

Project Joy: Giving Back Time to Nurses for Patient Care

CONL Conference 2019

Reference slides

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Burnout at its deepest level is....the sum total of hundreds and thousands of tiny betrayals of purpose, each one so minute that it hardly attracts notice. When a great ship steams across the ocean, even tiny ripples can accumulate over time, precipitating a dramatic shift in course.

- Richard Gunderman MD PhD in *The Atlantic*

Nursing Knowledge: Big Data Science Initiative

To develop a roadmap for achieving sharable and comparable nurse-sensitive data and to ensure the timely adoption of big data methodologies across all of nursing's domains.



UNIVERSITY OF MINNESOTA

Driven to DiscoverSM

SCHOOL OF NURSING

Objective Data from EHR Vendor
1000+ distinct RNs
27,000+ shifts

>30%
of
UCHealth Acute Care RN
12 hour shift
is
spent in the EHR

Project Joy Focus

- Quality of clinical communication in Epic
- Capture what is meaningful, accurate, and necessary
- Right size documentation time and effort

Flowsheets

Notes

Care Plans

Banner

Patient Education

Physical Assessment

Admission

I/Os

Interventions

Discharge

Reports

Risk Assessments

Vital Signs

LDAs

Orders

Treatment Team

Medical-Surgical

Emergency

Stepdown

Labor and Delivery

ICU

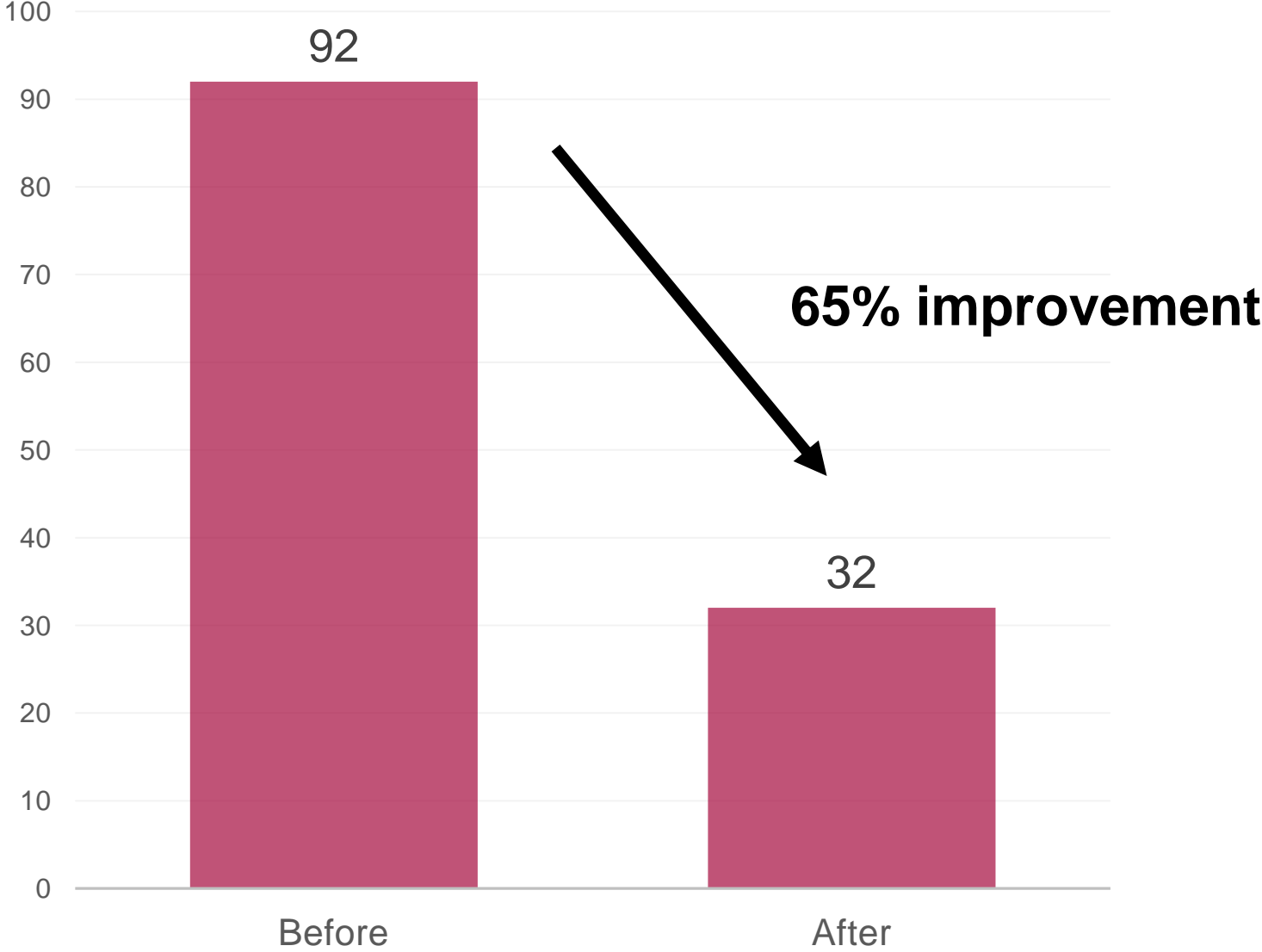
Ante/Postpartum

Procedural Areas

RN

CNA

Decrease in default flowsheet rows



Not just reducing clutter. More like adding a custom closet organization system.

