healthcare information and management systems society

# Nursing Informatics: Best Practices for Front Line User Engagement & Communications

January 25th, 2017

transforming healthcare through IT™

# Housekeeping Items:

**AGENDA:**

- 5:00-5:30 p.m.: Networking, Appetizers and Beverages
- 5:30 - 6:30 p.m.: Presentations
- 6:30 - 7:00 p.m.: Audience Q&A

**QUESTIONS:**

After each presentation we will take 2 questions.  There will be time at the end to ask more questions, so please write them down for later!

**SURVEY & Raffle:**

Please fill out a survey and receive entrance into the raffle to WIN a gift a card!

# 2016-2017 Sponsors







# Affiliate Member Liaisons Program -






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# Introductions

- **Kaiser Permanente*:*** ***Nurse Proficiency Training: Creating a Framework to Assess EHR Aptitude***
  - *Meagan Mangus, RN, BSN, LNC, CPHQ*
  - *Christina Kochan, RN-BC*

- ***Providence: Help Us Help You: Successful Engagement Stories to Involve the Front Line***
  - *Susan Sealy RN*
  - *Eva Edwards RN*
  - *Demetria Peterson*

- ***Providence: Using Data to Streamline the EHR***
  - *Ivy Holt RN*
  - *Jesus Montiel-Hernandez BS, AAS*

- ***OHSU: Learning from Learning: Nurses as Trainers to Increase Adoption Among Peers***
  - *Cheri Warren, BSN, RN-BS*
  - *Crystal Pelgorsch, ICU RN*

# *Nurse Proficiency Training: Creating a Framework to Assess EHR Aptitude*

Brought to you by

Ambulatory Clinical Informatics

Kaiser Permanente Northwest

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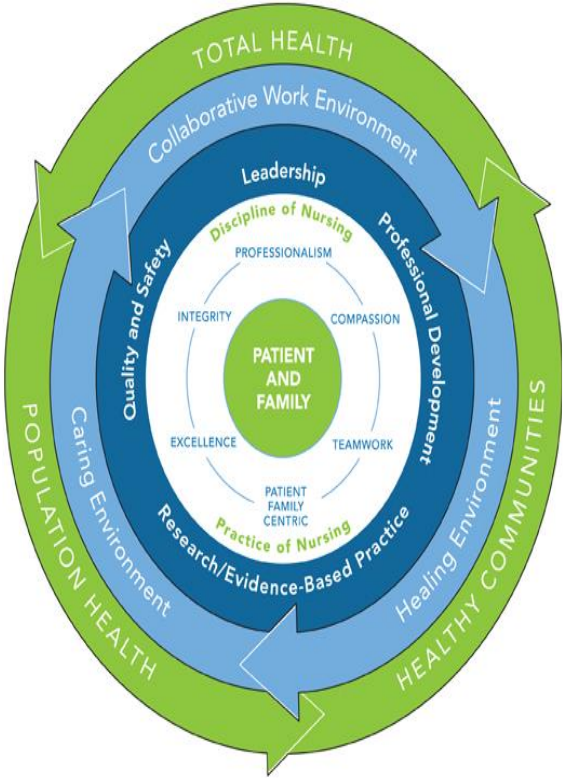
# Ambulatory Clinical Informatics

## Ambulatory Nursing Optimization

- Meagan Mangus RN, BSN, LNC, CPHQ- Manager Nursing Informatics
- Christina Kochan RN-BC, BSN- Nurse Informaticist

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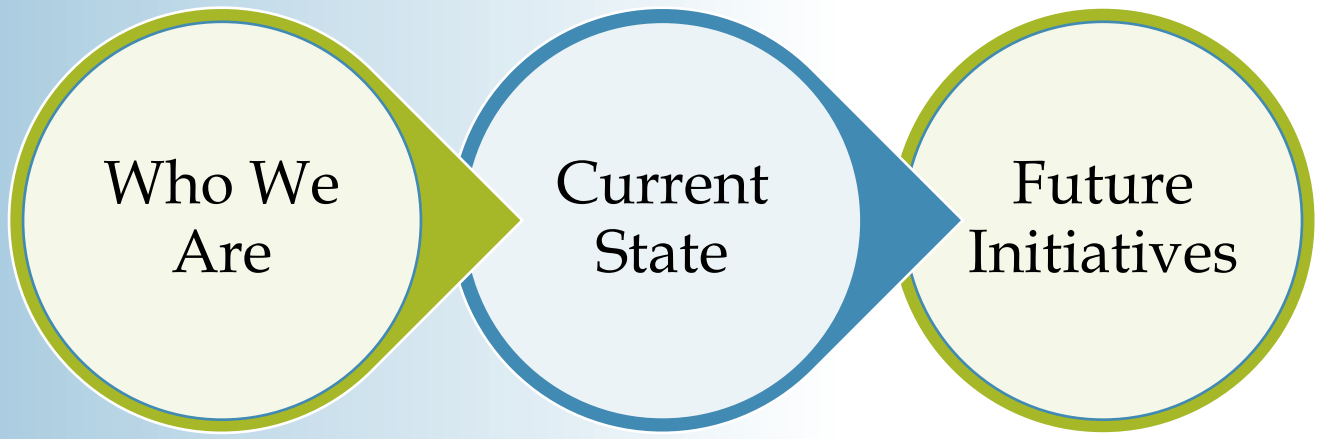
# TODAY'S AGENDA

