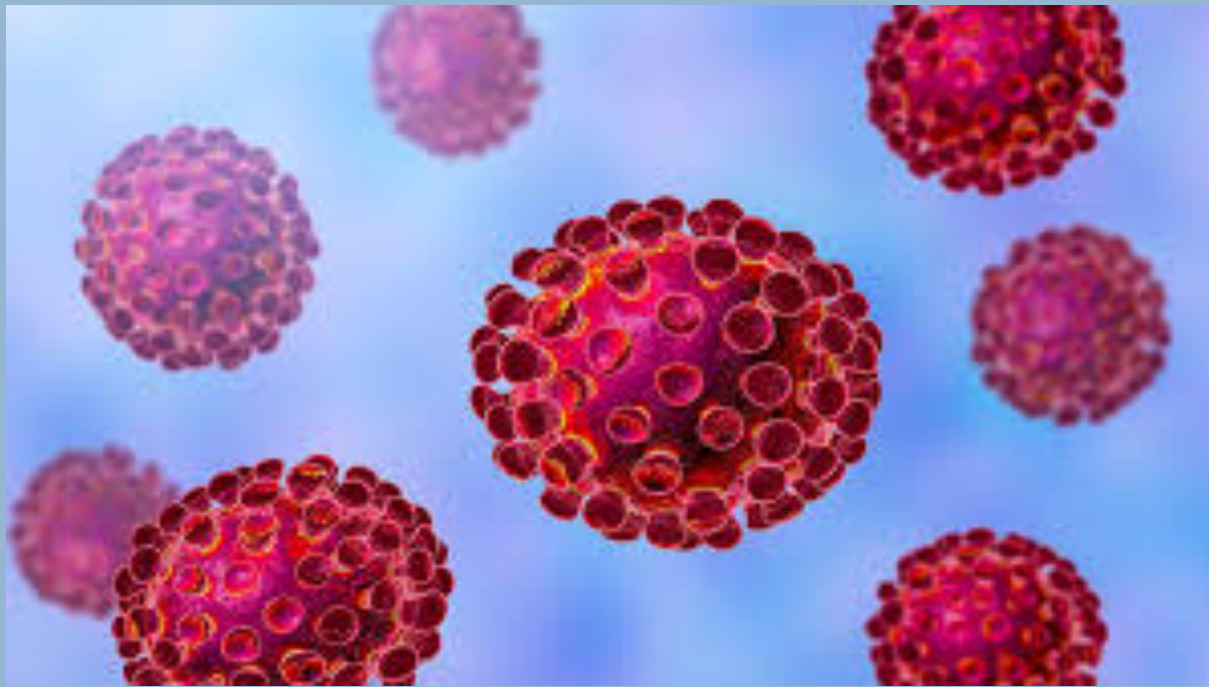

COVID-19: Disaster Admission Navigator and Decreasing Documentation

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Learning Objectives

- List small changes within an EHR that can guide a decrease in documentation expectations
- Describe operational challenges of implementing a model of reduced documentation across a large health system

Agenda

- Background
- Challenges
- Process of Making a Changes
- The Changes
- Implementation
- What we've gained

Partners HealthCare System Members - Hospitals



Boston, MA



Martha's Vineyard, MA



Newton, MA



Boston, MA



Boston, MA



Salem and Lynn, MA



Jamaica Plain, MA



Belmont, MA



Boston, Cambridge, and Cape Cod, MA



Northampton, MA

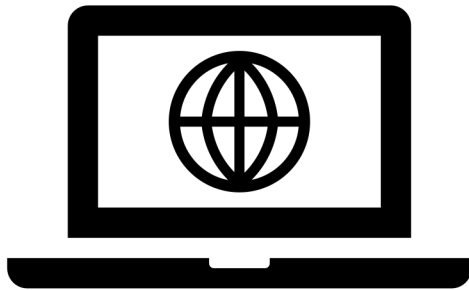


Nantucket, MA



Dover, NH

Challenges



Documentation
Burden



Increased Patient
Acuity



Staffing changes

Governance - Nursing Informatics Advisory Committee

- Nursing Informatics leader from each hospital
- Partners eCare Clinical Informatics- Nursing
- Application team leadership
- Established governance body pre-dating first Epic go-live
- Highest governance body for nursing informatics decisions