471 rows pre-Joy

- 204 rows

+ 65 new rows

+ more logical to the RN

+ deployed functionality

= Joy



18 Minutes Saved per 12-hour Shift

Before

227 minutes

After

209 minutes

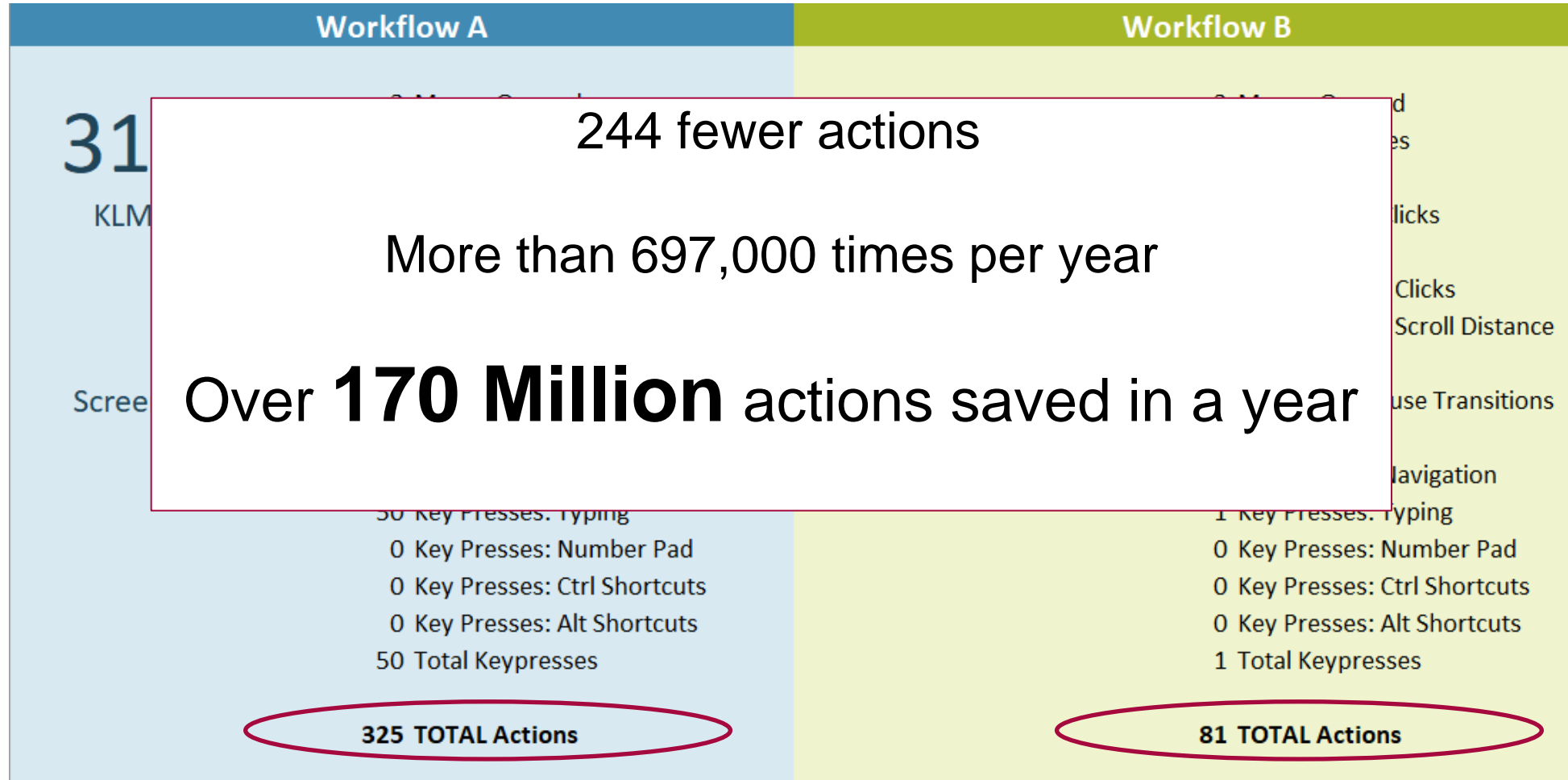
Impact of optimizing just two flowsheets