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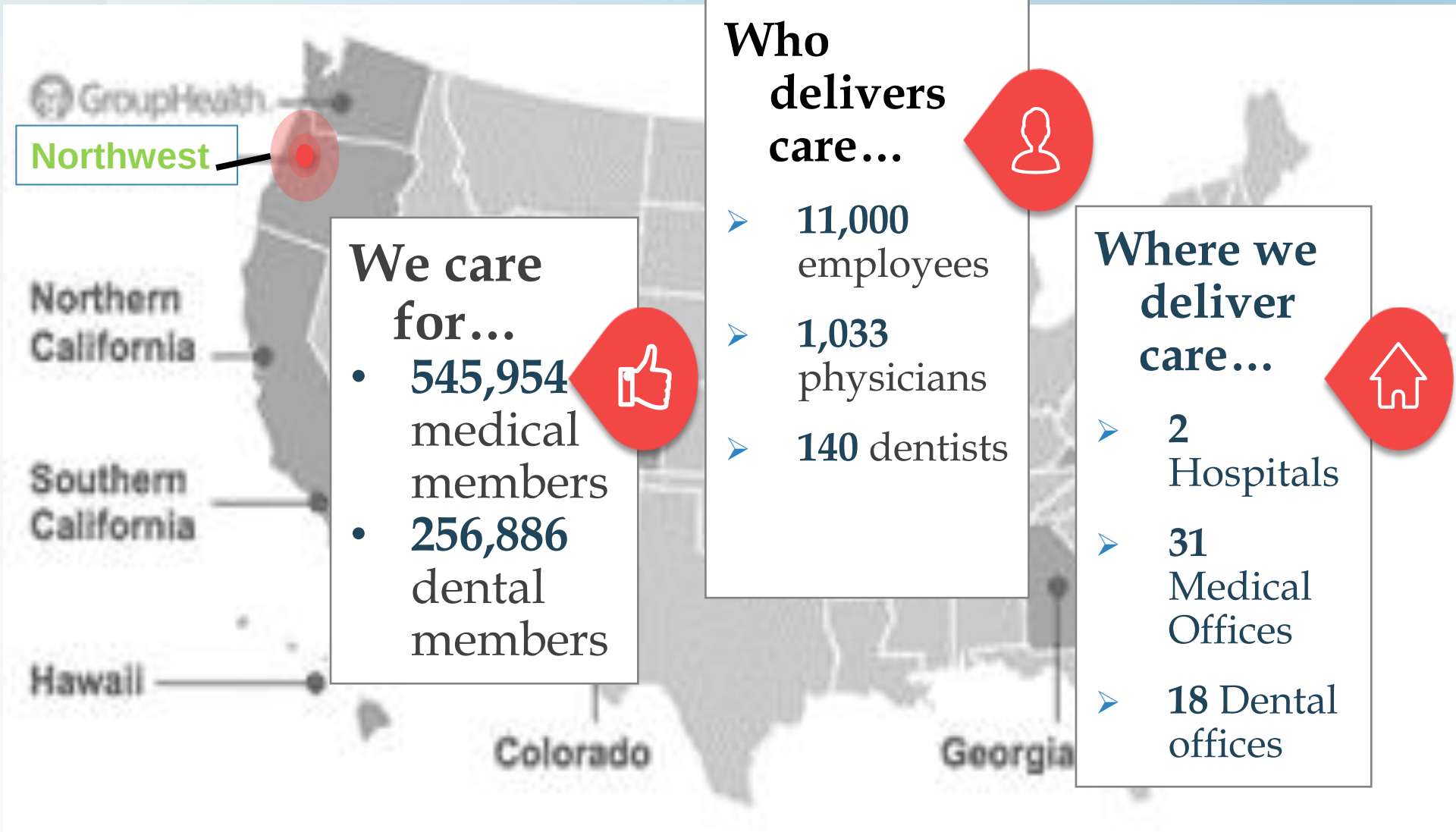
# KAISER PERMANENTE NORTHWEST
# AT A GLANCE




**We care for…**

- **545,954** medical members
- **256,886** dental members

**Who delivers care…**

- **11,000** employees
- **1,033** physicians
- **140** dentists

**Where we deliver care…**

- **2** Hospitals
- **31** Medical Offices
- **18** Dental offices

# Mission Statement

- Kaiser Permanente nurses advance the art and science of nursing in a patient-centered healing environment through our profession practice and leadership.
- The KPNW Regional Ambulatory Clinical Informatics Council supports this mission by providing appropriate informatics solutions to positively impact the quality and safety of care provided to every patient, every time. The KPNW Regional Ambulatory Clinical Informatics Council accomplishes this in a supportive environment that fosters accountability, caring, cooperation, respect and professional growth.

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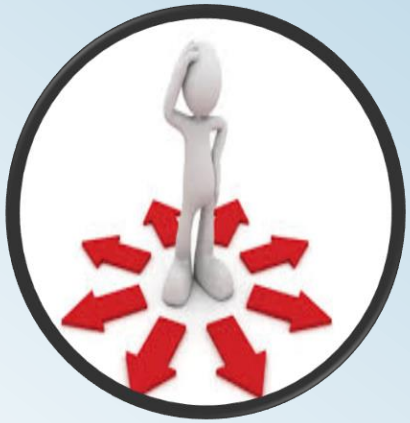
# Current EHR Training Process

- Functional- Pro-Active HealthConnect training Clinical Delivery Informatics Systems CDIS (Training 101)


- Departmental training for workflow (if warranted)

- Implementing new technology (if warranted)



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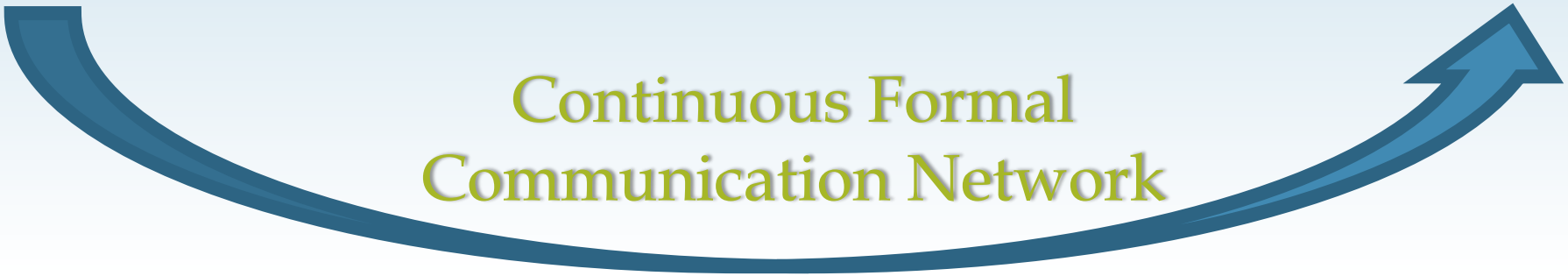
# Technology Training as a Continuum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# Initiatives in Progress

Ambulatory Clinical Informatics Council

Champion Structure

Communication

Efficiency Support

# Ambulatory Clinical Informatics Council

- Meet Monthly
- Stakeholders
  - Managers
  - Champions
  - Subject Matter Experts
  - Union Partners
- Goals
  - Change Management
  - Standardize
  - Solve Problems
  - Communicate Change
  - **Build Infrastructure**

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# Champion Structure

Goals

- One Health Information Technology Leader in Each Department
- Support for Multiple Super User
- Network Infrastructure
- Train the Trainer
- Content Build Access

