Texas Health Resources

We Save Lives: A Nursing Informatics Perspective on Patient Safety and Quality

Mary Beth Mitchell, MSN, RN, BC, CPHIMS

Objectives

- Discuss the impact of the CNIO role in use of the EHR by Nursing.
- Explore how Nursing Informatics impacts patient safety and quality
- Explain construct of Unintended Consequences and impact on safety and quality
- Discuss how Texas Health Resources utilized the EHR to better manage detection of Ebola patients by redesigning their Emerging Disease Screening Tool.

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Texas Health Mission

To improve the health of the people in the communities we serve

Texas Health Vision

Texas Health Resources, a faith-based organization joining with physicians, will be the health care system of choice

Innovative Technology Solutions

Innovate, transform, and serve

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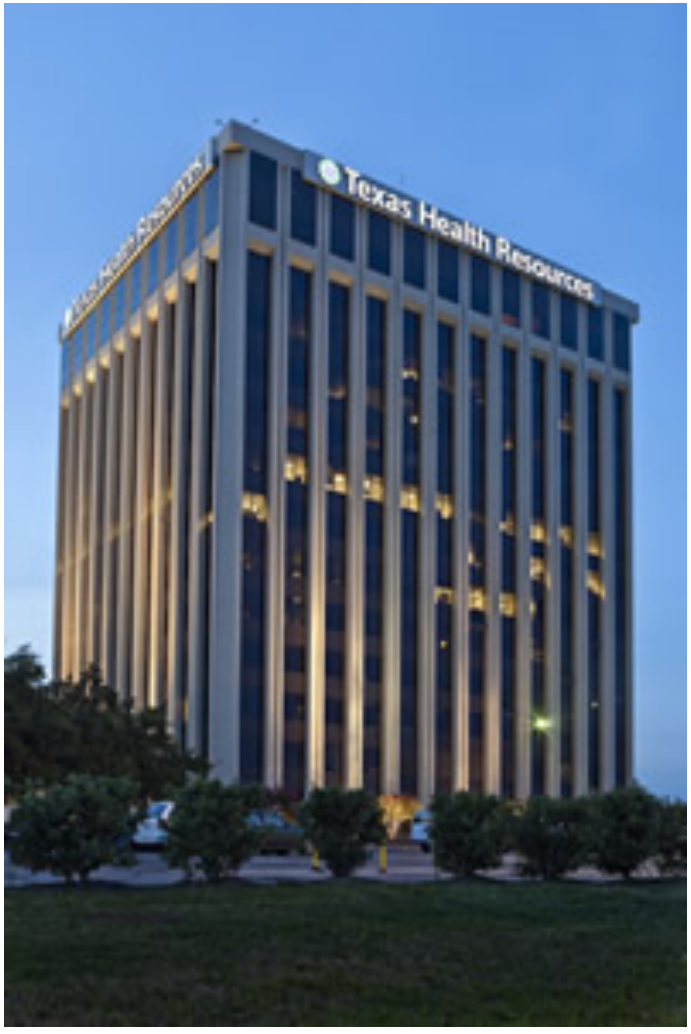
Texas Health Resources

- One of the largest faith-based, nonprofit health care delivery systems in the United States
- Facts and Figures
  - 14 Wholly owned hospitals (25 hospitals total)
  - 18 outpatient facilities and
  - 250 other community access points
    - 3,100 Operational beds
    - 4,100 licensed hospital beds
    - 22,500 staff
    - 7,500 RN's
    - 5,500 physicians
    - 557,785 annual emergency visits
    - 24,573 annual deliveries
    - More than 1.3 million inpatient & outpatient visits



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Texas Health Resources in Dallas-Fort Worth Area

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HIMSS Davies Award
Excellence in improving patient care and outcomes

2013 Enterprise Award

HIMSS Analytics Stage 6

HIMSS EMRAM Stage 6 designation at all hospitals

COMPUTERWORLD 100 BEST PLACES TO WORK IN IT 2014

Ranked 8
Large Company

InformationWeek 500

Top Technological Innovators across America for the 13th consecutive year

2011 Healthcare IT News
WHERE TO WORK: BEST HOSPITAL IT DEPARTMENTS

HealthCare's most wired

14 of the past 15 years

HIMSS Analytics Stage 7 Award

THA, THAL, THAZ, THC
THD, THDN, THFW, THSH,
THS, THSW, THK

Health Care's Most Wired
INNOVATOR AWARD
Finalist

InformationWeek Elite 100 2014

Ranked 18

Modern Healthcare HIMSS CEO IT Achievement Awards

Doug Hawthorne – 2008

CSO 40 AWARDS HONOREE 2013

CIO 100

PREMIER 100 IT LEADERS 2010

Edward Marx

2012 The Computerworld Honors Program Laureate

PMI Building professionalism in project management
Project Management Institute
Healthcare Specific Interest Group

2008 Healthcare SIG
Project of the Year

U.S.News MOST CONNECTED HOSPITALS

THAM, THD, THFW
THP, & THSW

HIMSS Stories of Success!

Healthcare Informatics Innovators 2012

Semi Finalist

CHIME

Innovator
State Advocacy Award

PINK IT Excellence Awards IT Leader Of The Year

Edward Marx

CHIME HIMSS

John E. Gall Jr. CIO of the Year Award
Edward Marx

ALLIANCE for CME The International Association of CME Professionals

THE ALLIANCE Awards 2010 Recipient

HealthLeaders Media MARKETING AWARDS 2008

1st & 2nd place

Ones to Watch AWARDS

Nanda Lahoud – 2011
Debbie Jowers –

CNIO Role

- CNIO Role is a relatively new, emerging role within organizations.
- Bridges Nursing and Information Technology together.
- The CNIO is a Nurse Leader with variety of key responsibilities
  - Strategic direction of nursing's use of technology
  - Operational oversight of clinical application implementations
  - Relationship building between key leaders and departments- i.e.: Nursing, IT, Medicine, Quality, Patient Safety
  - Professional Development of Nursing Informatics

Swindle & Bradley, 2010

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CNIO Responsibilities

- EHR Implementation and adoption
- Regulatory requirements compliance
- Infrastructure/Integration
- Managing the Corporate Vision
- Emerging Technologies
- Analytics- “Answering the question.”
- Professional Development of staff in Nursing Informatics

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Benefits of the CNIO Role

Texas Health Resources

- The role of the CNIO is both strategic and operational in developing programs to positively impact the adoption and use of the EMR for nursing and other clinical departments.
- Translator of the technology and understanding of risks and benefits
- Understanding of the organization and factors impacting nursing practice within the organization
- Understanding of regulatory requirements especially around HITECH Act and Meaningful Use
- CNO does not have to "worry" about technology impact on nursing
- Professional development of Nursing Informatics

Swindle & Bradley 2010

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Key Relationships

- Chief Nursing Officer
- Chief Information Officer
- Chief Medical Informatics Officer

All 3 reporting lines are optimal For CNIO effectiveness.

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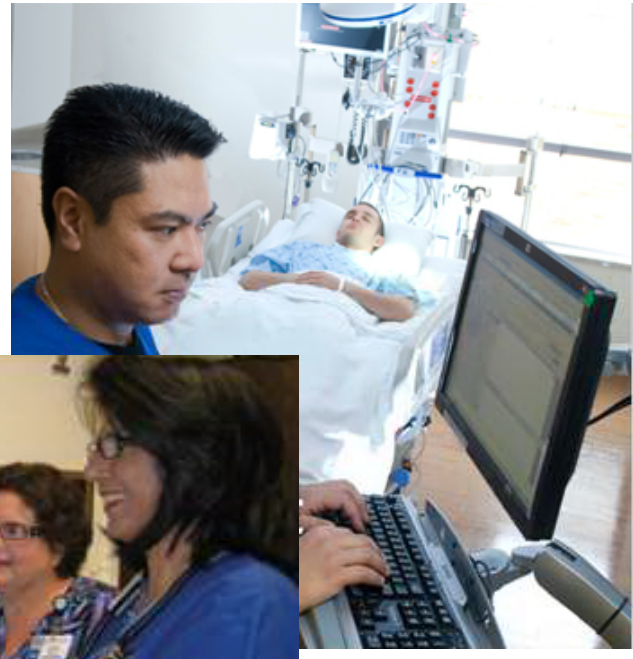
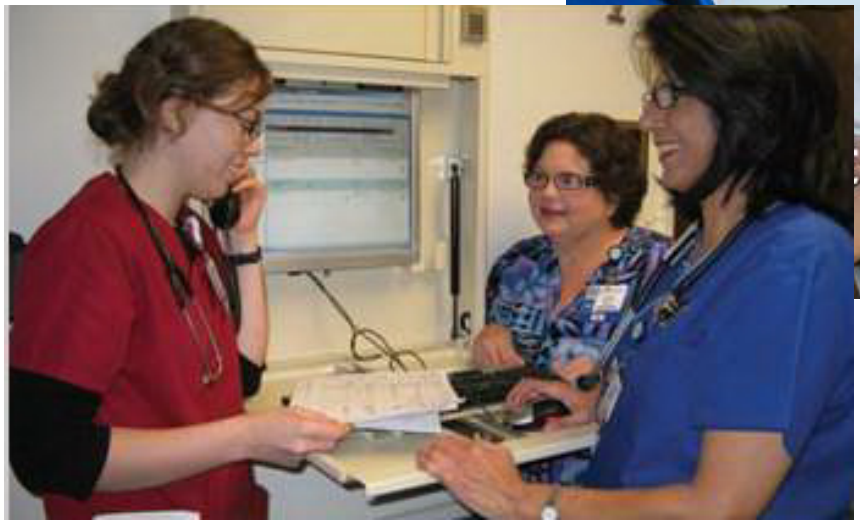
Why is This Role So Critical Now?