Annually

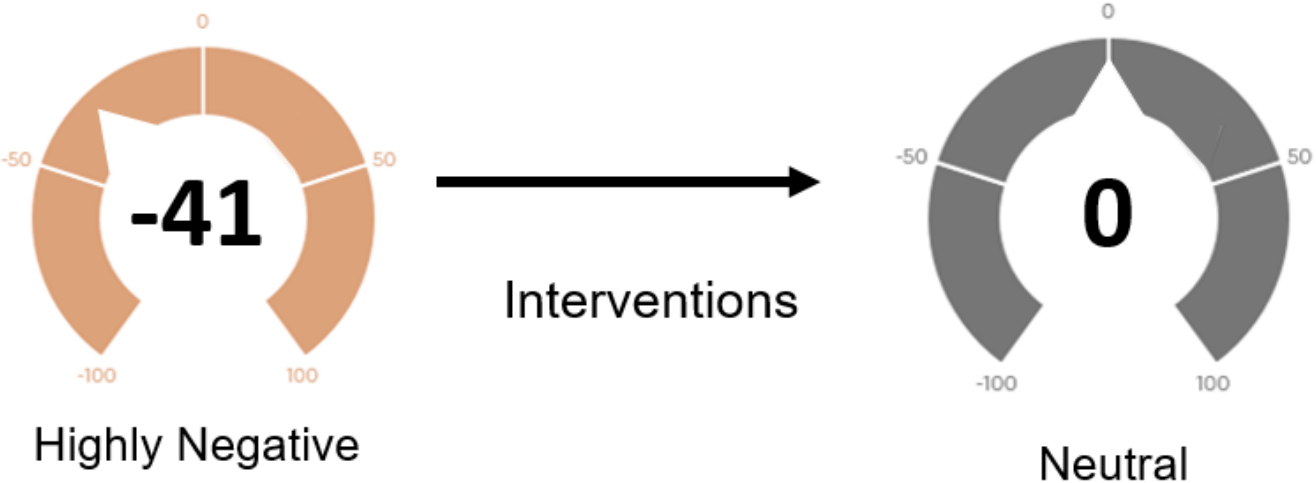
46,000+ hours of RN Time
(per NEAT)

Worth over \$2 Million

Workflow Analyzer Results



Major Improvement in Nurse Satisfaction NPS



How likely is it you would recommend ___ to a friend or colleague?

Extremely Likely 10 9 8 7 6 5 4 3 2 1 0 Not at all likely

😊 ☹️ 😞

😊 % - ☹️ % = Net Promoter Score

Range: -100 to +100 +50 is excellent

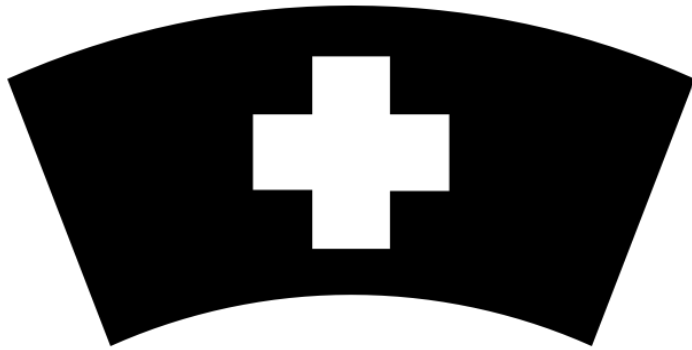
Project Joy Guiding Principles

- Documentation accurately captures relevant information about the clinical picture and clinical care
- Practicing clinicians define content
- Maintains patient-centered focus and avoids excessive documentation to keep the time and attention of nurses on the patient, at the bedside
- Regulatory experts evaluate content for compliance to standards
- “If it wasn’t documented, it wasn’t not done” is a myth and “If it was documented, it might have been done” is the legal reality
- Routine practices and measures defined by policy are not needed in the medical record (e.g., hand washing, standard precaution, routine emotional support and explanations of care processes, documentation of completion of routine care processes such as handoff)
- We will look for an efficient process to allow nursing staff to document that ordered care is being implemented
- We will pursue alternate means to achieve the spirit and letter of requirements without requiring nursing staff to manually enter data
- Information that does not meet any one of the “criteria to keep” (next slide) will be marked for final, higher level review for deletion

Criteria to Keep an Element

If none of these criteria is met, the element will be identified for a final review for removal from nursing documentation.