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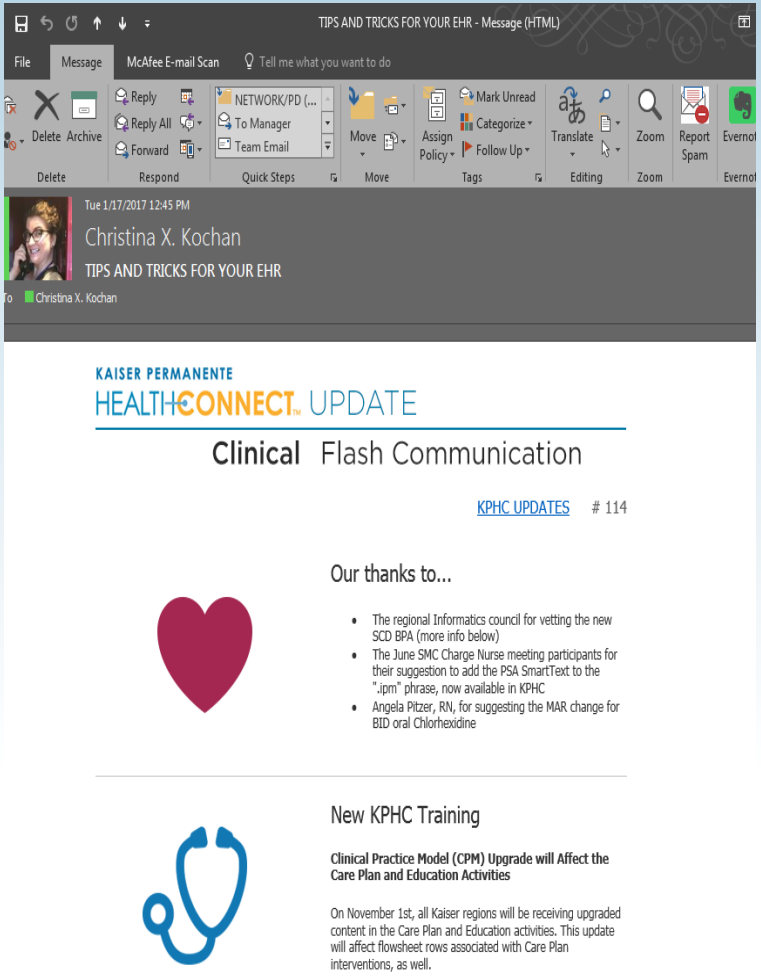
# Communication Goals




- E-mail Every Other Week
- Consistent with IT Communication Formatting
- Tips and Tricks
- IT Training Team Collaboration
- Social Media

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# Efficiency Support

Different Formats

- Classroom
- Job Fair With Stations
- WebEx
- Self Paced Web Based Training
- Targeted Training
- Reactive and Proactive

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# Metrics

**Training**

- Vendor Developed Proficiency Reporting
- Counting clicks and key strokes
- Time spent in activities (in basket, notes, chart review)
- End User Satisfaction

**Communication**

- Metrics on Uptake (links clicked, etc.)
- End User Satisfaction

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# Ideas, Questions, Comments

Contact Meagan or Christina for more information

meagan.l.mangus@kp.org

christina.c.kochan@kp.org

# PROVIDENCE OREGON HIMSS PRESENTATION JANUARY 25

- **Help Us Help You:**
- *Successful Engagement Stories to Involve the Front Line*

# INTRODUCTIONS

**Susan Sealy,** RN, BSN – Ministry Director of Clinical Informatics

Providence Portland Medical Center, Providence Hood River, Providence Child Center and Elderplace