Texas Health Resources

- EHR Use and Adoption
- Increasing Regulatory Requirements
- Focus on Outcomes and Analytics
- Emerging Mobile Technology
- Focus on Patient Safety





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My Life as a CNIO

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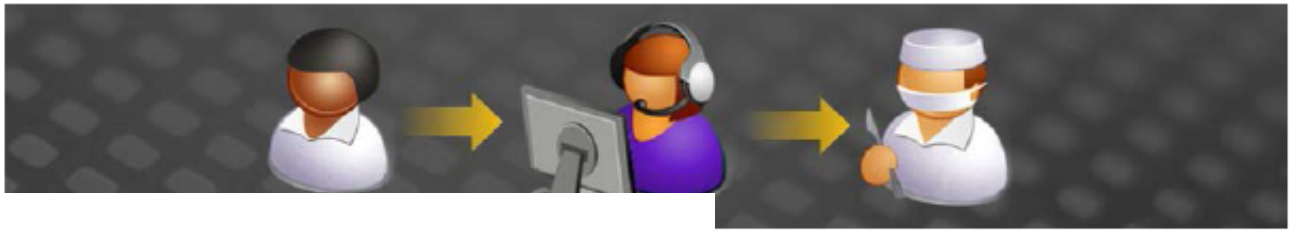
Islands of Communication

Texas Health Resources

Yesterday: Life Was Simple



Today: Islands of Information

Amcon Software, Inc. (2012). *Nine tips to bring order to hospital communications chaos.* www.amcomsoftware.com.

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Improved Quality, Safety and Efficiency:

Texas Health Resources

HITECH Act of 2009

Better Communication and care coordination

Safer Treatment via e-Prescribing

Faster Delivery of information and results

More efficient Coding and billing

14

ONC (2009). National Regional Extension Center HITREC Portal. Retrieved March. 2010

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EHR and Patient Safety

- Well documented benefits of Electronic Health Record (EHR)
  - Legibility
  - Increased access to patient record
  - CPOE/Order Sets- evidenced based
  - ePrescribing
  - Data Analysis
- Clinical decision support delivered electronically within the medical record will provide decision makers with tools for best practice and safety improvements.

Harrison, Koppel, & Bar, (2007). Unintended Consequences of Information Technologies in Health Care- An Interactive

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Hospital Information Technology Systems' Impact on Nurses and Nursing Care

Waneka and Spetz, **JONA, December 2010**

- **Background:** review of the literature to determine the impact of health information technologies (HITs) on nurses and nursing care

- **Study**: Review of literature produced 564 references, of which 74 were selected for review to determine impact of HIT on nurses and Nursing Care

- **Results**: Findings suggest that
  - HIT improves the quality of nursing documentation;
  - HIT reduces medication administration errors;
  - Nurses are generally satisfied with HIT and have positive attitudes
  - Nurse involvement in all stages of HIT design and implementation, and effective leadership throughout these processes, can improve HIT.

- **Conclusion:** HIT has had positive influences on nurse satisfaction and patient care. Effective nursing leadership can positively influence the effective development, dissemination, and use of HIT.

Radice, Barbara, (February, 2011). Informatics and Quality Outcomes. HIMSS Presentation, Orlando Florida.

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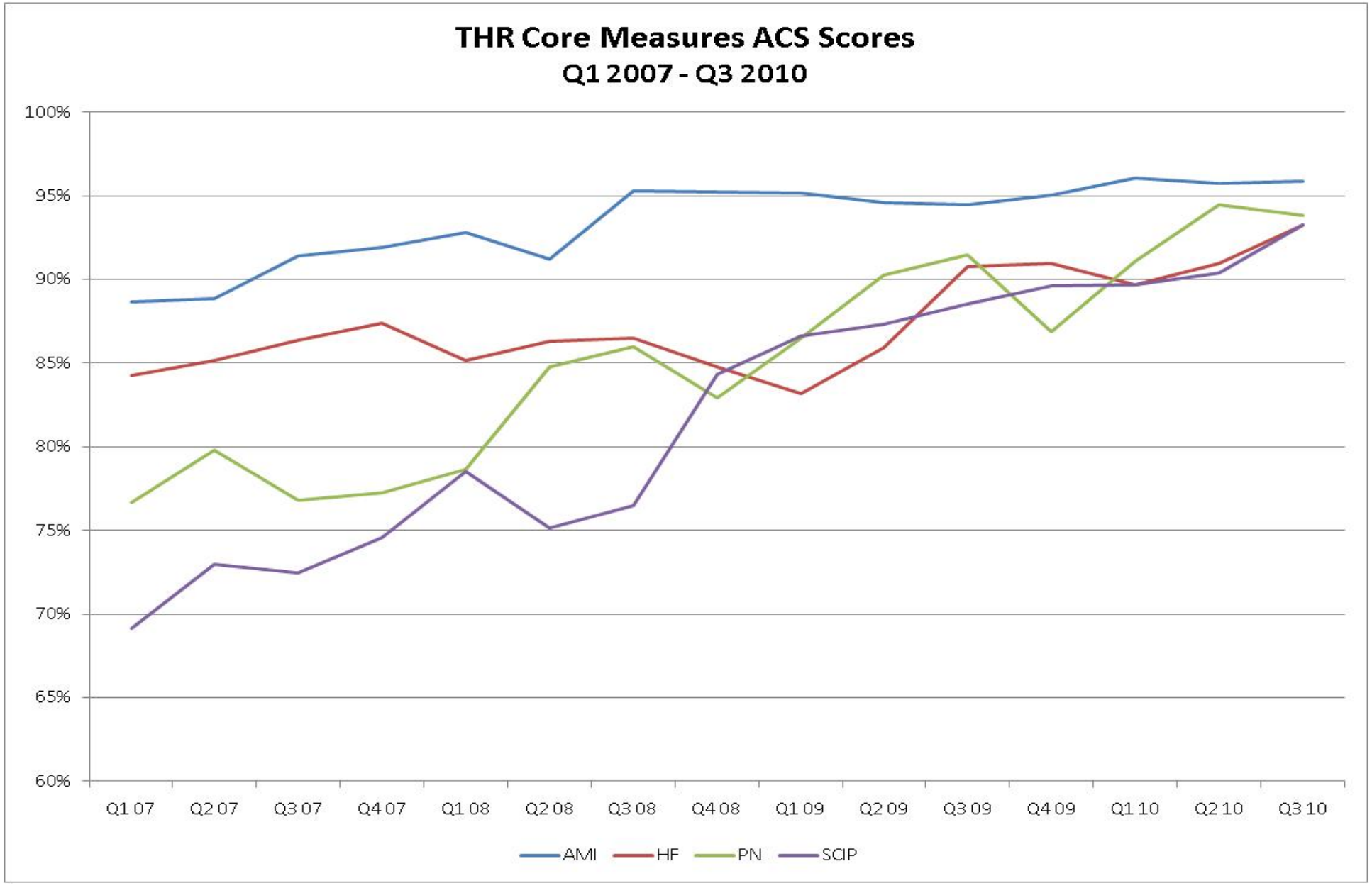
Patient Safety at THR



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THR Approach to Medication Safety

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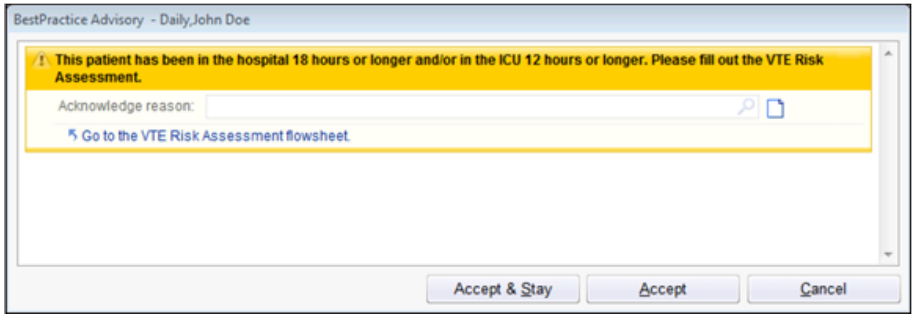
CPOE



CDS

BMV

IV Pump Integration

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Closed Loop Medication Administration

- Reduction in ADE's as result of:
  - 36% decrease in adverse drug events through universal use of CPOE by physicians, resulting in $1.8 million in cost avoidance.
  - 42% reduction in medication errors through closed-loop medication administration process.
  - The use of smart pumps with "guardrail" software to alert the nurse when dosage parameters are exceeded.
  - Expecting another 30% decrease in medication errors with Smart Pump Integration

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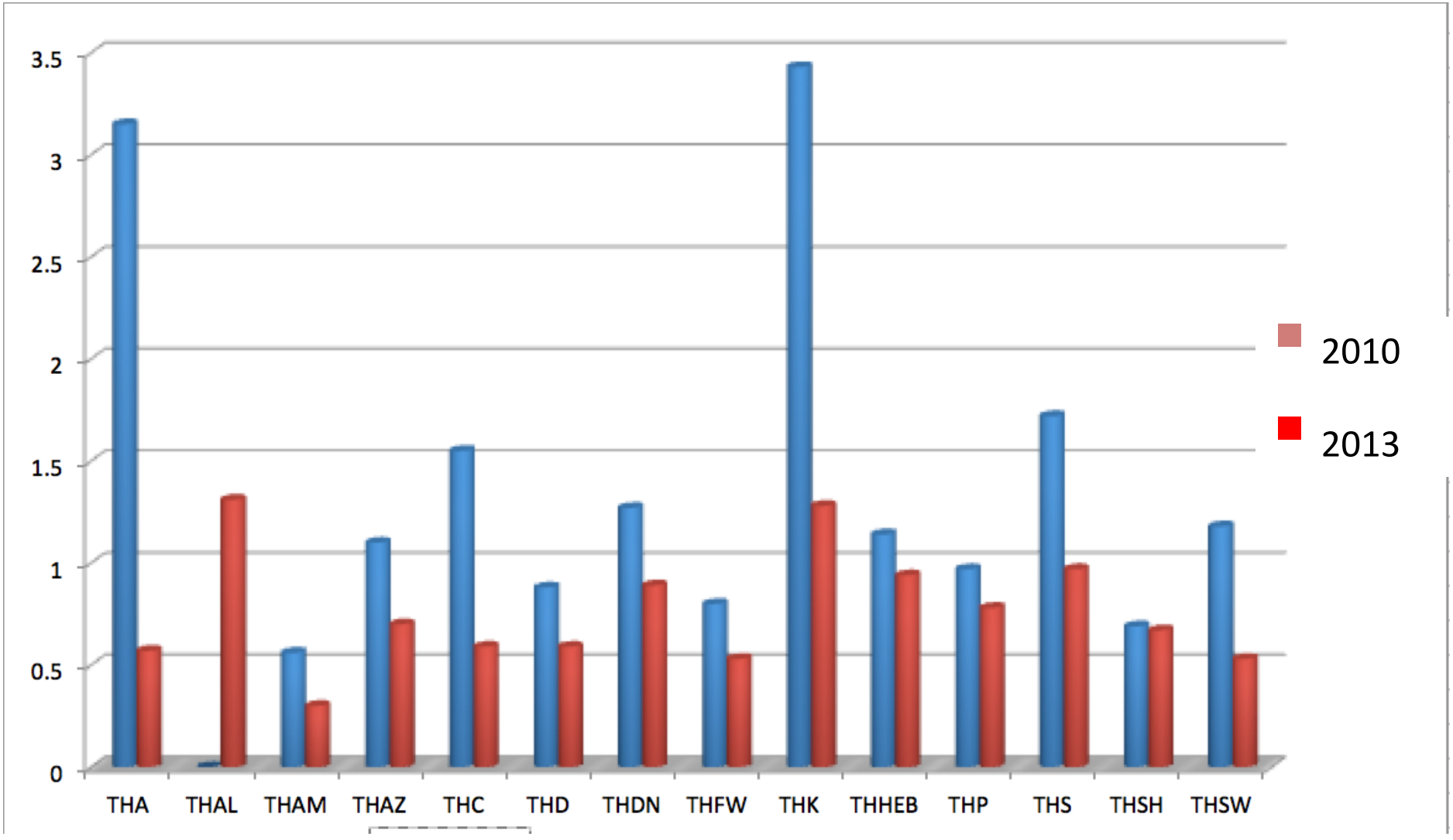
Medication Errors 2010-2013