Decreasing the Burden of Documentation

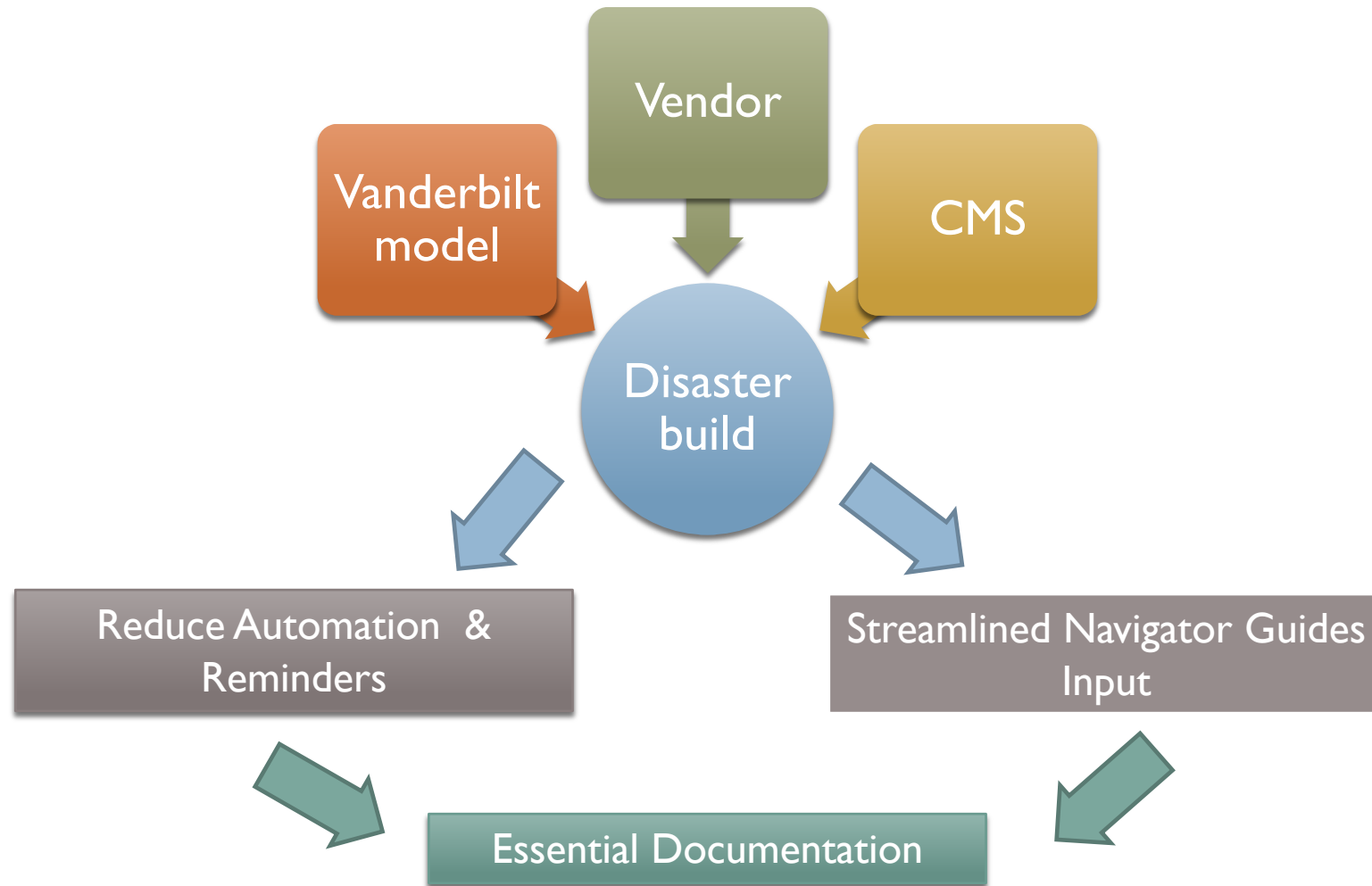
Operational

- Local policies & procedures
- Documentation practice

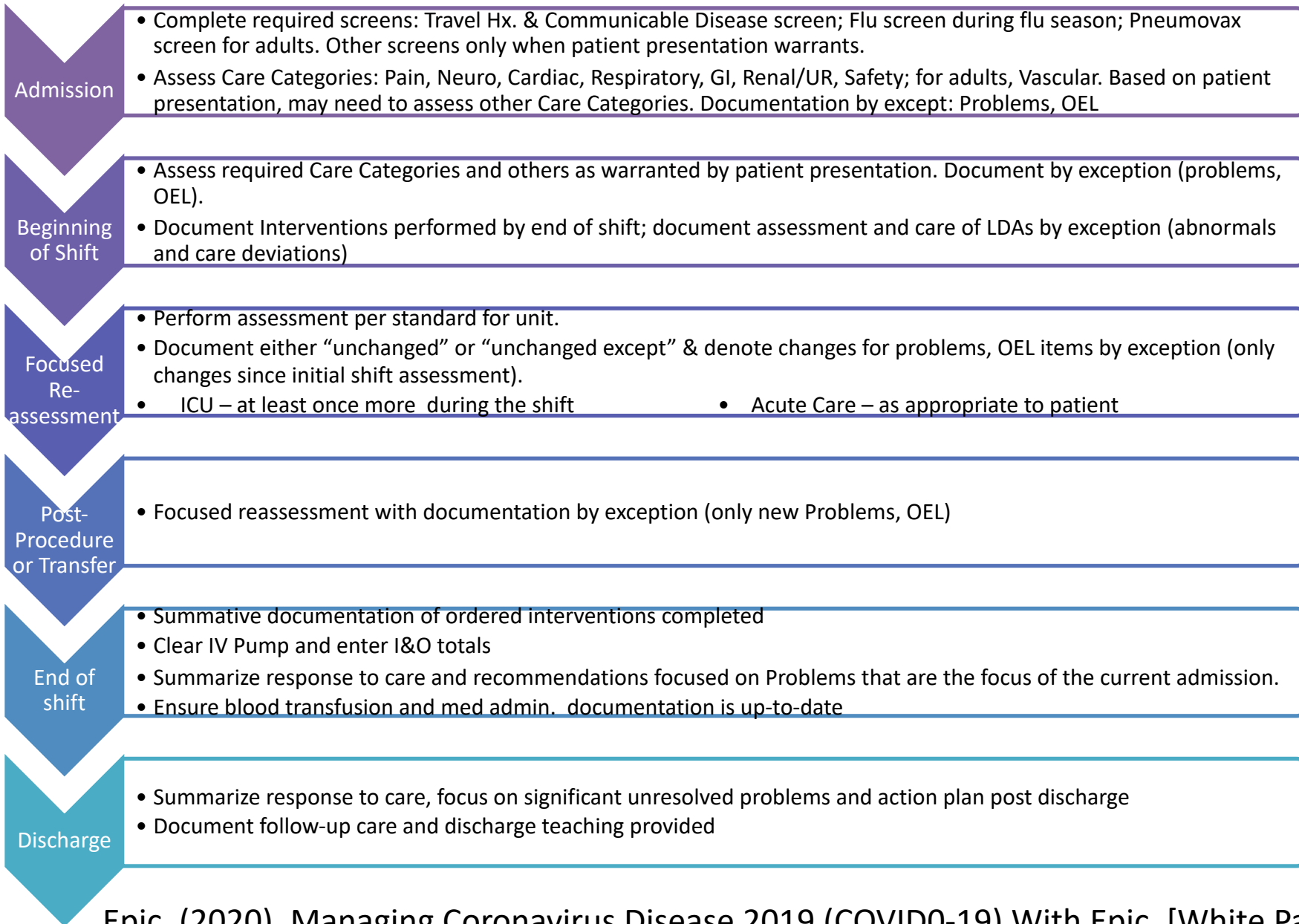
Technical

- EHR Changes

Technical Changes



Inpatient



Epic. (2020). Managing Coronavirus Disease 2019 (COVID0-19) With Epic. [White Paper]. Retrieved from <https://galaxy.epic.com/?#Browse/page=1!68!95!100042814,100044639,100043943,100043963>

Vendor

- Disaster Admission Navigator
- Disaster Shift Navigator
- Reduced Required Documentation

- Put Patients Over Paperwork
- CMS waived the provision at 42 CFR 482.23(b)(4), 42 CFR 482.23(b)(7), and 485.635(d)(4), which requires the nursing staff to develop and keep current a nursing care plan for each patient
- Waivers allow nurses increased time to meeting the clinical care needs of each patient and allows for the provision of nursing care to an increased number of patients

Technical Changes



Reduce automation and reminders for nonessential documentation

Drive users to streamlined documentation tools for essential documentation



Goals of Technical Changes

- Low build complexity
- Bang for your buck
- Easy to backout
- Intuitive
- Maintain current tools
- Consistent with current UI
- Universal

Principles of Technical Changes

- Remove burden from nursing on shared elements
- Remove what isn't pertinent during a crisis
- Remove what won't impact the care outcome
- Keep vulnerability assessments that may be exacerbated during crisis
- Keep assessments that recommend services still supported
- Is this applicable across all populations?