**Eva Edwards,** RN, OCN, MSN – Director of Nursing Oncology

Providence Health and Services – Oregon Region

**Demetria Peterson,** Clinical Informatics Specialist/IPRN Credentialed Trainer

Primary support to HOD, Oncology, Diagnostic Imaging, and Lab departments

**Together, we provide an abundance of diverse capabilities and services to our communities.**

**50**
HOSPITALS

**829**
CLINICS

**23k**
PHYSICIANS

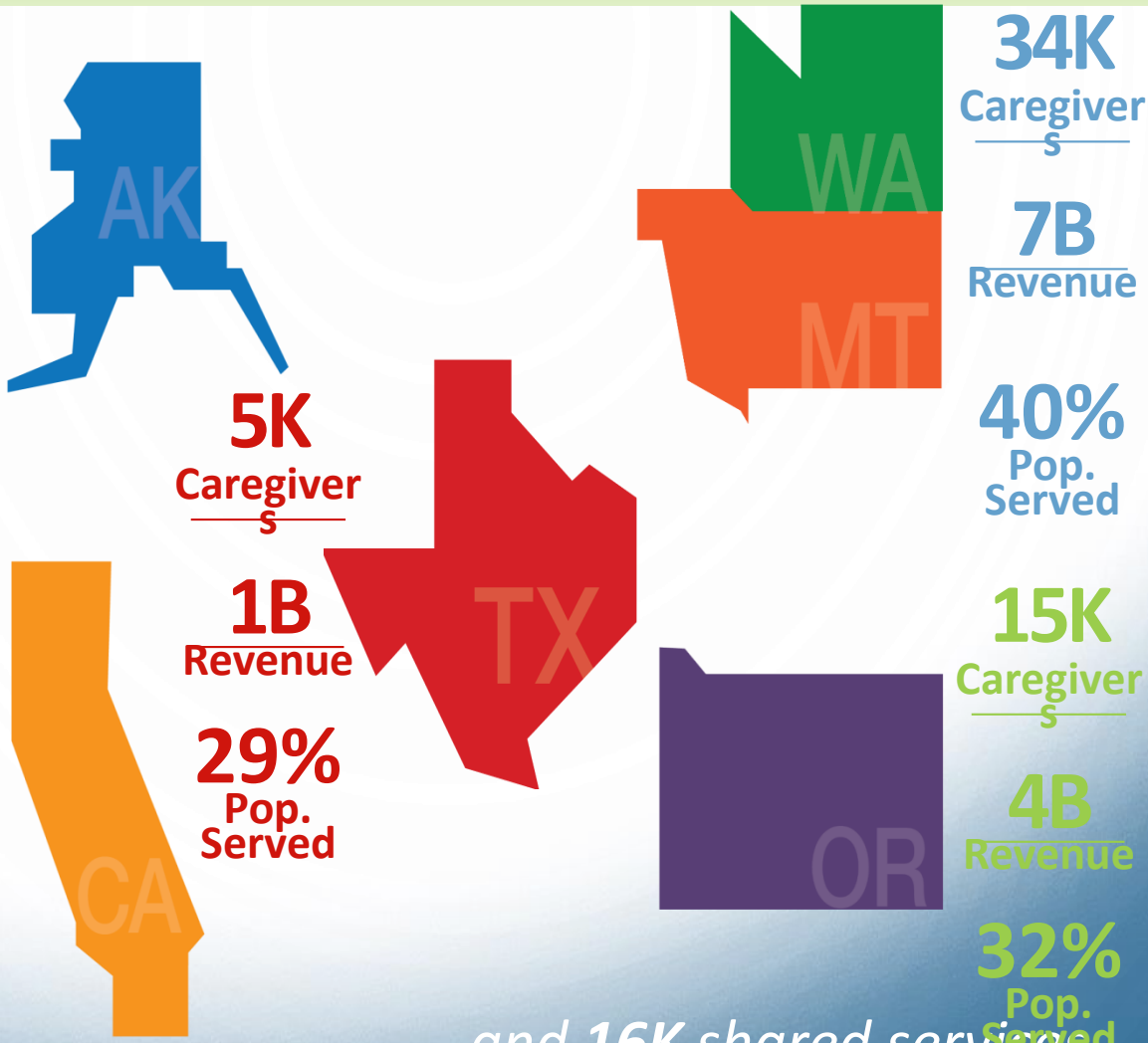
**99k**
CAREGIVERS

HIGH SCHOOL, NURSING SCHOOL AND UNIVERSITY

**90**
NON-ACUTE SERVICES

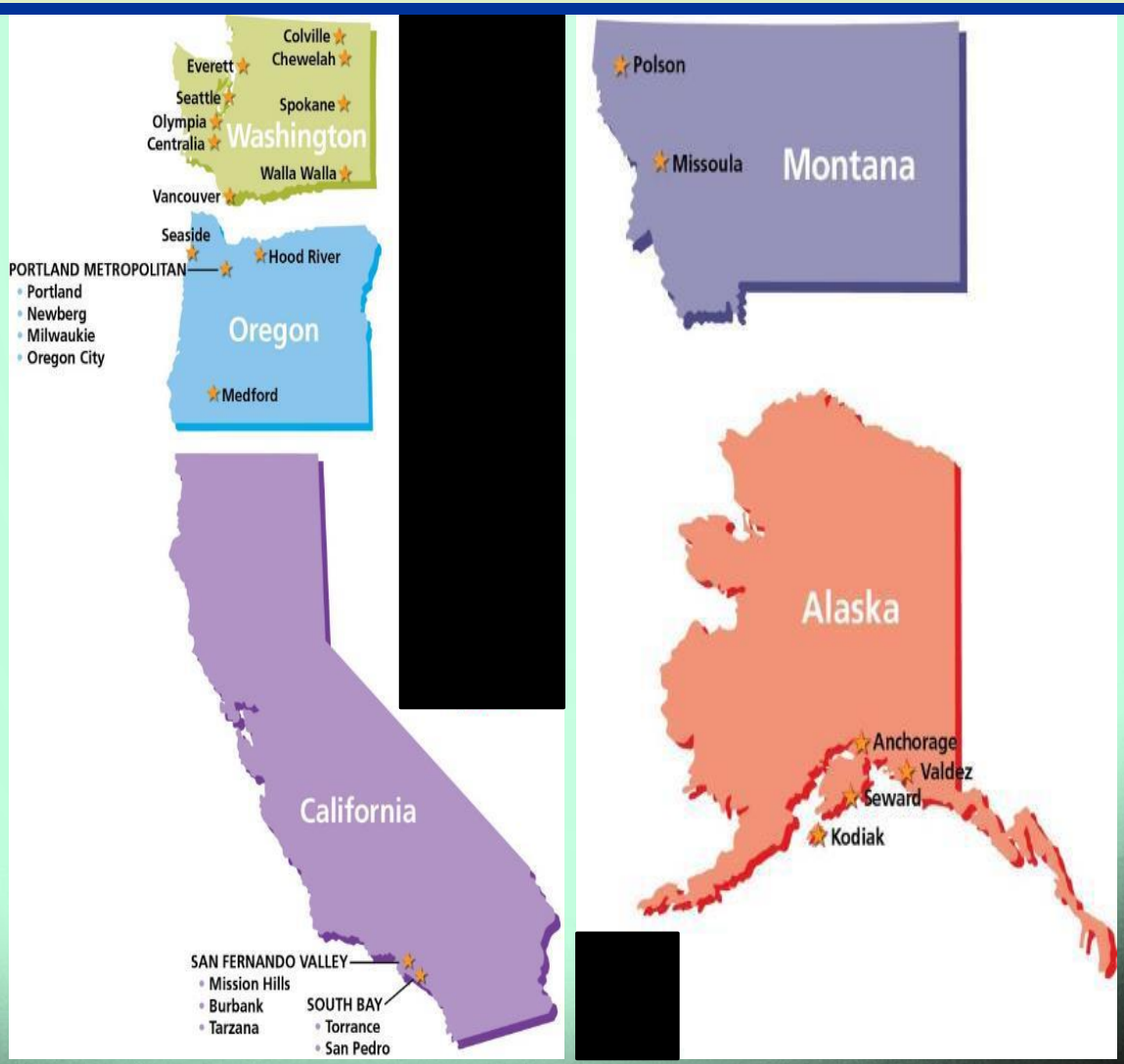
**1.9m**
MEMBERS

# The Communities We Serve




*and **16K** shared services caregivers*

# Providence Epic Locations



# SITUATION

- Outpatient Infusion Nurses were struggling with navigating between multiple Epic charting screens . They deviated from their known workflow to document required admission documentation.
- The downside:
  - each nurse was spending at least 2 hours of overtime on documentation.
  - The additional documentation took them away from direct patient care

# BACKGROUND

Director of oncology nursing contacted informatics initially to ask for Epic customization  and to train staff. She also requested informatics shadow her nurses to look for training opportunity to streamline documentation.

Management needed to accommodate a major increase in patient volume  coming to the PPMC OPI center.

What were outside influences?

- Westside outpatient infusion clinic closed  and patients shifted to Eastside
- PH&S providers after hours infusion services for a private clinic partner.
- Increase in PSA population

# ASSESSMENT:

- Informatics reviewed the policy, observed the nurses workflow, and categorized each nurses concern (i.e. technical, fear, clarity of documentation expectations? ).
- Informatics surveyed different Epic infusion navigator builds ( Epic Website, input from our other 32 hospitals) and determined that “our” Epic met the needs according to documentation requirements, patient population and workflows already in place.
- So if no Epic build changes needed, then what…?

# RECOMMENDATION TO OUR BUSINESS PARTNER:

- Revise the policy to align with current CMS/TJC requirements, practice and system build.
- Develop and deliver refresher Epic training
- Develop training materials and quick reference guides
- Coach Nurse super-users to own on-going staff training and support

# QUESTIONS ?

# *Using Data to Streamline the EHR - End User Efficiency*

Presented to Oregon HIMSS

January 25, 2017

Oregon Providence Health & Services

Ivy Holt, RN MS; Sr Clinical Informatics Specialist

Jesus Montiel-Hernandez, BS AAS; Clinical Informatics Specialist

# Background

- Post Epic Implementation
  - Shock & awe over
  - Optimization needed → adaption occurs
  - Inefficiencies abound, clinicians have reoccurring pain points
  - Based upon ongoing end-user input and CIT observations – thematic pain points were identified
  - Optimizations start rolling in
- Current state across the region caused the conclusion
  - We have ***ADAPTED*** to Epic, ***NOT adopted*** it
- OR IS strategy: Clinical Transformation & Technology Integration
  - Goal:
    - Assess caregivers efficiency with Epic and develop adoption plans
  - Tactics:
    - Develop road map to improve caregiver adoption of Epic
    - Assess caregiver efficiency with Epic
  - Problem statement developed
    - Caregivers who are unable or unwilling to use Epic functionality in their daily work
    - Caregivers who cannot effectively use the Epic patient chart to "tell the patient's story" so they can make the most informed clinical decisions
  - Defined Future State
  - Improve the caregiver experience using Epic
  - Identify ways to proactively improve end-user support, workflows, processes and training

