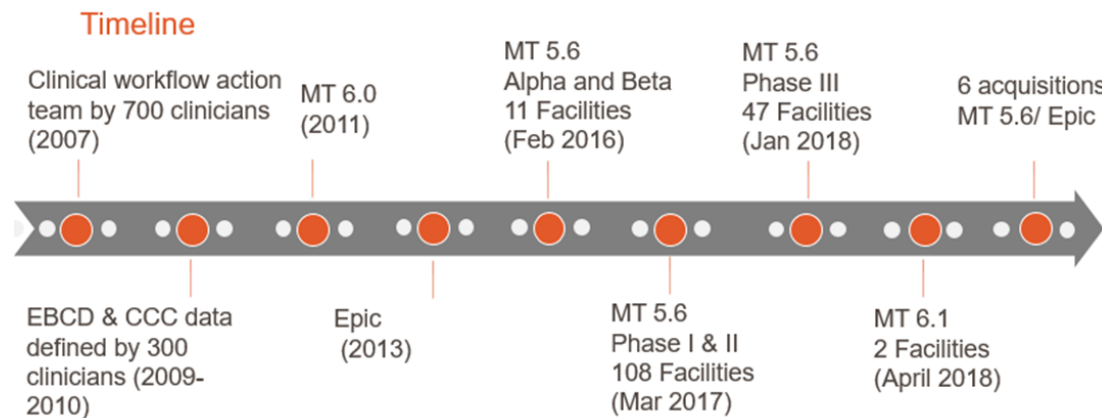
Formatting Nursing Data in the EHR: Nursing Terminologies and Beyond

A standard terminology for electronic health record (EHR) systems that supports capturing discrete patient care data for documenting the "essence of care" and measuring the relationship of clinical care to patient outcomes.

The CCC provides:
- Organizing framework for content development.
- Codes for data elements that enable data extraction and analysis.
- Mapping to SNOMED and LOINC.

Source:https://careclassification.org

NURSING DIAGNOSIS

INTERVENTIONS

HEALTH BEHAVIORS
- Medication Safety
- Health Behavior

PSYCHOLOGICAL
- Cognitive
- Coping
- Role Relationship
- Self Concept

FUNCTIONAL
- Activity
- Fluid Volume
- Nutritional
- Self-Care
- Sensory

PHYSIOLOGICAL
- Cardiac, respiratory, metabolic
- Physical regulation
- Skin integrity
- Tissue perfusion
- Bowel/urinary elimination
- Life cycle

OUTCOME STATEMENTS

Clinical Care Classification (CCC)

Evidence Based Clinical Documentation (EBCD)

The Business Case:

