Above all else, we are committed to the care and improvement of human life.

Evidence-based Clinical Documentation
HCA Healthcare

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Senior Vice President & Chief Nurse Executive
177 hospitals and 118 surgery centers located in 20 states and the United Kingdom

HCA is one of the nation’s leading providers of healthcare services, comprised of locally managed facilities that include 177 hospitals and 119 freestanding surgery centers in 20 states and the United Kingdom.

“Above all else, we are committed to the care and improvement of human life.”
Evidence-Based Clinical Documentation (EBCD)

Our Vision

Create a patient centric record:

• To guide and inform the provision of safe, effective and efficient care
• To support interdisciplinary care
• To produce data to improve the care of individual and populations of patients

Our Imperative

The business case:

• Reduce RN time spent on documentation
• Respond to major RN dissatisfaction with documentation burden
• Return RN time to caregiving, improving patient outcomes and RN retention
The Timeline: 2007 to 2018

- Clinical workflow action team by 700 clinicians (2007)
- Content defined by 300 clinicians (2009-2010)
- MT 6.0 Go-Live (2011)
- Epic Go-Live (2013)
- 5.6.6 Meditech Go-Live (Feb 2016)
- Phase I 42 Facilities (Mar 2017)
- Phase II 48 Facilities (Oct 2017)
- Phase III 47 Facilities (Jan 2018)
Project Structure

Roles & Responsibilities:

- Clearly defined
- No overlap
- Mutual respect
Guiding Principles: EBCD Development Process

• Evidence-based vs. consensus-based decision-making
• Small design team, large review group
• Practicing clinicians define content
• Regulatory experts evaluate content for compliance
• Standard taxonomy to allow data re-use
Guiding Principles: EBCD Design

- Focus on the ethical, competent clinician
- Support ideal workflow
- Automate data entry whenever possible
- Share content between clinicians and care areas whenever possible
- Share content between clinicians and care areas whenever possible
- Incorporate decision-support
- Use software as designed
- Strict adherence to Style Guide
Efficiency Benefits of EBCD

Change in documentation time measured on five routines

- Shift Assessment
- Fall Risk Assessment
- Hygiene Care
- Skin Risk Assessment
- Inventory of Belongings

Results from first 11 hospitals

<table>
<thead>
<tr>
<th></th>
<th>ED</th>
<th>Surgical Services</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minutes Saved</td>
<td>26</td>
<td>32</td>
<td>41</td>
</tr>
</tbody>
</table>

MINUTES SAVED PER 12 HOUR SHIFT BY CARE AREA TYPE
Nursing Feedback

“Thank you so much for making my shift much more productive”

“I feel a big weight off my shoulders stressing about data collections, mid day and end of shift notes.”

“I feel like a nurse again, treated like a professional. I am more able to chart real time, doing the little things that before I forgot or just didn’t get to, and that makes me want to go the extra mile.”

“This has truly transformed the way we deliver care”

“I really like how the information flows from unit to unit”

“I am continuing to receive ALL overwhelmingly positive feedback. Even the novice nurses say that EBCD helps them have more time at the bedside and less time in front of a computer, to the point there are sometimes no nurses at the station because they are all in the patient rooms. This has truly transformed the way we deliver care and is the most direct way I have seen HCA support our mission, “Above all else…”
Time-saving design decisions

- Focused plan of care
- Limiting documentation for others
- Removing non-value added content
- Sharing content among care areas
- Six consistent screen designs
- Interoperability to eliminate manual data entry
Vital Sign Interoperability

Before:
2,460 seconds

After:
23 seconds

Data available for clinician use and decision support

Summary of benefits

- 30 minutes less time spent per vital sign rounds
- Consistent 23 seconds to delivery of results
- Data entry errors eliminated
- Real-time decision support enabled
- Over 90% average utilization/unit
Leveraging Standardized Data: Describing the cognitive work of nursing

781 Million
“Action Type” data points

Cognitive work of nursing clearly articulated
- Plan of Care
- Teach
- Manage
- Assess

![Action Types Pie Chart]
- Assess: 62%
- Plan of Care: 7%
- Teach: 0%
- Manage: 1%
- Perform: 10%
- Other: 20%
Leveraging Standardized Data: Patient problems by Unit Type

Most frequent nursing diagnoses varies by type of unit.

<table>
<thead>
<tr>
<th>Med/ Surg</th>
<th>Surgery</th>
<th>Pediatrics</th>
<th>ICU</th>
<th>OB/GYN</th>
</tr>
</thead>
<tbody>
<tr>
<td>18% Physical Regulation</td>
<td>15% Injury</td>
<td>15% Respiration</td>
<td>20% Fluid</td>
<td>38% Physical Regulation</td>
</tr>
<tr>
<td>13% Neurological</td>
<td>13% Physical Regulation</td>
<td>15% Fluid</td>
<td>20% Respiration</td>
<td>9% Respiration</td>
</tr>
<tr>
<td>13% Respiration</td>
<td>11% Skin</td>
<td>13% Physical Regulation</td>
<td>14% Neurological</td>
<td>9% Life Cycle</td>
</tr>
<tr>
<td>10% Skin</td>
<td>10% Respiration</td>
<td>12% Skin</td>
<td>13% Physical Regulation</td>
<td>6% Skin</td>
</tr>
<tr>
<td>9% Fluid</td>
<td>10% Fluid</td>
<td>10% Neurological</td>
<td>8% Skin</td>
<td>5% Urinary</td>
</tr>
</tbody>
</table>

Physical Regulation, Respiration, and Skin are common to all unit types
Leveraging Documentation Data: Nursing Process Level

Key Process Indicators, based on EB nursing practices, data updates daily to support precision targeted performance management.
Holding the Gains

Structure

Corporate Governance Process

Division Practice Council

Facility Practice Council

Process

Does current process match the ideal process?

NO

Redesign process

YES

Does content align with guiding principles and key decisions?

NO

Redesign documentation

YES

NO CHANGE
References