# Our work - development

- Subgroup of our Oregon Clinical Informatics team convened
  - Help assess Epic efficiencies and usability
    - Toward improving the training and support we extend to end-users.
  - Work foundational
    - Help identify ways to proactively improve end-user support
      - Workflows, processes, and training.
- Tool development
  - Defined essential workflow(s), expected performance and a tool to record observed data
    - Goal - develop tool any team member can use
      - Work group members piloted tool
        - » Clinicians, Providers (71)
      - Tool refinement
        - » Rating scale enhanced (novice, proficient, expert)
        - » Enhanced workflow criteria
    - Sharepoint tool to record observations

# Our work – essential workflows

## Clinician

- Workflow Areas:
  - Self assessment
  - General navigation
    - Patient lookup
    - Overviews - schedules
  - Documentation
    - Flowsheet/navigators
    - Transitions (admit, triage, transfer, DC)
    - LDAs
    - Care Plans
  - Administration – MAR
  - Order Management
  - Chart Review
    - General
    - Care Everywhere
  - InBasket/Communication (AMBULATORY)
    - General
    - MyChart

## Providers

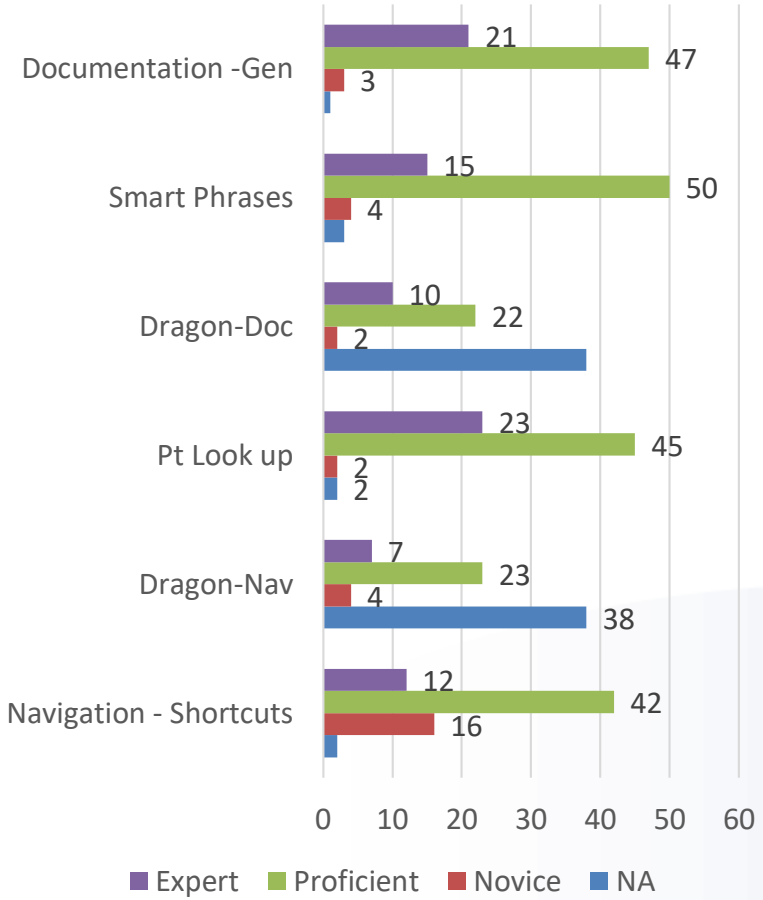
- Workflow Areas:
  - Self assessment
  - General navigation
    - Patient lookup
    - Dragon
  - Documentation
    - General
    - Use of SmartPhrases
    - Dragon
  - Order Management
    - General
    - Preference Lists
    - Order Sets
  - Chart Review
    - General
    - Care Everywhere
  - Problem List
  - InBasket/Communication (AMBULATORY)
    - General
    - MyChart
  - Specialty - Specific

# Our Work - observations

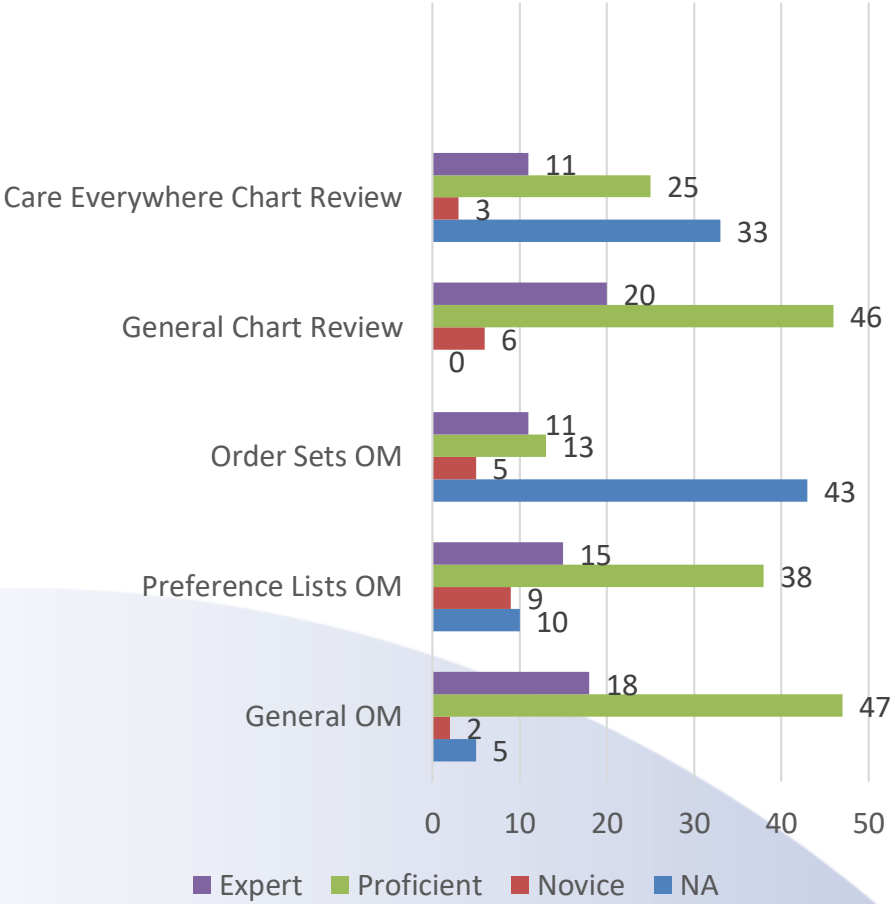
- Fall 2016 work
  - All team observation
    - Observation guidelines
      - Not to interfere, no longer than 30 min, opt out option
    - 43 team members participated
    - 182 observations recorded
      - 72 providers: Hospitalists, ED, Ambulatory, community
      - 110 clinicians: RNs, MAs. ED, Inpt M/S, Office