Standardization through also decreased variability among hospitals

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Modified Early Warning System

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Modified Early Warning System- MEWS

- Evidenced-based predictive tool that indicates patients at risk of cardiac arrest.
- Proactive management of patients before they experience significant clinical events that negatively impact their recovery.
- EHR facilitates clinician's ability to aggregate patient information to make care decisions sooner.
- MEWS project designed to bring relevant information to the registered nurse with which to make immediate care decisions in critical situations.
- The success of this project has been beyond expectations.

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MEWS

- Cardiac arrest decreased by 38% in the first six months of use.
- Cardiac arrest decreased 65% within 1 year(represents 22 at-risk patients)
- Represents cost avoidance $640,000* per year from increased MEWS surveillance

So how does it work?

*based on the Centers for Medicare and Medicaid Services average of ICU bed cost of $4,850, and an average ICU stay of three days).

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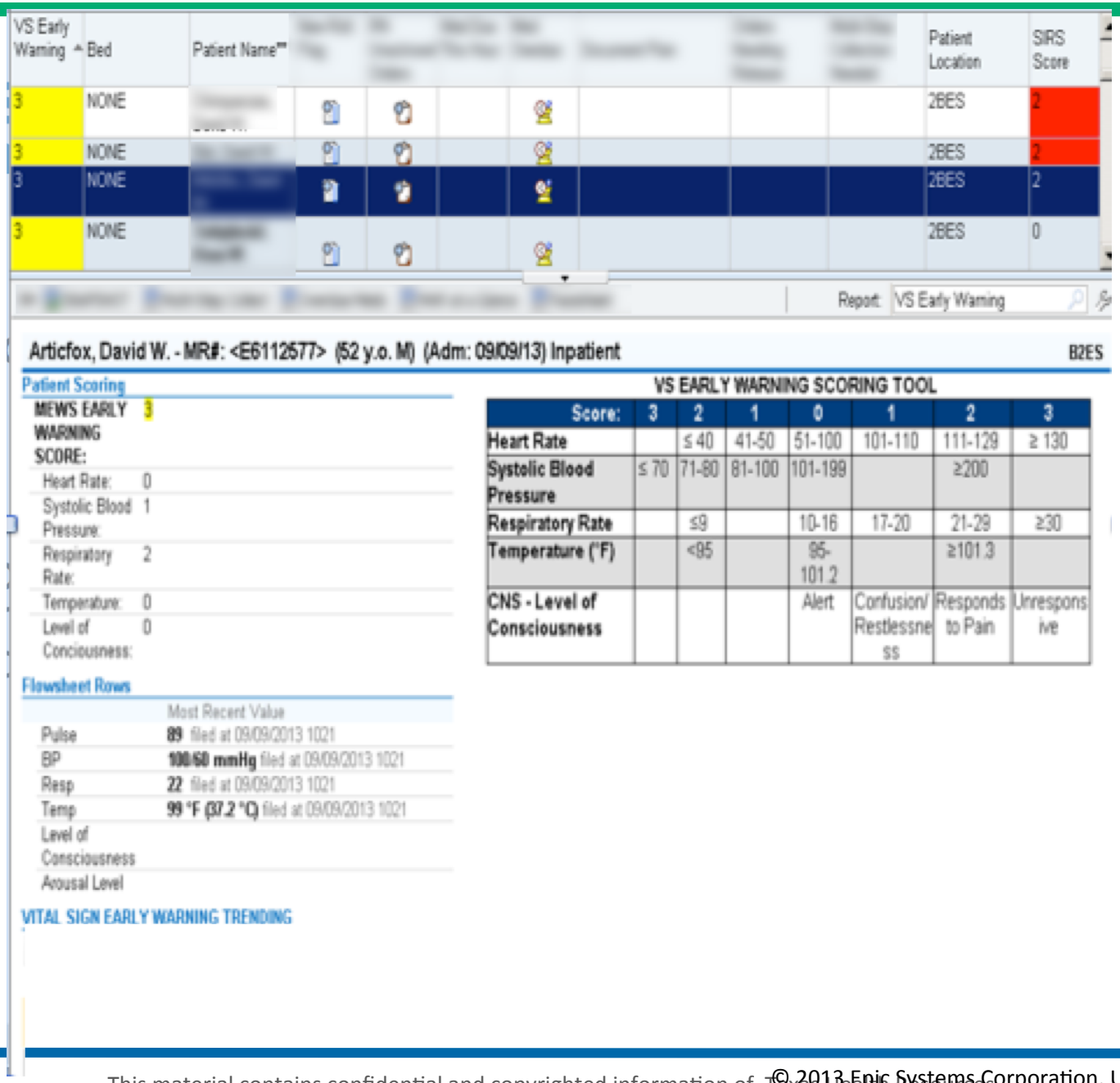

VS Early Warning	Bed	Patient Name	Patient Location	SIRS Score
3	NONE		2BES	2
3	NONE		2BES	2
3	NONE		2BES	2
3	NONE		2BES	0

Report: VS Early Warning

Articfox, David W. - MR#: <E6112577> (52 y.o. M) (Adm: 09/09/13) Inpatient — B2ES

Patient Scoring

MEWS EARLY WARNING SCORE: 3

Heart Rate:	0
Systolic Blood Pressure:	1
Respiratory Rate:	2
Temperature:	0
Level of Conciousness:	0

Flowsheet Rows

	Most Recent Value
Pulse	89 filed at 09/09/2013 1021
BP	100/60 mmHg filed at 09/09/2013 1021
Resp	22 filed at 09/09/2013 1021
Temp	99 °F (37.2 °C) filed at 09/09/2013 1021
Level of Consciousness	
Arousal Level	

VITAL SIGN EARLY WARNING TRENDING

VS EARLY WARNING SCORING TOOL

Score:	3	2	1	0	1	2	3
Heart Rate		≤ 40	41-50	51-100	101-110	111-129	≥ 130
Systolic Blood Pressure	≤ 70	71-80	81-100	101-199		≥200	
Respiratory Rate		≤9		10-16	17-20	21-29	≥30
Temperature (°F)		<95		95-101.2		≥101.3	
CNS - Level of Consciousness				Alert	Confusion/ Restlessness	Responds to Pain	Unresponsive

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Safety Concerns with the EHR: Unintended Consequences of HIT

- Events that are neither anticipated nor the specific goals of the associated computer project implementation
- Includes both undesirable as well as desirable, positive, and beneficial consequences
- May undermine patient safety practices, and cause delays, miscommunication, and even errors or harm to patients.
- Often blamed on the performance of the "newly introduced technology."
- Meaningful User impact of trying to get EHR's in quickly to get incentives

Sittig and Ash. (2007). *Clinical information systems: Overcoming adverse consequences*. Boston: Jones and Bartlett. P. 30

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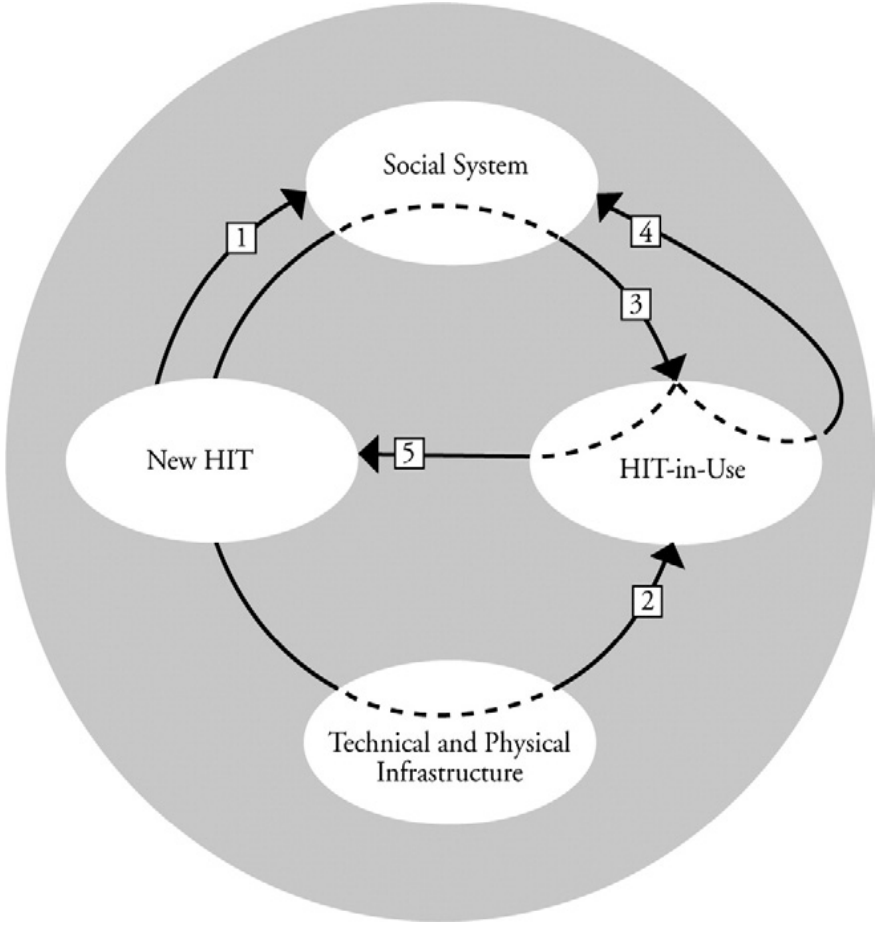
A Construct for Quality and Safety in the EHR