Technical Changes: Decreased Required Documentation

Removed from Admission:

- ADL
- Discharge Planning
- Learning Assessment Filed
- Nutrition
- Patient Belongings
- Plan of Care Added
- Pressure Injury Present on Admission
- Smoking History Documentation
- Self-Harm

Preserved:

- Advance Directives
- Audit C
- Domestic/Intimate Partner Abuse
- Fall Risk
- PTA Medication List Review
- Pain
- Language Preferences
- Spiritual Care
- Suicide Risk
- Travel/Symptom Screening
- Vitals, Height and Weight

Required Daily (from Q shift):

- Braden/Q
- Fall Risk Assessment

Technical Changes: Disaster Admission Navigator

- Default within Navigators Activity
- Supports essential admission workflows
- Content aligns with reduced required documentation
- Sections condensed to support streamlined data collection

The screenshot displays the 'Disaster Admission Navigator' interface. At the top, there are navigation tabs: 'Disaster Admission' (selected), 'Admission', 'Transfer', 'Discharge', and 'Patient Care Referral Form'. Below the tabs is a sidebar menu with categories: 'SIGNED/HELD ORDERS' (Specimen Collection, Release Orders, Acknowledge Ord...), 'NON CLINICAL REVIEW' (Scanned ACP Do..., Advance Directives), 'CLINICAL REVIEW' (Language, Allergies, Review PTA Meds, OB/Gyn Status, Immunizations), 'SCREENINGS' (Audit C, Travel Screening, Fall Risk, Braden Scale, Psych/Social/Spirit), and 'ASSESSMENT/PLAN' (Vital Signs, Avatar, Assessment, Complex Assess..., Progress Notes). The main content area is divided into three sections: 'Specimen Collection' with a '+ New Reading' button and 'No data found.' message; 'Release Orders' with a link 'Click Here to Release Signed and Held Orders'; and 'Acknowledge Orders'.

Technical Changes: Patient Education and Plan of Care

Automation Turned Off

- First-Dose-Patient-Education
- Best Practice Advisories recommending Plans of Care

Automated text to progress notes

Nursing Progress Note

*The plan for the day was reviewed with the multidisciplinary team.
The plan and patient education was provided verbally to the patient and/or family during the shift.
Patient and/or family were accepting of this information and verbalized understanding.
Any additional details and/or outstanding concerns are listed below:*

Partners eCare Inpatient Nursing Build Supports

- Med/Surg
- ICU
- Behavioral Health
- OB/Newborn/NICU
- Pediatrics-general care
- Pediatric ICU
- Post Acute-LTAC, Rehab, SNF

COVID 19 Impact varied

Application of Changes Per Domain

	Med/Surg & ICU	General Pedi & PICU	Behavioral Health	OB	Newborn/ NICU	LTAC & IP- Post Acute	SNF
Reduced Required Documentation	✓	✓	✓	✓		✓	
Disaster Admission Navigator	✓	✓				✓	
First-Dose-Patient-Education: Off	✓	✓	✓	✓	✓	✓	✓
Plan of Care Best Practice Advisories: Off	✓	✓	✓	✓	✓	✓	✓
Default Text to Notes	✓	✓	✓	✓	✓	✓	✓

Ready for Operations

- Iterative review with NIAC
- Input from site Quality leaders
- CNO Council endorsement
- Change Management processes
- Release Notes

Operational Considerations

- Variation across enterprise in COVID impact
- Local hospitals, units and users to determine appropriate level of documentation
- Already started Plan of Care and Patient Education
- Not about the patient's diagnosis, but the staff/facility caring for the patient

Gains

- Inform us on decreasing burden of documentation
- Rapid deployment of innovative changes
- Maintain tools, change content
- End user satisfaction and relief!



QUESTIONS