# Workflows

## **Provider** Workflows – General & Documentation

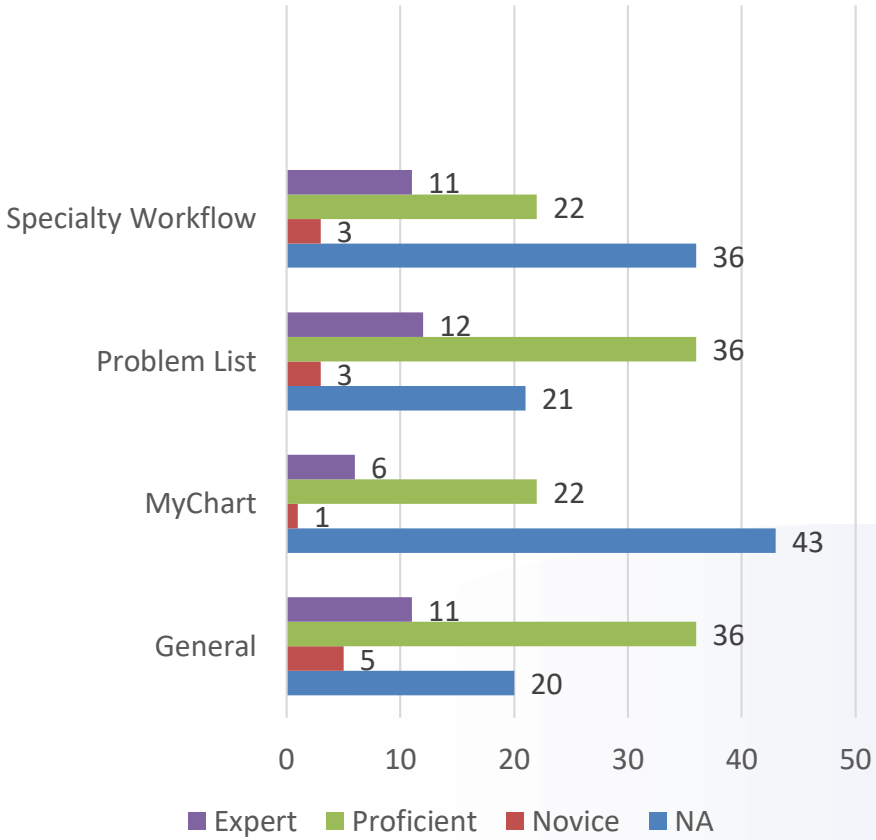



## **Provider** Workflows – Order Management & Chart Review

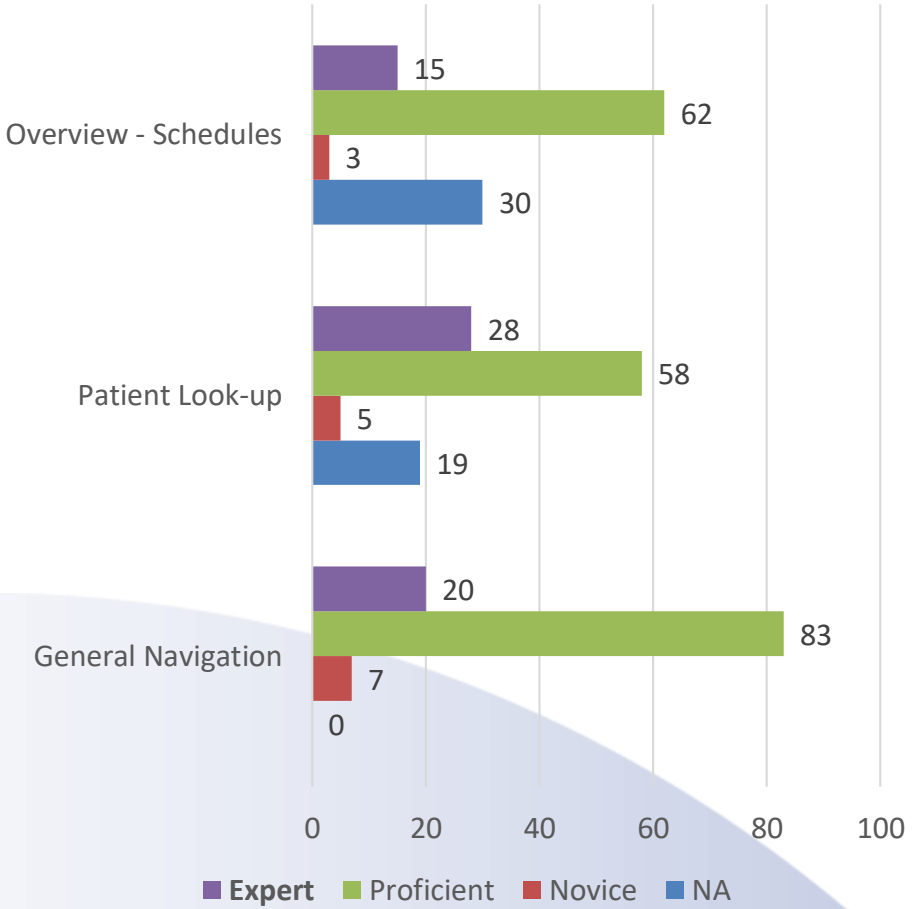


# Workflows

**Provider** Workflows – InBasket-Communication, Problem List, Specialty

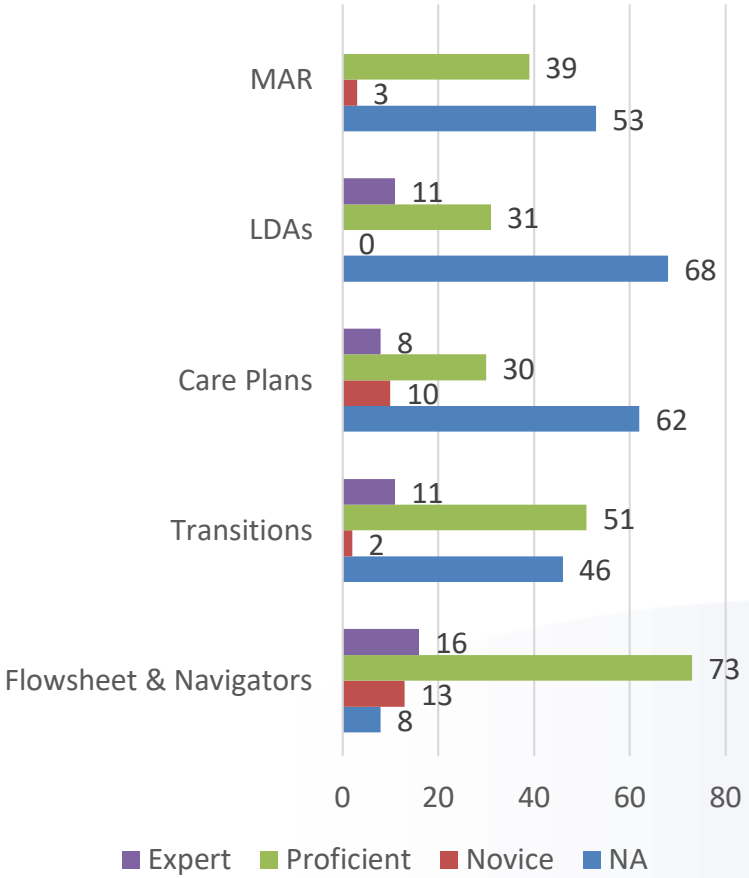



**Clinician** Workflows – General Navigation

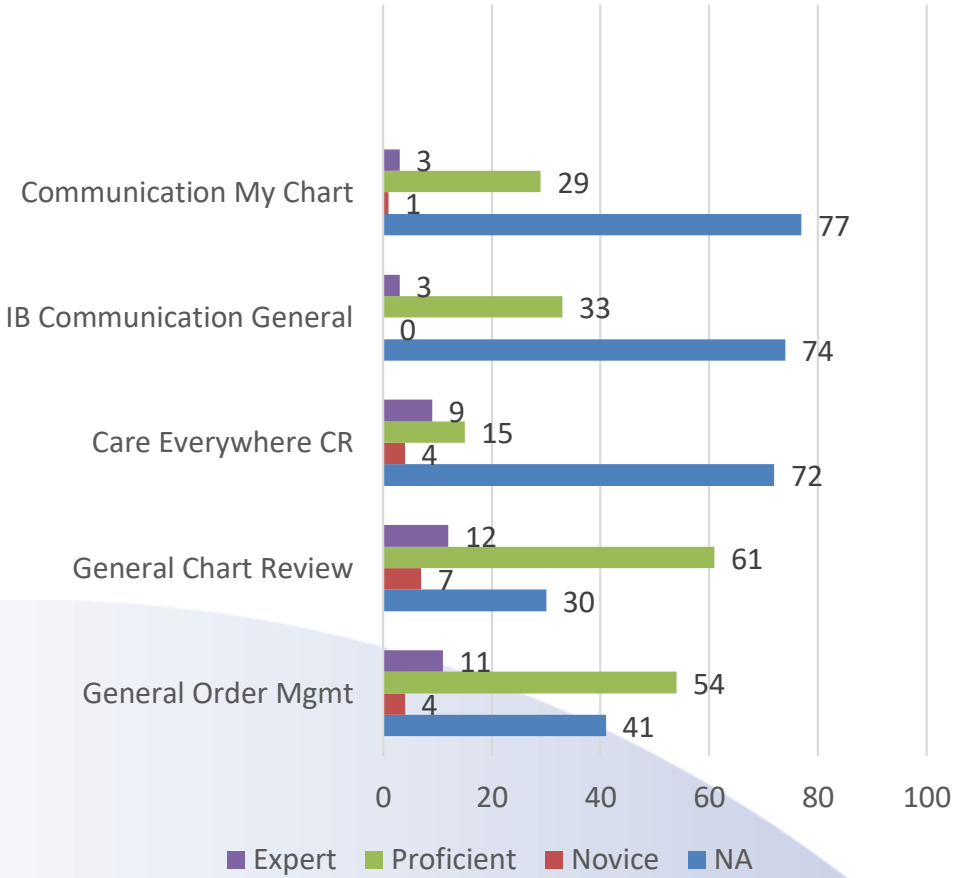


# Workflows

**Clinician** Workflows – Documentation




**Clinician** Workflows – Order Mgmt, Chart Review, IB Communication



# What we learned

- Expert workflows, opportunities
- Provider Efficiency rating

| Novice | | Proficient | | Expert | |
|---|---|---|---|---|---|
| CIS Novice rating | 3 | CIS Proficient rating | 49* | CIS Expert rating | 19 |
| EU Self-rating - Novice | 6 | EU Self-rating Novice | 4 | EU Self-rating - Expert | 4 |
| | | EU Self-rating Proficient | 50 | EU Self-rating Novice | 7 |

*1 EU was not rated by the CIS
** 4 EU did not self-rate

- Clinician Efficiency rating

| Novice | | Proficient | | Expert | |
|---|---|---|---|---|---|
| CIS Novice rating | 7 | CIS Proficient rating | 85 | CIS Expert rating | 14 |
| EU Self-rating - Proficient | 3 | EU Self-rating - Expert | 3 | EU Self-rating - Expert | 7 |
| EU Self-rating - Novice | 4 | EU Self-rating Proficient | 73 | EU Self-rating Proficient | 7 |
| | | EU Self-rating Novice | 8 | | |

*2 EU did not self-rate
** 4 CIS did not rate

# Next Steps – understanding the data

- Reflecting on Problem statement