Several reasons identified for occurrence :

Workflow

Culture

Technology

Social Interactions

Harrison, Koppel, & Bar, (2007). Unintended Consequences of Information Technologies in Health Care- An Interactive Sociotechnical Analysis. *JAMIA*. 14: pp. 542-549

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Workflow

- Order Management-
  - Orders not always discontinued, or modified-
  - Difficult to understand med dose, and IV rates.
  - Bad practices in placing order sets
- Blood Administration
- Medication Reconciliation

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Culture

- Ignoring Alerts
- Over-reliance on technology
- Verbal orders/Telephone orders
  - Increased volume
  - Error prone
  - Alerts for physicians do not fire for nursing?
  - Order modes- correct co-signatures
- Patient Hand-Offs/Communication

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Technologies

- CPOE
- BMV- Barcode Medication Verification
- Hard to Tell the Patient Story
  - Documentation in multiple places
- Integration- with other systems
  - Device Integration
  - Disparate Systems

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Social Interactions

- Lack of face-to-face communication
  - Physicians to nurses
  - Pharmacists to nurses
- Perceived decreased socialization
  - Access and location of computers
- Documenting at Nurses Stations

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Ebola Screening Case Study

- Culture
- Workflows
- Technology
- Social Interactions

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SSHH…

- Faith based organization
- SSHH
- Special, Sacred, Humbling, Heroic
- "SSHH! Listen. The work that we do is a very special, sacred, humbling and heroic ministry."

  Dr. Jeffrey Canose, COO

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Immediate Response

- Initiate CDC guideline
  - Paper-based immediately at all intake points
- Form a multi-disciplinary team to design Emerging Diseases screening tools
  - Nursing Informatics Specialist- Project Lead
- Subject Matter Experts
  - Infection Prevention, ED, Ambulatory, Inpatient clinicians
- EHR Design Team
  - CMIO, Builders from every application, Reporting, CDS

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PDSA Approach

Texas Health Resources

Plan

- Reach beyond Ebola for basic Emerging Disease evaluation (include MERS-CoV)
- Evaluate current tools and determine gaps between existing system and CDC recommendations
- Build the EHR screening tools to CDC algorithm
- Deliverables
  - Screening are done on all patients regardless of the point of entry
  - Questions should be required (hard-stopped)
  - All CDC/state guidelines must be addressed
  - Alerts/warnings must be prominent
  - Emphasize face to face communications in addition to EHR alerts and warnings

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PDSA Approach

Do

- Project team multiple daily meetings to identify the build potential and design the EHR screens.
- Iterative process between Informatics, Builders, and Clinicians- validation and usability testing
- Supported by EHR vendor to assess, analyze and support
- System coordination (in addition to ITS meetings)
  - HIM paper processes
  - System leadership communications

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PDSA Approach

Study

- Evaluation of build
- CDC and State of Texas guidelines changed resulting in significant rebuild before initial release.
- Usability testing
- Multi-disciplinary committee review and acceptance
- Monitoring and reporting

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PDSA Approach

Act

- Required for all areas using the EHR, not just ED
- All patients, regardless of the point of entry, including Ambulatory clinics, procedural areas and general admissions, are screened
- Only clinicians assess patients in a confidential space
- Standardized paper-based form, for areas and clinics not using the THR EHR

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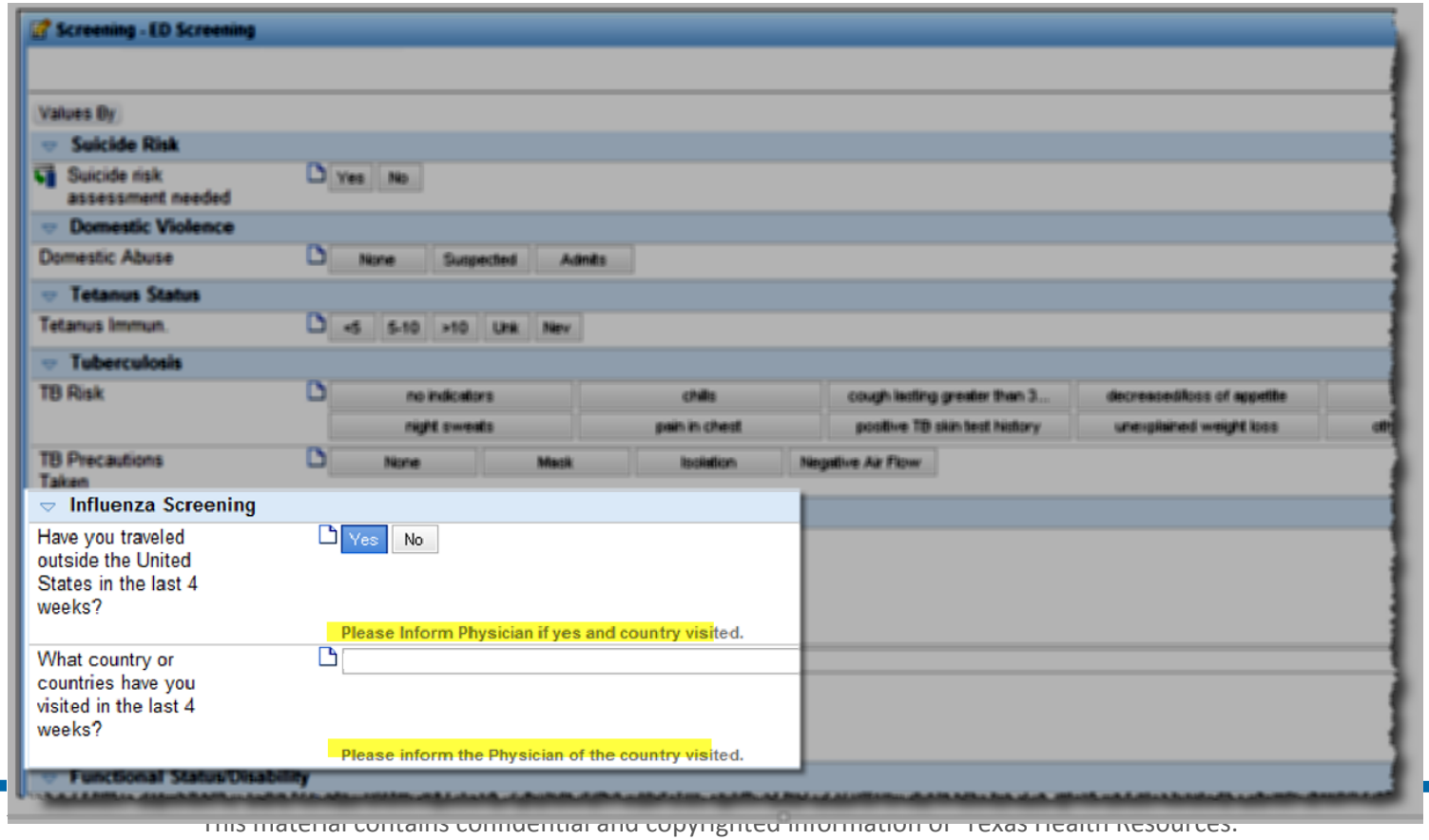
Previous Screening

- Began asking travel questions in response to SARS and the Avian flu several years ago
- Asked in ED after patient rooming



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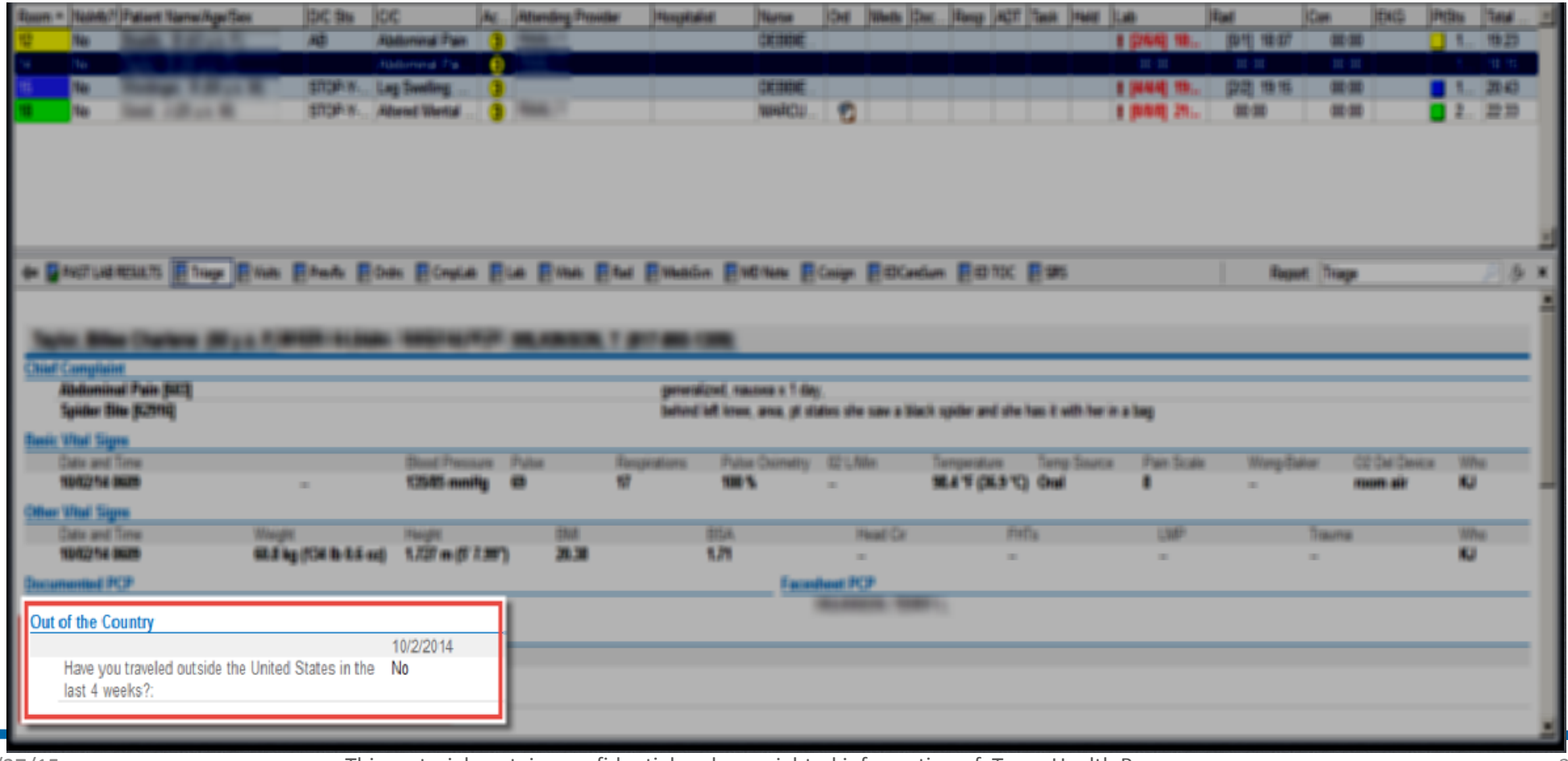
Previous: ED Trackboard

