Making Computer Documentation Work for Frontline Nurses: A Journey Not a Destination

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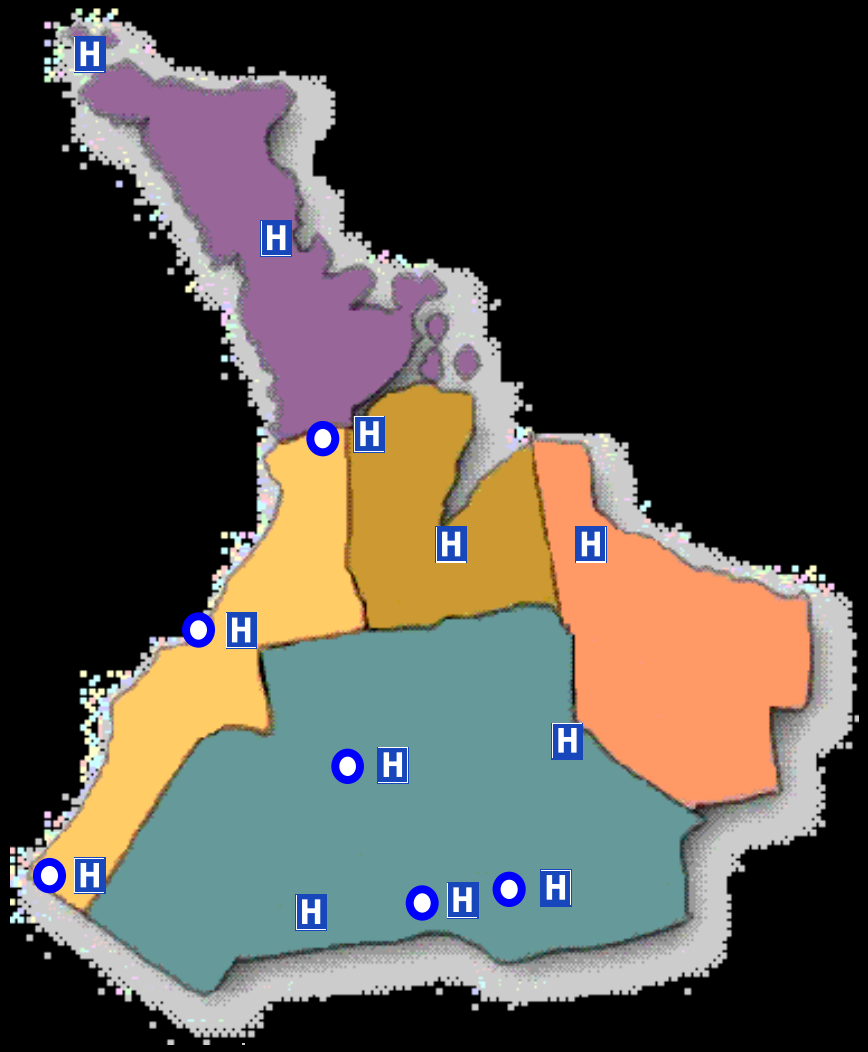
Our Vision

"To boldly go where no where no man has gone before".

Captain James T. Kirk

(Star Trek, 1966)

Grey Bruce Information Network



- Approximately 9000 sq. km (3,475 sq. miles)
- 3 corporations
- 11 hospital sites

Where we Were

Learning from 2006 GO-Live

Lack of Clinical Support & Leadership for the following:

- Workflow – parallel processes don’t work
- Hardware Requirements
- Education Rollout plan
- Communication
- Technical Support
- GO-Live Implementation process
- Patient Safety
- Data Quality

Pulling Your Team Together

The Team

- Steering Committee – One front line nurse from each unit to liaison between the Steering Committee and their home unit.
- 2 computer application specialists hired.
- 2 Front line managers shared responsibility of leading the Steering Committee and participated on the build team.
- 2 Managers from IT
- After first visit to Cerner evident that the build team needed to include leadership from the other 2 Corporations

Preliminary Work of The Steering Committee

- Site visit beneficial to envision application being used in the clinical setting.
- Common goal was to develop one standard chart for all 11 hospital Medical/Surgical Units.
- Identified the need for a Decision Algorithm.
- Identified the need for a Change Request Process.
- Identified the need for Communication

Change Request Process

- Identified and communicated from the beginning of the project.
- Impact of changing elements in one application and the potential impact to other applications – live or in future.