  - What does this data mean-how does it drive our actions/next
  - Thoughts
    - What is driving the differences in CIS versus EU rating?
    - What is the desired state for End Users?
      - From the view of operations
      - From the view of End-Users
    - Based on perceptions of the EU, should we, as CI, focus more on getting better at telling the users how much they know (i.e. they may feel like a novice, but because they do specific workflow, they are actually proficient)
    - What areas of documentation appear to have the most EU that are 1) most novice; 2) most proficient; 3) most expert?
    - Given the findings what should our action steps / focus be?
  - What else is the data telling us

# Learning from Learning

## Nurses as Trainers to Increase Adoption Among Peers

DATE: JANUARY 25, 2017

PRESENTED BY: CHERI WARREN & CRYSTAL PELGORSCH

# Who We Are

**Oregon Health & Science University (OHSU)**

- Oregon's only academic medical center
- 2 hospitals, 80 clinics
- Schools of nursing, dentistry, medicine, pharmacy

Presenters

- Cheri Warren BSN, RN, RN-BC – Manager for Nursing Informatics
- Crystal Pelgorsch BSN, RN – Staff Nurse in Adult Critical Care and Interdisciplinary Advisory Council representative



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# Agenda

- Background – one project in a roadmap of projects
- Current State – the ICU grassroots effort
- Looking ahead – how we hope to use what we've learned