- Travel screening answers viewable on the “Track Board” in the Triage Report



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Lessons Learned

- EHR can create illusion of communication
- Emphasize the importance of direct clinical communication for patient, staff, population health, and safety
- Ensure visibility of high value data in EHR
- Screening tools must be tied to discrete actions

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Guiding Principles

- Care and safety of the patient come first, documentation comes second
- Care and safety of other patients and staff is equally as important
- Screening MUST be done on ALL patients to keep the population safe
- If there is a question, initiate precautions
- EHR documentation does NOT replace verbal communication

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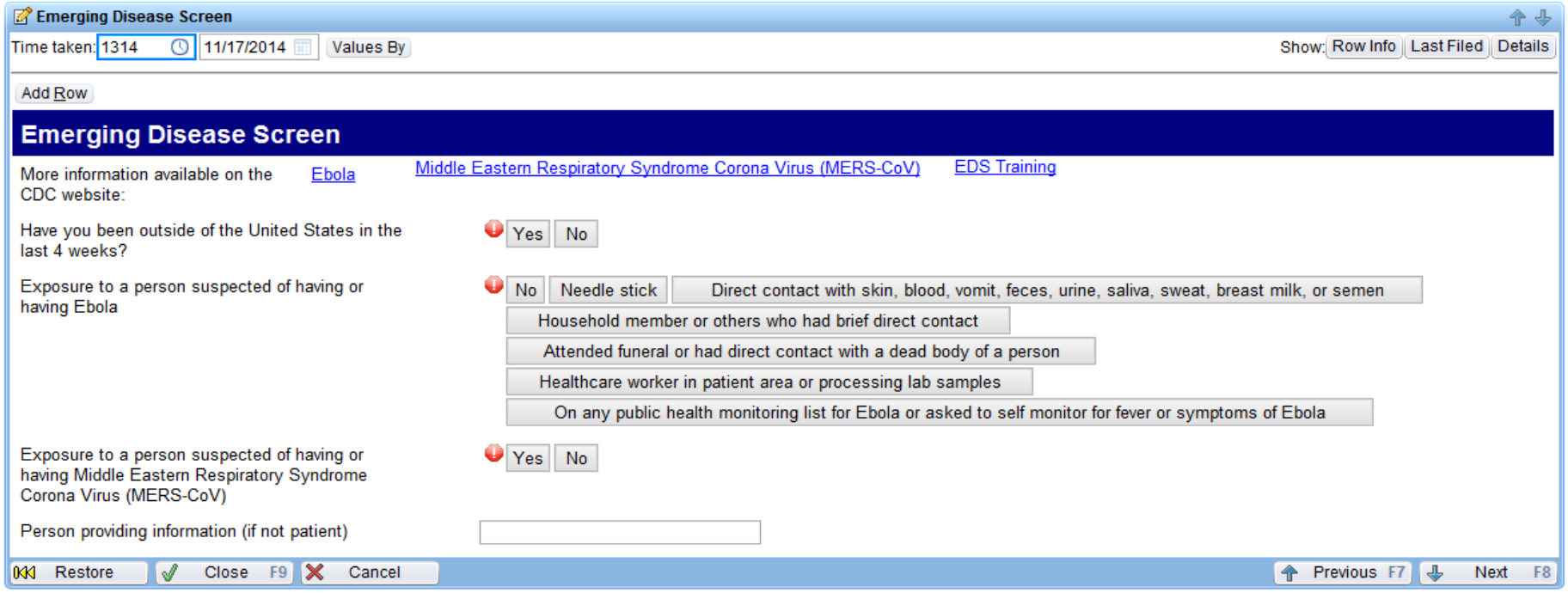
Screening

- Inpatient Admission section
- Triage & Assessment sections of ED workflow
- Physician Admission, Rounding, Transfer, and Discharge sections
- Radiology Tech sections at beginning and end of exam



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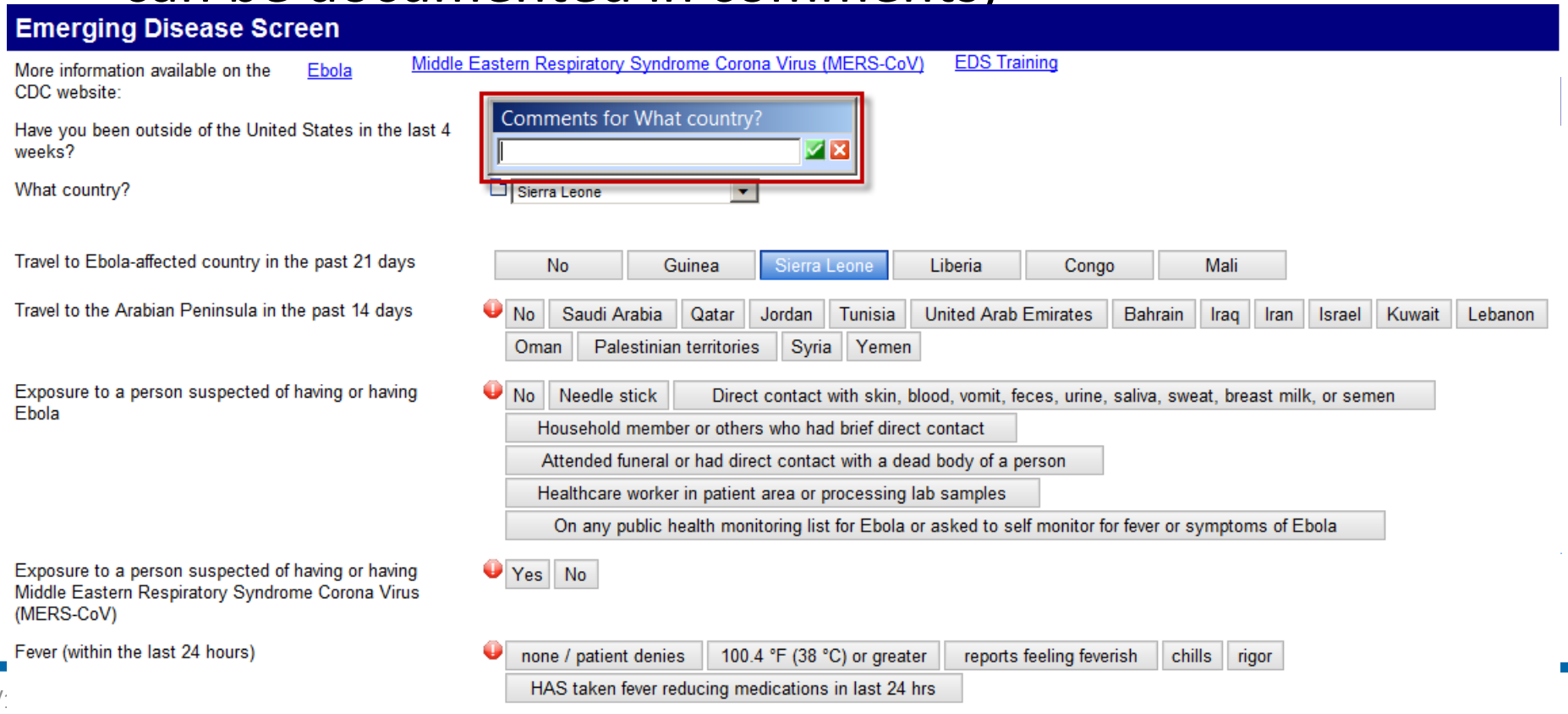
Screening