Change Request Framework

Decision Algorithm

- In place from the start
- Communicate reason why to Steering Committee members.
- If consensus could not be reached on any part of the chart the decision making would then be passed to CNO to research and make the final decision
- 80/20 rule

Communicating the Project

Communication

CHARTING
PATIENT
INFORMATION
ELECTRONICALLY

Committee Kicked off with a “Name the Project” which was open to all employees of the 3 Corporations who were not members of the Steering Committee.
Great response – Logo and Name picked from 40 submissions

Communication

- Took our presentation on the road to communicate to the front line staff at each site and get them thinking about Electronic Documentation.
- Provided them with an opportunity to ask questions and see screen shots.
- Important for buy in of front line users to hear from mangers who are supporting the project.

Monthly Communication to Stakeholders

- Build team reviewed committee membership
- Feedback loop was placed as standing agenda item for Clinical Documentation Steering Committee – “What did you do to communicate at the unit level?”
- Monthly Newsletters developed at monthly Clinical Documentation Steering Committee meetings which were circulated and posted on the Intranet.

Meeting Structure

- Monthly 4 hour meetings
- During design phase had full 8 hours working days to keep momentum
- Encouraged input from frontline staff – valued unit specific feedback
- Coordinated these working days when Cerner build team members were on site – provided the ability to demonstrate the product.
- Bring candy and they will come!!!

Hardware

Hardware

- Important to assess each Unit – Not a cookie cutter approach
- Assess environment and space – i.e. plug in battery or where the device will be kept when not in use
- Ergonomic study needs to happen
- Have the devices on the units for the nurses to play and use prior to making a decision
- Key message – device to nurse ratio = 1:1
- Computer on Wheels will be like the nurses stethoscope – it will go with them everywhere!

Application Specialists

- Evaluated current work flow process in the paper world
- Time trial evaluations in both paper and electronic process to ensure electronic process not taking longer
- We did not sugar coat workflow - we did emphasize that workflow was going to change but emphasis was placed on change being better!!

Standardization

- Standardized chart across network allows for reduced redundancy in information collection
- Results in decreased workload for nurses
- Increases patient satisfaction as they are not asked for the same information at multiple entry points in the system

Culture of Charting = Change

- Charting in real time versus sporadically during the shift/end of shift
- Some units started off the process by documenting on flow sheet at bedside to get accustomed to this new process
- Nurses are hesitant to loose the subjective elements of their documents – i.e. slept well, good day etc
- Documentation is located in a common area within the electronic chart, all healthcare providers have same access and view.
- More than one person can be viewing the electronic chart at a time

Clinical Leads and the Build

- Clinical leads went to KC to work with the IT team to build the solution
- Able to identify problem issues at the time of build rather than build the form and find out later it won't work
- Managed the change and worked with other leaders to facilitate the transition positively – need buy in from all levels
- Strong leadership keeps them team on track, able to meet deadlines and keep the team focused

How did strong leadership contribute to the project?

- Ability to lead and facilitate committees
- Experience with committee structure i.e. Terms of Reference, Project Charters
- Decision making ability – knowing who to go to
- Ability to identify resources within organization
- Able to manage negativity
- Clinical leads were able to concentrate on leading the team and the application specialists were able to focus on the build

Where are we now?

- Successful Go-Lives at 8 of 11 sites – Go Lives are continuing to move forward
- No identified patient risks during Go-Lives
- There have been minimal changes to the chart as a result of the front end work completed in the build
- Steering Committee has now morphed to Carenet Enduser Committee
- Important to bring frontline feedback to a formal committee for long term sustainability
- RNAO e-Health Toolkit for all committee members and interested staff

Lessons Learned

- Consistency in trainers and training process
- Enhancement training after initial Go-Live to ensure endusers utilizing full functionality of the solution
- Determine a process for chart audits
- Communicate! Communicate! Communicate!
  Frontline Users
  Unit Managers
  IT Team
  Interdisciplinary Team
  Physicians

Where we are now

QUESTIONS?

Thank you for allowing us to share our experience!