Evidence-Based Clinical Documentation: Practice and Performance

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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

172 Hospitals in the U.S. and 6 in the U.K.
119 Ambulatory Surgery Centers
51 Freestanding ERs

Who is HCA?
Topical Outline:

• Vision and History of EBCD
• Standards of Care, EBCD Design Guiding Principles, Governance of Data Assets
• Performance Visibility and Performance Management
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
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
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
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
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.