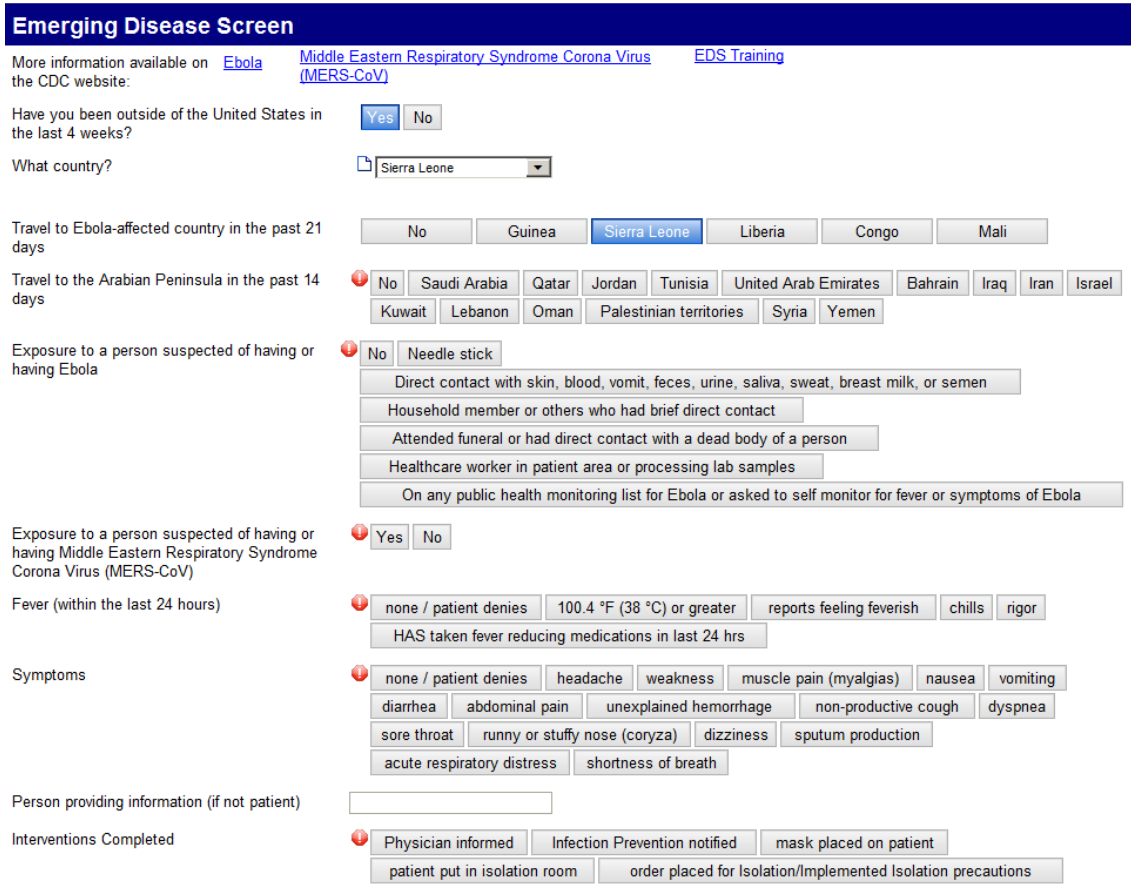
- Expanding questions based on answers
- If the patient has been outside of the U.S. in the last 4 weeks, a selection list opens to document the primary or highest risk country of travel (additional countries can be documented in comments)



Screening

By documenting a high risk country:

- Flags the high risk country on the disease-specific list
- Prompts additional required questions
  - Fever
  - Other symptoms
  - Interventions
- Cancel out to document later if needed



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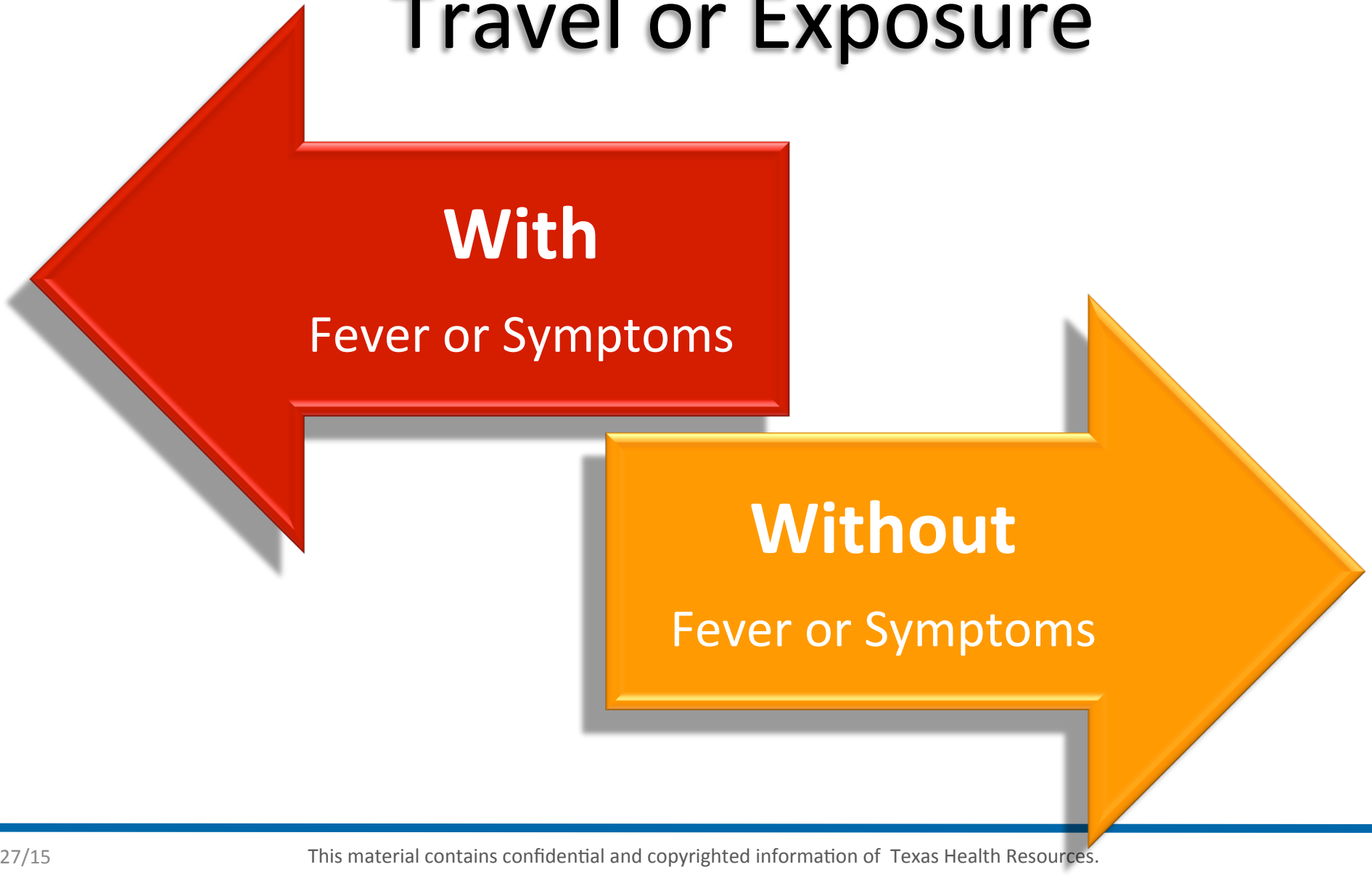
Travel or Exposure



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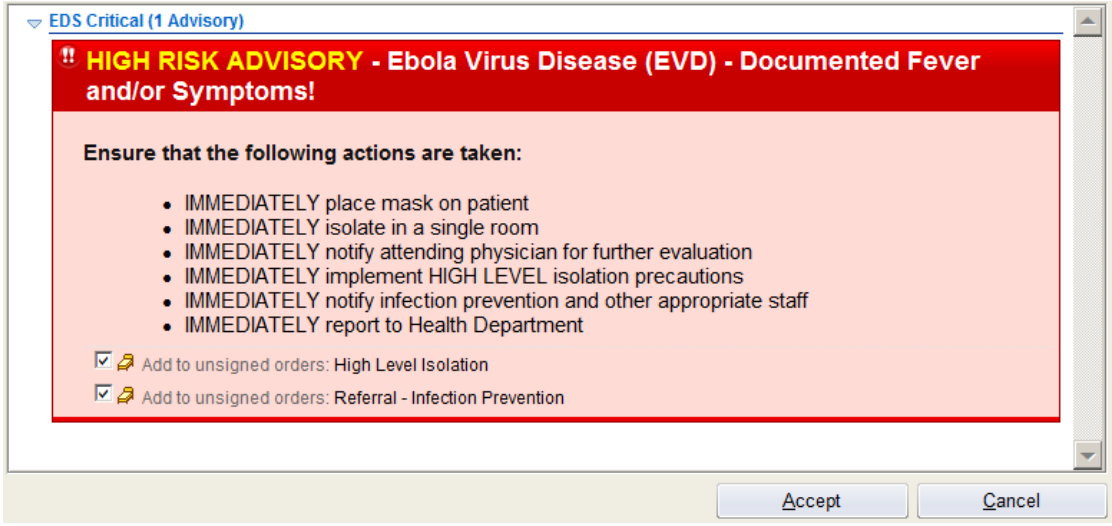
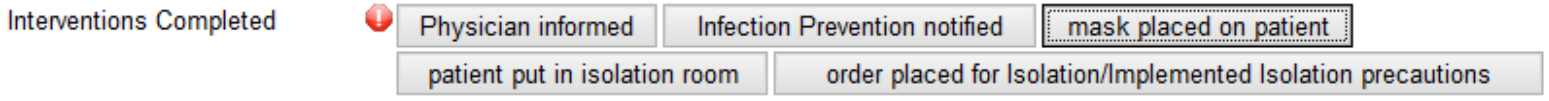
Screening: Red

- Traveled or exposed WITH fever or symptoms- Best Practice Advisory



- Interventions documentation from guidance box



- Banners on all patient reports and handoff tools for all care team members

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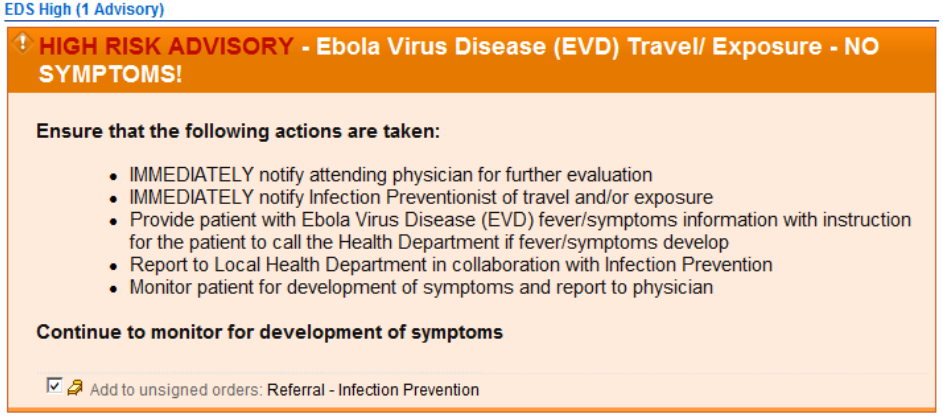
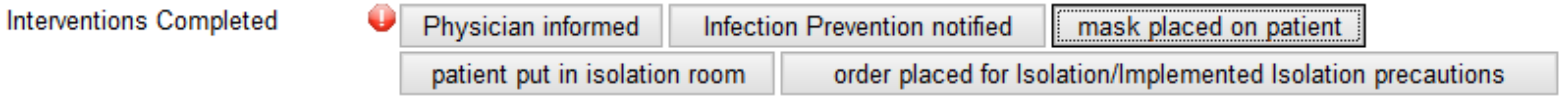
Screening: Orange