- It is needed to provide care to the patient and is accessed by other care team members and/or by the patient
- Nursing staff collection and entry of the information is the best or only way to capture it
- It is not documented elsewhere in the chart
- It is required by external reporting mandate or regulatory compliance
- It populates the patient header or is pulled into a meaningful, useful, and necessary report
- It triggers a meaningful, useful, and necessary practice alert
- It provides convenience by triggering an action by another care team member, such as consult
- It is required for billing or reimbursement
- It is necessary to document that the patient refused ordered care



RN Subject Matter Experts / Champions

Who? Clinical RN End Users of Epic and frontline leaders including Educators, Nurse Managers/Associate Nurse Manager, and Clinical Nurse Specialists

What? Define content needs for patient care, including team communication needs. Responsibilities include participating in meetings, speaking with staff they represent to include discovery and user testing, providing input into specifications/requirements, defining content, reviewing and providing input on content and design/solution proposals, and voting on proposal acceptance.

When? Virtual meetings approximately every other Friday 0800-0900, plus in-person quarterly meetings held in the Metro Denver area.

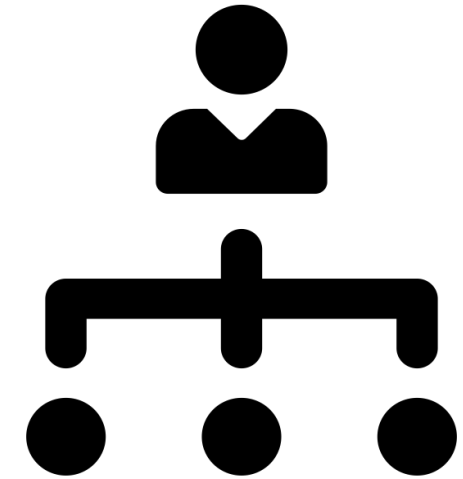


Guardrails

Who? Representatives for Legal, Risk, Regulatory Compliance, Care Management, Quality, special programs, Informatics, Epic, Health Information Management, Providers, and Nursing Administration

What? Role responsibilities: identify and communicate institutional priorities in discovery and sense making stage to provide guardrails as requirements are defined with Champions; review proposals and decisions for consistency with institutional priorities.

When? Meeting participation is PRN for most members of the Guardrail group

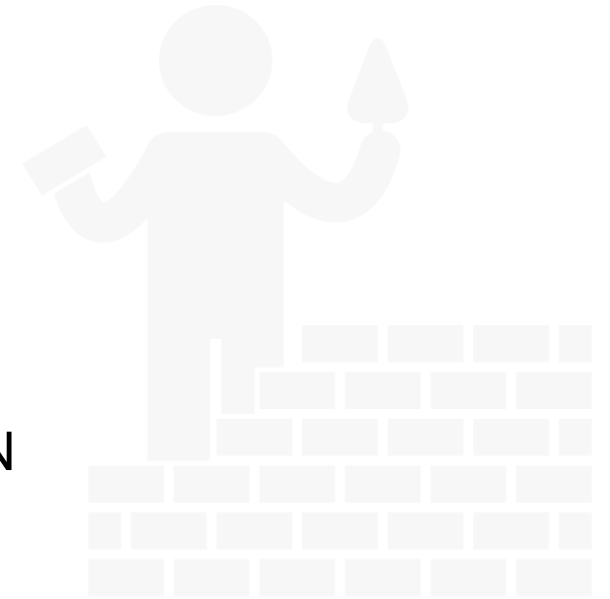


Executives

Who? Chief Nursing Executive and the Chief Nursing Officer Council

What? Final decision-making authority

When? By SBAR memos to CNE and presentations to CNO Council PRN



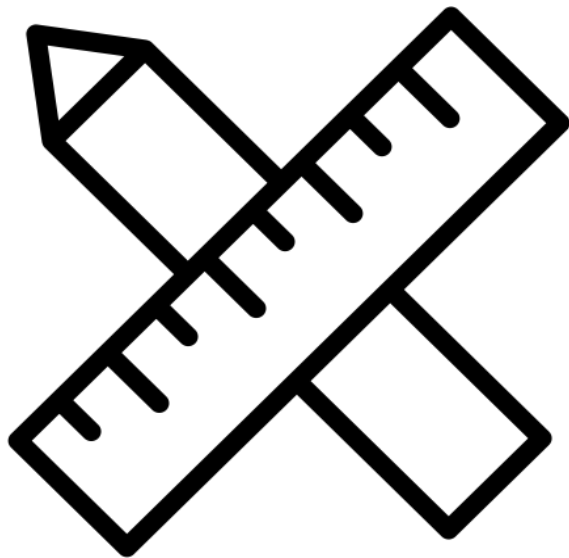


Design Team

Who? Clinical Informaticists and Epic Analysts, with SME support PRN and direction of Senior Director for Clinical Informatics, Alice Pekarek

What? Designs proposals for Epic build solutions

When? Collaboration through frequent small group meetings scheduled PRN





Build Team

Who? Epic Analysts under direction of Epic Architect, Sandra Koehler

What? Builds approved proposals, solicits feedback for finalization

When? PRN



Chair

Who? Bonnie Adrian

What? Coordinates it all

When? Daily