- Reduce RN time spent on documentation
- Respond to major RN dissatisfaction with documentation burden
- Return RN time to caregiving, improving patient outcomes and RN retention
- *Provide visibility of nursing standards of care with feedback loops for ensuring safe, effective, and high quality care*
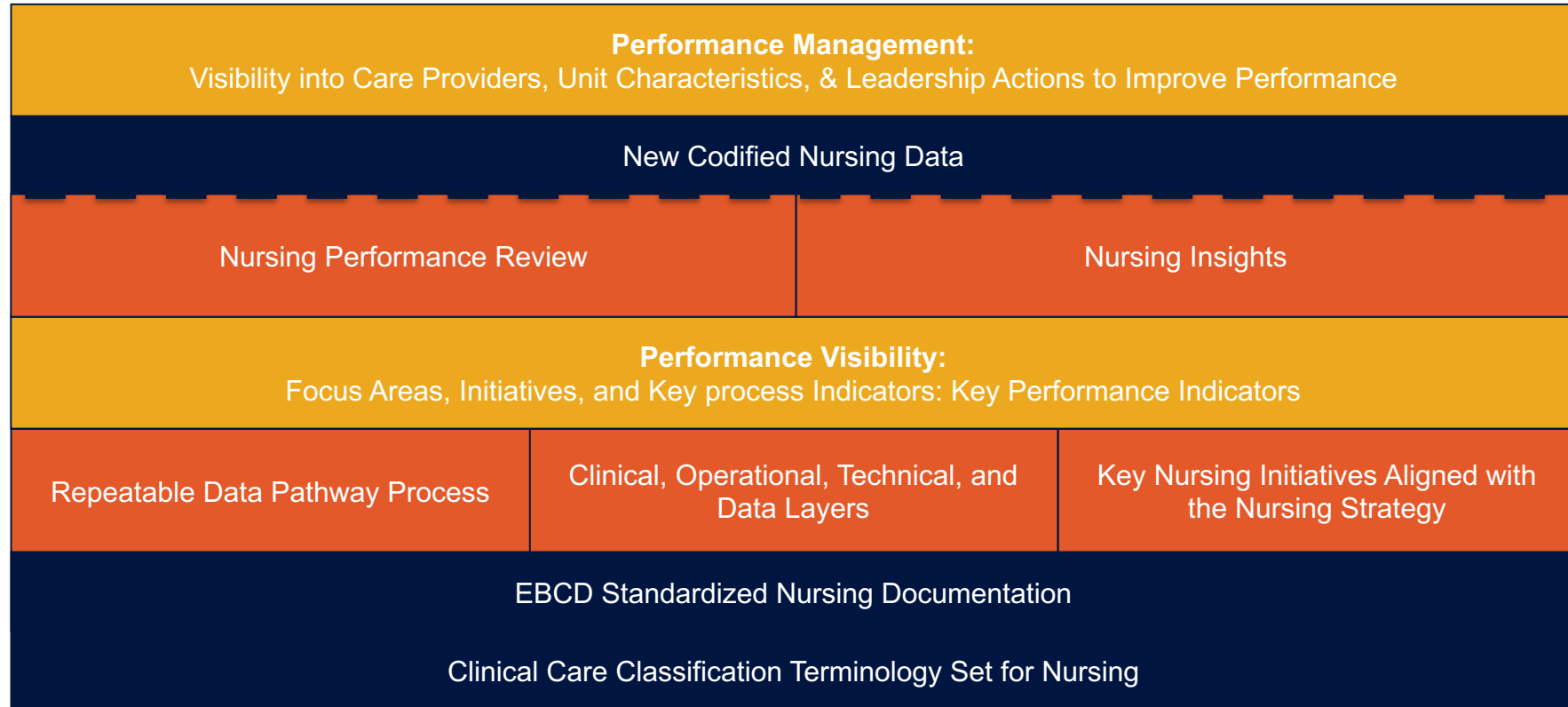
SCOPE:

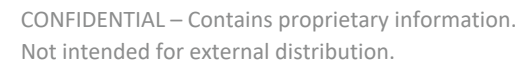|		
Inpatient	Surgical Services	Emergency Services
Pediatrics	Behavioral Health	Respiratory Therapy

FOUNDATION FOR HCA NURSING PRACTICE:

Pain Assessment   Wound Assessment & Staging   Safety & Risk Assessment

Tube/Line/Catheter Management   Plan of Care

Hygiene Care   Ventilator Management

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Performance: Visibility and Management

Performance Management:
Visibility into Care Providers, Unit Characteristics, & Leadership Actions to Improve Performance

New Codified Nursing Data

Nursing Performance Review	Nursing Insights

Performance Visibility:
Focus Areas, Initiatives, and Key process Indicators: Key Performance Indicators

Repeatable Data Pathway Process	Clinical, Operational, Technical, and Data Layers	Key Nursing Initiatives Aligned with the Nursing Strategy

EBCD Standardized Nursing Documentation
Clinical Care Classification Terminology Set for Nursing

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Performance: Visibility and Management

1.4 Billion "Action Type" data points for:
Assess

Concluding Points:

- **Myth busted**: Need more data in order to satisfy the "X's": No tension between the data need and the reporting need, more data does not mean better care

- **Illuminate** *actionable* **data** within latency for process/practice-level improvement ["Dan says: kill your outcomes-reporting dashboards, in real time"]

- **Use the data** to improve provider's knowledgeable practice, learning-loop enhancements to workflows, and focus improvement interventions specific to the process/practice.

- Future state: Rethink EMRs as repository receiving inputs from a patient-centric overlay, with provider engagement that is useful for and useable to rendering care: **embed Gen-X gadgets, use apps** when appropriate, and tell the current state patient story in context between the patient/family and provider

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