- Traveled or exposed without fever or symptoms- BPA



- Interventions documentation from guidance box



- Banners on all patient reports and handoff tools for all care team members

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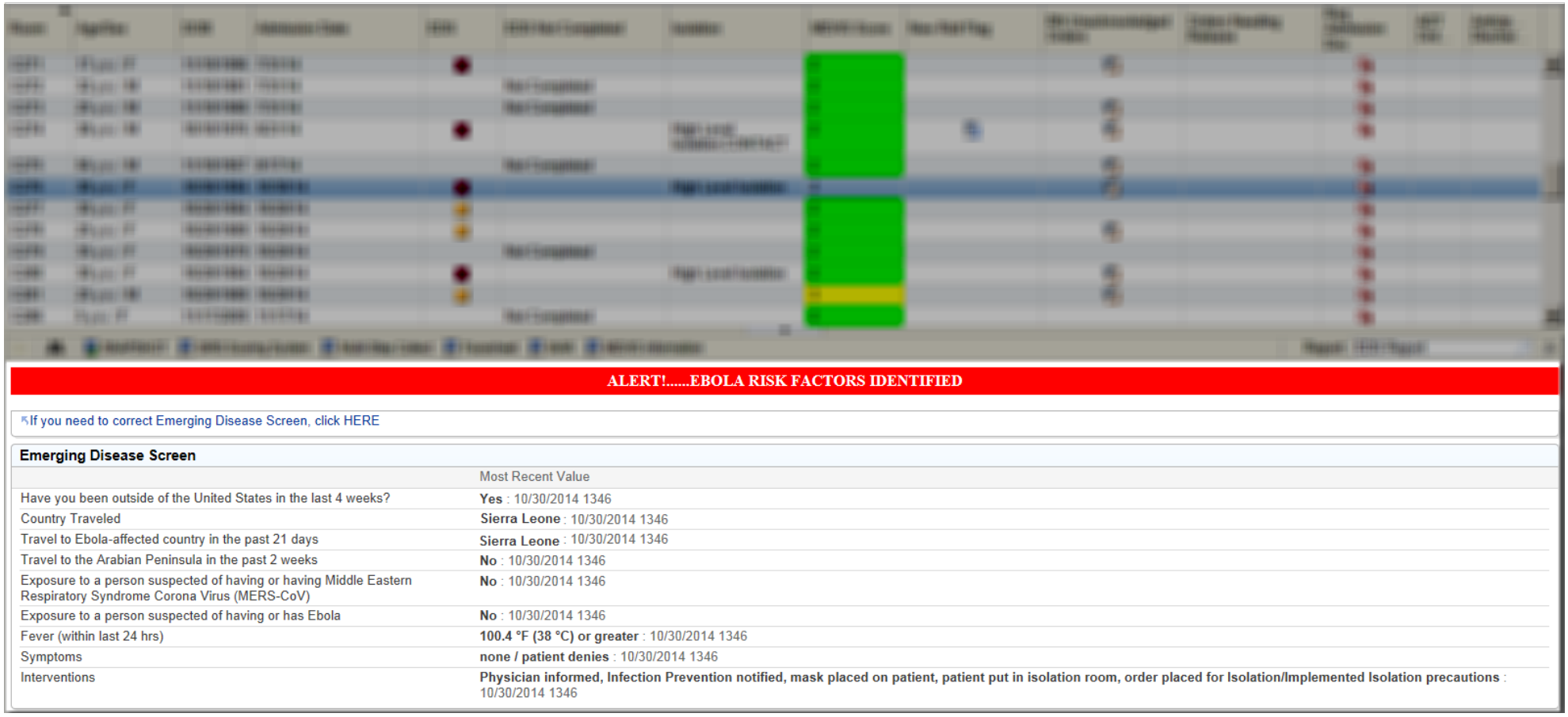
Monitoring

Patient lists and columns



ALERT!.....EBOLA RISK FACTORS IDENTIFIED

If you need to correct Emerging Disease Screen, click HERE

Emerging Disease Screen

	Most Recent Value
Have you been outside of the United States in the last 4 weeks?	**Yes** : 10/30/2014 1346
Country Traveled	**Sierra Leone** : 10/30/2014 1346
Travel to Ebola-affected country in the past 21 days	**Sierra Leone** : 10/30/2014 1346
Travel to the Arabian Peninsula in the past 2 weeks	**No** : 10/30/2014 1346
Exposure to a person suspected of having or having Middle Eastern Respiratory Syndrome Corona Virus (MERS-CoV)	**No** : 10/30/2014 1346
Exposure to a person suspected of having or has Ebola	**No** : 10/30/2014 1346
Fever (within last 24 hrs)	**100.4 °F (38 °C) or greater** : 10/30/2014 1346
Symptoms	**none / patient denies** : 10/30/2014 1346
Interventions	**Physician informed, Infection Prevention notified, mask placed on patient, patient put in isolation room, order placed for Isolation/Implemented Isolation precautions** : 10/30/2014 1346

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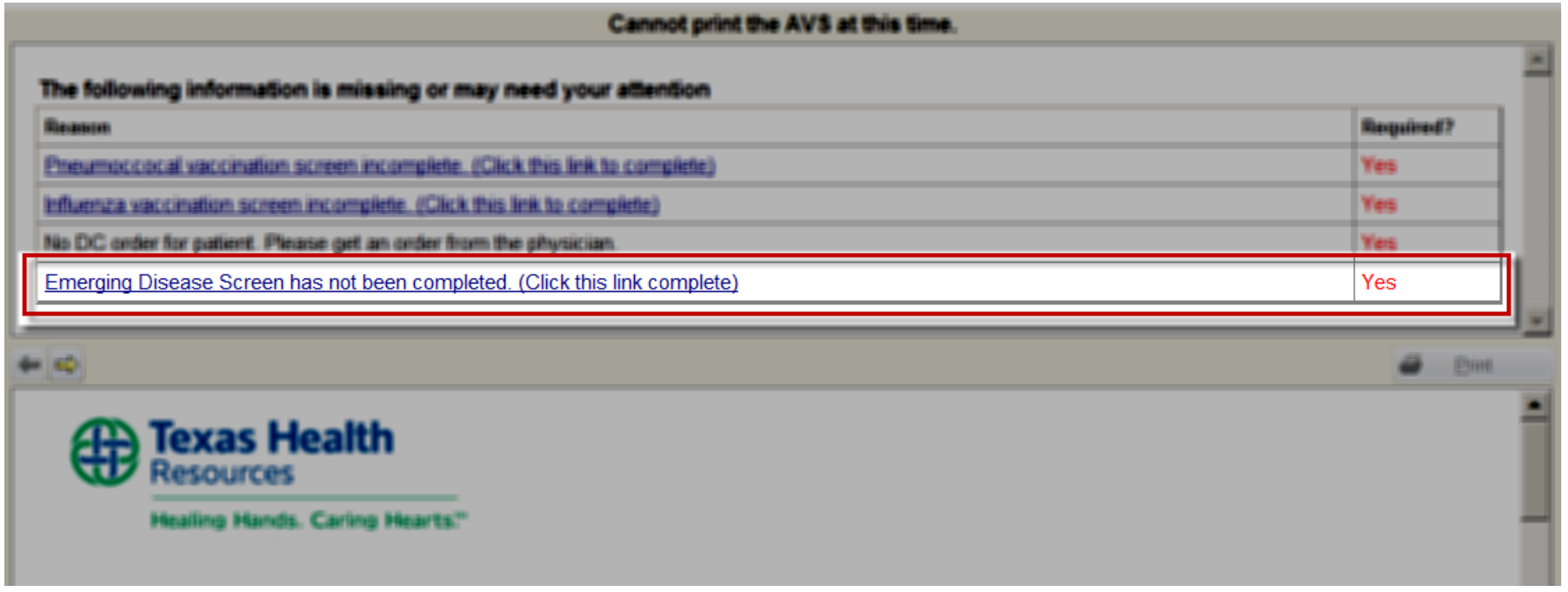
Discharge Instructions

- Safety net
- Emerging disease screen is required before discharge instructions can be printed



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Ebola Virus Disease (Ebola)

Algorithm for Evaluation of the Returned Traveler

FEVER (subjective or ≥100.4°F or 38.0°C) or compatible Ebola symptoms* in a patient who has resided in or traveled to a country with wide-spread Ebola transmission** in the 21 days before illness onset

* headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage

NO

Report asymptomatic patients with high- or low-risk exposures (see below) in the past 21 days to the health department

YES

1. Isolate patient in single room with a private bathroom and with the door to hallway closed
2. Implement standard, contact, and droplet precautions
3. Notify the hospital Infection Control Program and other appropriate staff
4. Evaluate for any risk exposures for Ebola
5. IMMEDIATELY report to the health department

HIGH-RISK EXPOSURE

Percutaneous (e.g., needle stick) or mucous membrane contact with blood or body fluids from an Ebola patient

OR

Direct skin contact with, or exposure to blood or body fluids of, an Ebola patient

OR

Processing blood or body fluids from an Ebola patient without appropriate personal protective equipment (PPE) or biosafety precautions

OR

Direct contact with a dead body (including during funeral rites) in a country with wide-spread Ebola transmission** without appropriate PPE

LOW-RISK EXPOSURE

Household members of an Ebola patient and others who had brief direct contact (e.g., shaking hands) with an Ebola patient without appropriate PPE

OR

Healthcare personnel in facilities with confirmed or probable Ebola patients who have been in the care area for a prolonged period of time while not wearing recommended PPE

