Seeing the Results: Front Line Nursing Reports for Community Nurses

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Presenter

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Presentation Purpose

To provide an overview of early lessons learned in the development and implementation of our electronic Front Line Nursing Report at Bayshore Home Health.

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Agenda

Who we are

Wound Care Today

From the Literature

Development and Implementation

Lessons learned

Future direction / Summary

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Bayshore Home Health

Established in 1966 Bayshore is Canada's largest provider of home and community health care services

100% Canadian owned

Over 50 Branches, 25 Community Care Clinics, 2 dialysis clinics, Bayshore Specialty Rx

9,000 employees

One of Canada's 50 Best Managed Companies

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Branch Locations

Community Care Clinics

Wound Care Today

Wound care within Ontario community care represents:

- **40%** of home care services
- **50%** of home care budgets

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From the Literature

Health sensitive outcome are those that:

- are relevant

- health status change that occurs over time

- based on nurses' scope and domain of practice

- there is empirical evidence linking nursing inputs and interventions to the outcomes

- individual nurses are held **accountable** for

(Doran, 2003; Hill, 1999)

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From the Literature

Information and Communication Technologies are seen as useful to clinicians if:

- Perceived as useful to the care provided
- Easy to use
- Perceived as important to influential peers
- Perceived important to organization

(ZHANG, COCOSILA, ARCHER, 2010)

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Project Overview

Need: Measurement and reporting of client progress towards wound healing.

Project Goal: Development of an electronic, front line nursing report for continuous evaluation of patient's progress towards outcome goals.

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A Piece of the Puzzle

- The Front Line Nursing Report is part of Bayshore's transformation of home care under its Optimacura™ Clinical Management System.

- This initiative includes the use of portable and secure devices that allow clinicians to access a longitudinal electronic health record repository, including, physician orders, clinical decision supports including HOBIC), care plans and documentation tools.

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Development Process

Step 1 – Indicator Selection

- Determine what you wish to measure
    - Mix of leading and lagging indicators
    - Include clinicians in this process
    - Funder requirements

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Development Process

Step 1 – % of wound closure (healing)

- % of wound closure (healing)
    - Lagging indicator
    - Clinician supported
    - Meets funder requirements

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Development Process

Step 2 – Data Collection

- Establish clear process for collection
  - Audit documentation
  - Mentorship/ongoing education
  - Reminder system

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Development Process

Step 3 – System Design/Data Storage

- Design a system to run reports off cleanly stored data
  - Clear messaging to the system is critical
  - Data is pulled easily based on storage

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Development Process

Step 4 – Report Running

- Separate reporting system is critical
  - Data stored differently
  - Doesn't slow the system down

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Development Process

Step 5 – Data Quality Review

- Review the report before publishing
  - Clinicians and analysts review reports for accuracy and utility
  - Is the correct information being pulled into the report
  - Integration of clinicians feedback into next generation reporting

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Development Process

Step 6 – Review published indicator data

- Reports distributed to clinicians
  - Education provided
  - Reports reviewed at monthly team meetings
  - Dialogue encouraged between peers and developers
  - Feedback always welcome

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Lessons Learned: IS Department

1. Include clinicians in indicator selection process

2. Build data quality reviews into your project plan
   - Clarify what system rules will reject data from a report

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Lessons Learned: IS Department

3. The computer isn't smart; choose your system wisely
    –   Data must be stored cleanly

4. Ensure data elements required are being collected
    –   Determine prior to building system that metrics allow proactive change

Integration into Practice

As a organization what is your greatest fear in introducing and leading change to your Nurses and Unregulated Care Providers?

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Change vs. Transition

It isn't the change that does you in, it's the transition.

- Change is situational
  - The move to a new site, reorganization of roles on the team, shift to outcome based clinical practice

- Transition is psychological
  - The 3 phase process that people go through as they internalize and come to terms with the details of the new situation that the change brings about.

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Implementation Results

Outcome Measurement

Clinical documentation consistency

Interdisciplinary team communication

Consistency in best practices

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Our Clinician's Perspective

Successes:

"We see improved continuity of care between clinicians."

"We can see the % of healing/deterioration and if we are making a difference."

"It gives accountability to our care… it is constantly reassessed."

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Our Clinician's Perspective

Successes:

"Supports discussion with peers…to reflect back on what worked and what didn't for a client."

"Review of the data is an opportunity to involve long term/reoccurring clients in their care."

"It is a trigger to revisit our plan of care if not progressing."

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Our Clinician's Perspective

Challenges:

"Not all nurses document to the same standards …incomplete forms result in poor reports"

"The report does not show all the issues that are affecting that client."

"Tablet functionality; reliability of device."

Our Clinician's Perspective

Challenges:

"Variance in wound measuring styles between nurses can skew data."

"Tablet functionality; reliability of device."

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In Summary

Development of this report will move our nursing practice forward

Electronic outcome reporting to clinicians holds value not only for our clients, but also for the greater health care system

Bayshore's experience demonstrated the following benefits:

Clinical Documentation Consistency	Outcome Measurement	Interdisciplinary Team Communication	Adherence to Best Practices

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Please see me at our booth or contact me:

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