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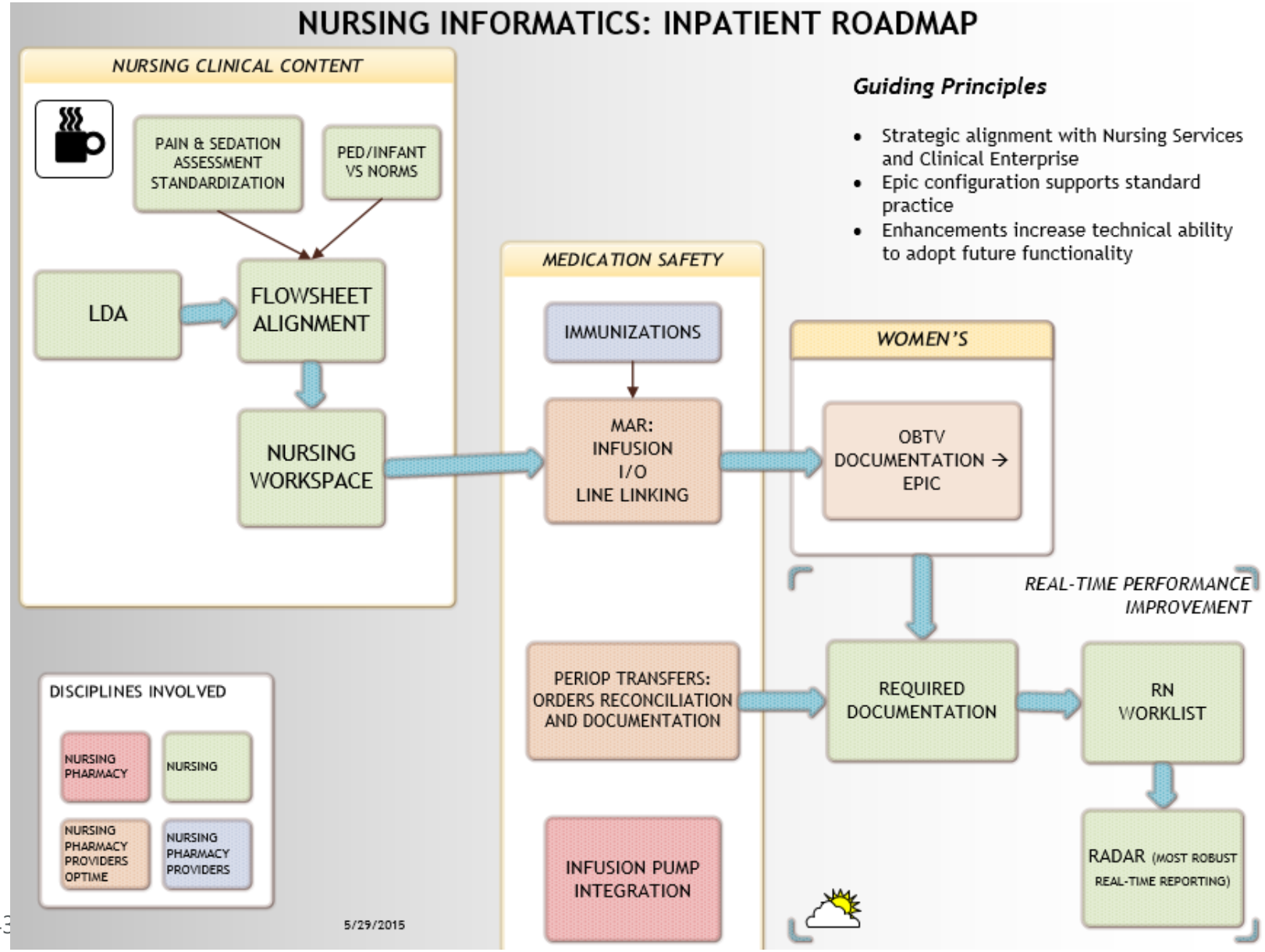
# A bit of background…



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# Nursing Workspace  Jan. 2016

- For IP RNs, set defaults within the patient's chart—activities, reports, flowsheets
- Training model was "train the superuser" + e-learning + printed support materials
- Stressed report usage
- Stressed how Roadmap developments are dependent sequentially
- Adoption was suboptimal



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# Operations continue…

- 4 Adult Intensive Care units – Medical, Neuro, Trauma, Cardiac
- Workspace changes were a culture change
- Leveraged unit-based leaders to socialize and reinforce the “Why”
- Critical Care rollout of Bedside Report (BSR), also inconsistent adoption by clinical staff RNs



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# Grassroots Action

- In mid-September 2016, ICU informal leaders requested training, to have standard foundation for peer accountability
- Met with subset of nurse leaders and staff, to outline the effort
- Designated staff nurses who would train
- in November 2016:
  - Training sessions of 4 hours
  - For all 300 ICU staff nurses
  - Completed in 3 weeks
- Continued monitoring by trainers, unit leadership, other informal unit leaders



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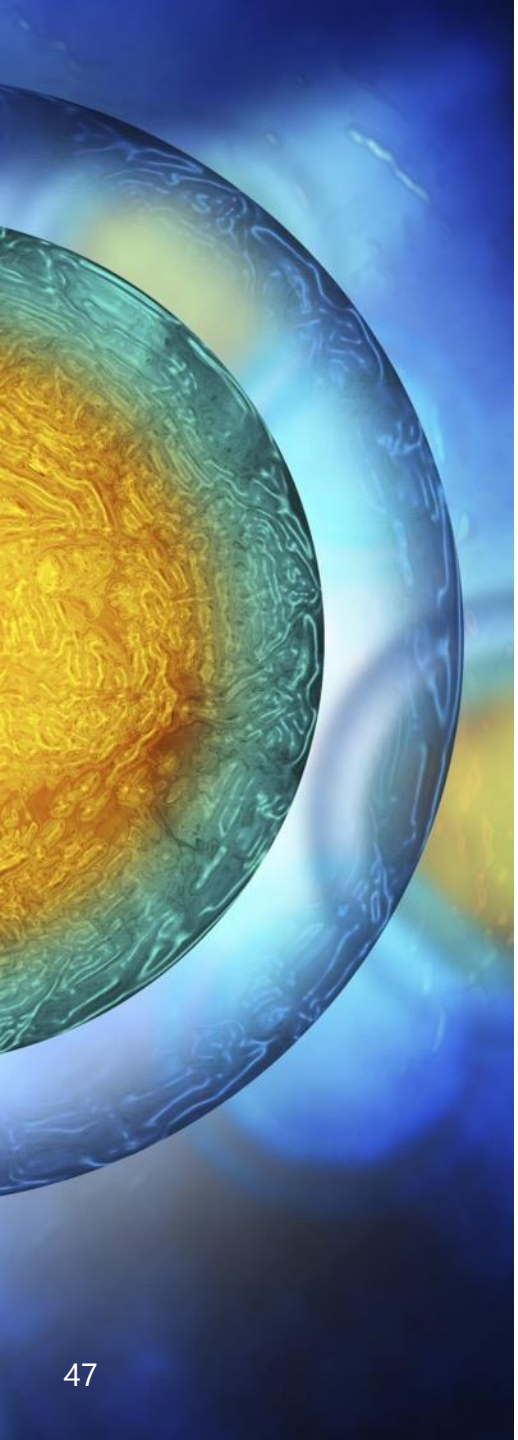

# ICU Training Outcomes

- Encounter-level report usage up by ___%
- Anecdotal:
  - discussion at shared governance meetings includes report usage in workflows
  - staff demonstrate consistency in giving/receiving report at the bedside
  - change requests (and related conversations) are shifting from “we need a row” to “where can we see that”



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# Building on our 'evidence'…

- Standard use of standard tools has enabled preparation for next regulatory surveys
- Roadmap work can continue because we have adoption of current state
- Incorporating this new organizational knowledge into workgroups planning the evolution of our Nursing Services training model
- Maximizing the empowerment of each nurse with peers
- Utilizing unit-based leaders and growing their expertise



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“If enough of us keep trying, we’ll get someplace.”
—Amelia Earhart

# Questions?

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# THANK YOU for joining us tonight!!