NO KNOWN EXPOSURE

Residence in or travel to a country with wide-spread Ebola transmission** without HIGH- or LOW-risk exposure

Review Case with Health Department Including:

- Severity of illness
- Laboratory findings (e.g., platelet counts)
- Alternative diagnoses

Ebola suspected

TESTING IS INDICATED

The health department will arrange specimen transport and testing at a Public Health Laboratory and CDC

The health department, in consultation with CDC, will provide guidance to the hospital on all aspects of patient care and management

Ebola not susp

TESTING IS NOT INDICATED

If patient requires in-hospital management:

- Decisions regarding infection control precautions sho based on the patient's clinical situation and in consul hospital infection control and the health departmen
- If patient's symptoms progress or change, re-asses testing with the health department

If patient does not require in-hospital manage

- Alert the health department before discharge t appropriate discharge instructions and to dete patient should self-monitor for illness
- Self-monitoring includes taking their tempe 21 days after their last exposure to an Ebol

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

** CDC Website to check current countries with wide-spread transmission: http://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/case-counts.html

This algorithm is a tool to assist healthcare providers identify and triage patients who may have Ebola. The clinical criteria used in this algor consistent with Ebola) differ from the CDC case definition of a Person Under Investigation (PUI) for Ebola, which is more specific. Public hea not imply that Ebola testing is necessary. More information on the PUI case definition: http://www.cdc.gov/vhf/ebola/hcp/case-definition.html

Hospital and Emergency Triage Assessment for Ebola

(last updated October 23, 2014)

Ask Patient in Triage Area

In the last 21 days:
Have you been in the countries of Guinea, Liberia, or Sierra Leone?
OR meet any of the criteria in the Risk Assessment below?

NO to BOTH → **Continue with normal triage and assessment**

YES to EITHER →

Patient Assessment

1. **Fever** ≥ 100.4°F or 38.0°C now?
2. Is patient **taking** acetaminophen, ibuprofen or other antipyretics?
3. **History** of fever ≥ 100.4°F or 38.0°C or a subjective fever in the last 24 hours?
4. **Severe** headache, vomiting, diarrhea, abdominal pain, muscle pain, or bleeding?

NO to ALL →

1. **Unlikely** Ebola
2. Continue routine assessment
3. **Provide** Ebola information and who to call if fever or symptoms develop
4. **Provide** patient name and contact to Local Health Department

RISK ASSESSMENT

1. Direct contact with blood, vomit, feces, urine, saliva, sweat, breast milk or semen of a person with or suspected to have Ebola
2. Household member or others who had brief direct contact of a person with or suspected to have Ebola
3. Attended funeral or had direct contact with a dead body in Guinea, Liberia, or Sierra Leone
4. Health care worker in the patient care area or processing laboratory samples for an Ebola patient in the United States or elsewhere
5. On any public health monitoring list for Ebola or asked to self-monitor for fever or symptoms of Ebola

YES to ANY ↓

ISOLATE PATIENT IN SEPARATE ROOM (WITH BATHROOM or COVERED COMMODE)

1. Medical providers to wear double gloves, impermeable gowns, face mask and face shield. Consider placing surgical mask on the patient
2. In the presence of significant body fluids (diarrhea, vomiting, bleeding) **OR** Aerosol generating procedures (e.g., intubation) **Add respiratory protection (N95 or greater), shoe covers, and PPE to cover all exposed skin**
3. Notify Hospital Infection Control and start written log of exposed personnel
4. Further evaluation and management with dedicated equipment.

→ **Immediately Call**

Local Health Department
OR
Department of State Health Services Information and Referral at
(512) 776-7111 or
1-888-963-7111

Prepared by the Texas Task Force on Infectious Disease Preparedness and Response and the Texas Department of State Health Services

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Summary

- Enhanced screening tool that incorporates the CDC and State of Texas guidelines.
- Addresses other emerging diseases – not just Ebola.
- Multidisciplinary iterative approach, following our Quality PDSA process, that can be monitored in an ongoing manner.

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Texas Health Resources

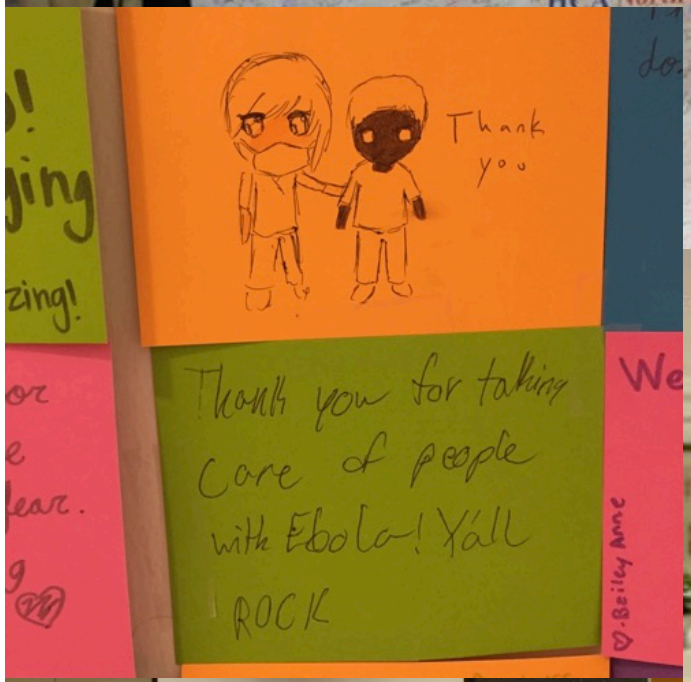
Community Support / Paying it Forward!

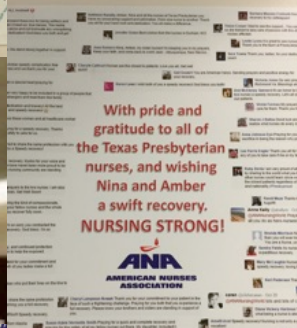
If you want to go fast, go alone.

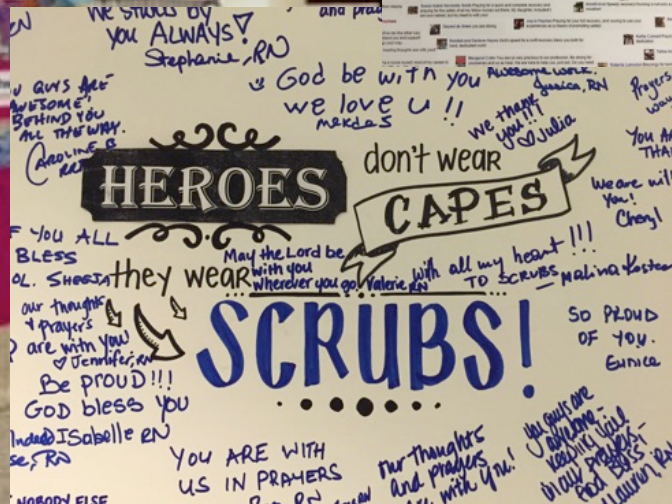
If you want to go far, go with others.

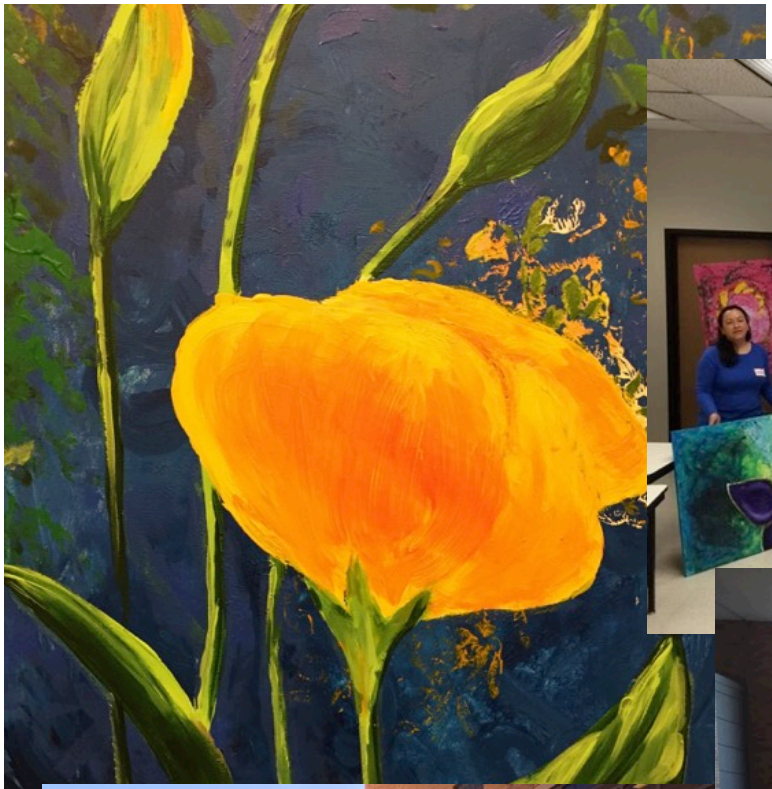

In tribute to your dedication and perseverance.....we stand with you.
HCA North Texas


#presbyproud?


Thank you
Thank you for taking care of people with Ebola! Y'all ROCK


With pride and gratitude to all of the Texas Presbyterian nurses, and wishing Nina and Amber a swift recovery.
NURSING STRONG!
ANA
AMERICAN NURSES ASSOCIATION


HEROES
don't wear
CAPES
they wear
SCRUBS!
God be with you
we love u !!
You ALWAYS
Stephanie, RN
Be proud!!!
God bless you
You ARE WITH US IN PRAYERS
SO PROUD OF YOU.



Thank you for standing strong with us.

Our community has faced some challenging and emotional circumstances recently. Yet all of us at Texas Health Presbyterian Hospital Dallas are thankful for so much, especially for you, the people of North Texas. You have stood with us by coming in for regular care and appointments. And trusting us to treat you safely and compassionately, as we have for nearly 50 years. Through it all, the physicians on the medical staff, nurses, clinical and support staff, administrators and volunteers have stood fast in their commitment to patients — and each other. As we move forward, we look to you for continued support. Thank you.

1-877-THR-WELL | TexasHealth.org/Dallas

Texas Health Presbyterian Hospital DALLAS