7th Annual Scripps Health Quality Award Application

Getting to "I like it" Perioperative System Clinical Information Systems with Monitor Capture– Pilot Site: Encinitas

Team Leader: Wendelyn Bradley, Chris Peck, & Diana Totman

Physician Sponsor: Dave Dockweiler, MD and Randall Goskowicz, MD

PLAN

1) PROJECT SUMMARY: ACTION

Why did you begin this project?

1. Nurses were complaining their electronic documentation system was getting in the way of taking care their patients.
2. Needed a “Proof of Concept Pilot” with a One Scripps service line approach for standardized electronic documentation of Perioperative environment to include vital sign capture in PACU.

What is the problem?

1. Ugly landscape where safety and quality of patient care focused efforts toward improvement
    - Mixture of paper and non-standardized forms varying by site
    - Varied and disjointed clinical Workflows
        - OR Redesign-2013
    - Hybrid Medical Record
        - Paper and Computer
    - Varied interpretation of what was required for documentation

2) TEAM MEMBERS

Limit to ten who were most involved
Include name, discipline/department, and title

1. Chinkee Supnet, Title
2. Susan Severns, Title
3. Larry Hughes, BioMed Lead Encinitas
4. Dawn Evans, CPM Application Analyst
5. Mike Duecker, CPM Application Analyst
6. Jessica Patterson, Title
7. Dawn Thomas, Title
8. Marta Hintz, Title
9. Jowee Foutz, Title
10. Char Hyre, Title

PLAN

3) IMPROVEMENT GOAL: MEASUREMENT

How was progress towards your goal measured and how often?

1. End User Query
   - Survey Monkey
   - Pre
   - Build
   - Post implementation
2. End User Kaizen
   - Four 6 hours sessions of system review
   - Time motion reviewed with end users
3. Daily Audits
   - clinical documentation data point review of all cases during and post go-live
4. Focused Medication Administration Audits
   - Daily medication audits reviewed what was pulled and charted
   - Incorporated into operations post-support period
   - Added to RN Competency and evaluation standards

PLAN

4) PROJECT BARRIERS

What challenges did you overcome?

1. Competing priorities and avoiding project "stall"
2. Mismatches between with site priorities and system initiatives had to be factored into project timeline and implementation
3. Ergonomic challenges regarding computer placement
4. Resistance to change
    - Moving from paper to computer fear

What did you learn along the way?

1. Getting to "I like it" was worth the work
2. Engaging end-users and focusing project outcomes at the front end lead to a dynamically developing product and involved user base
3. Match the tool to the clinical workflow or it will fail
4. Better outcomes with out of the box training approach
    1. Phased training or small subset group training before formalized end-user training

DO

5) IMPLEMENTATION

What systems or processes were created or changed?

1. Clinical workflows documented and studied by stakeholders
   - Changed negative workflows
2. Standardized forms SW where possible, for example Anesthesia Flow-sheet, Pre and Post Op Instructions
3. Infrastructure implemented and tested for SW use of *automated vital sign capture*
4. Electronic auditing tools to provide rapid cycle software optimization and end-user update education
5. Educational update process for helping new users become better users by learning from peers
6. Went from paper to computer

CHECK

6) IMPACT

Consistent with expectations?

- Exceeded my expectations in terms of end user acceptance
- Did not impact clinical workflow
- Was not painful but peaceful

Put video clip here

Any unintended consequences?

- Fell short on form standardization goals due to resistance across sites
- Existing problems were highlighted, for example clinical hand-offs to the ICU and Med-Surg and even ED
  - Opportunity to improve communication and clinical hand off by virtue of legible PACU Report and development of a automated SBAR

CHECK
7) ANALYSIS OF DATA

Include results here

- SW standardization and adherence to “Standards of Practice” documentation data points
- Implemented new technology without “disruptive change” reaction
- Promoted automated auditing saving time and improving efficiencies
- Eliminated duplicative documentation
- Reduced paper

What quantifiable improvements were accomplished with your project?

- Increased RN time at bedside with patient
- Efficient use of RN time with streamlined documentation and touch screen design
- Improved patient comfort and confidence with visible up-to-date technology
- Improved accuracy and monthly reconciliation of billing
- Promoted use of Monitor Capture Technology across the system

ACT

8a) CONCLUSION – END OF MEASUREMENT CYCLE

Did you make any modifications to your original project plan?

1. Coordinated Monitor Capture Proof of Concept for Scripps Health
   - Testing, Validation, Operation
2. Refused to implement a system that other clients were removing and chose to pursue state of the art technology and design
3. Partnered with Cottage Health System to assure clinical workflow success and computer adaptation

ACT
8b) CONCLUSION – END OF MEASUREMENT CYCLE

What do we recommend doing next?

- Educate system on clinical workflow to support operations of this critical business unit
- Roll out system across the network in 2014
- Continue development of the Centricity Perioperative System Steering Committee
- Continue to highlight the interoperability challenges with ongoing workflow assessment and revision
- Continue to work with end-users promoting on-going development clinical documentation tool

Any new theories and ideas?

- Wireless mobility is a key strategy for system use
- Minimum data sets
- Data provides the infrastructure of continuous quality improvement

Any surprises?-

- Sited by CJC Best Practice System Optimization Efforts

9) KEYS FOR SUCCESS

What were the three keys to making this project successful?

- Early end-user engagement and ownership of system
- Agile and committed team to respond quickly to evolving requirements
- Forward vision, planning and focus promoted by a dedicated leadership team

What did you do to ensure that the changes would be lasting and are they still in effect?

ACT

10) DISSEMINATION OF RESULTS

How were results shared?
What do you want other groups to learn from your project?