



Our Journey: Integrating an Essential Data Set into the Acute Documentation Standards for Nursing

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About CST

The Clinical & Systems Transformation (CST) project is a joint initiative of Vancouver Coastal Health, Provincial Health Services Authority and Providence Health Care.

CST is designed to improve the **safety**, **quality** and **consistency** of patient care by transforming health-care delivery processes and systems.



Three Transformations



Clinical

Transforming processes such as work flows, order sets, closed loop medication management



Systems

Moving to an electronic medical record housed by a shared clinical information system (CST Cerner)



Quality Culture

Leveraging the power of our transformed processes and systems to continuously improve the patient and caregiver experience



Major acute sites live with CST Cerner

Whistler Health Care Centre

Squamish General Hospital

Vancouver General Hospital

Richmond Hospital

St. Paul's Hospital

Lions Gate Hospital

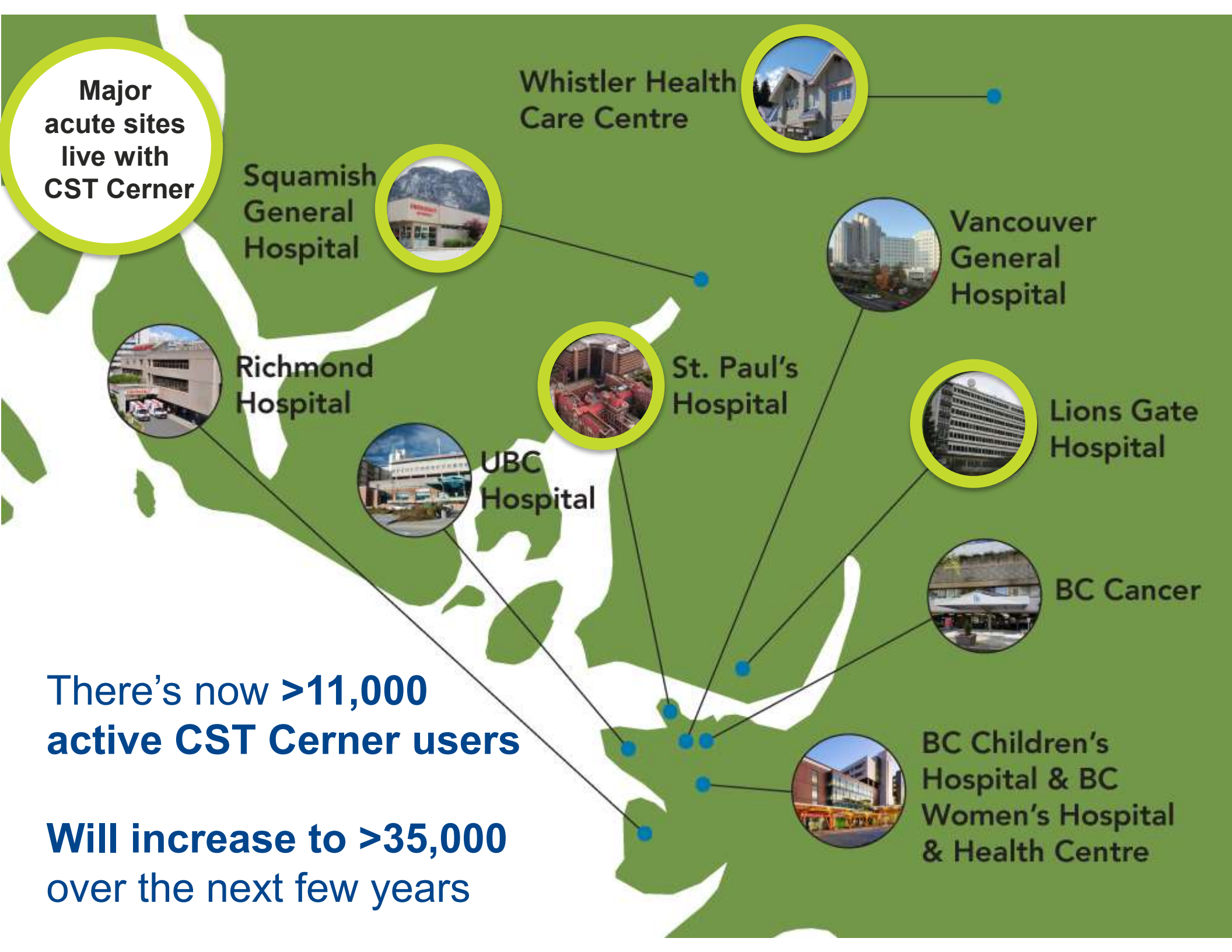
UBC Hospital

BC Cancer

There's now **>11,000** active CST Cerner users

Will increase to >35,000 over the next few years

BC Children's Hospital & BC Women's Hospital & Health Centre



Where did we begin?

....journey back to 2015

Within the CST Project

- Design and Build phase
- Clinical Standardization across 3 organizations
- Nursing admission history and assessment....what was needed?
- Current state was large variation across our organizations

Within the Organizations

- Strategic Priorities & Ministry Mandates:
 - Increasing access / flow
 - Decreasing readmission
 - Expanding Primary & Community Care
 - IM/IT Enabling Strategy: access, quality, standardization and timeliness data
 - Ministry Mandates including 48/6

Seeing the benefit

Champions in our Chief Nursing Officers

Saw the value in:

- Core data elements which were evidence based and patient outcome focussed
- Being able to describe and compare outcomes across settings
- Impacting at multiple levels:
 - Driving better patient care: enhanced clinical decision making and feedback
 - Facilitating operational planning
 - Knowing is our health system performing
- **Endorsement across three organizations – begin with admission....discharge to come**

What it looks like today

Admission Discharge Outcomes Assessment - CSTEICA, TEST

*Performed on: 19-Aug-2020 1223 PDT

ADL Self-Performance

ADL Self-Performance - Assess for performance over full 24-hour periods, considering all occurrences of the activity.

	Independent	Set up help only	Supervision	Limited assist	Extensive assist	Maximal assist	Total dependence	Activity did not occur	Unknown
Bathing									
Personal Hygiene									
Walking									
Toilet Transfer									
Toilet Use									
Bed Mobility									
Dressing									
Eating									

Rows: Terms

Bathing – How takes full-body bath OR shower. Includes how transfers in and out of tub or shower AND how each part of body is bathed: arms, upper and lower legs, chest, abdomen, permeal area (EXCLUDE washing of hair and back)

Personal Hygiene – How manages personal hygiene, including combing hair, brushing teeth, shaving, applying make-up, washing and drying face and hands (EXCLUDE baths and showers)

Walking – How walks between locations on same floor indoors

Toilet Transfer – How moves on and off toilet or commode

Toilet use – How uses the toilet room (or commode, bedpan, urinal), cleanses self after toilet use or incontinent episode(s), changes pad, manages ostomy or catheter, adjusts clothes (EXCLUDE transfer on and off toilet)

Bed Mobility – How moves to and from lying position, turns side to side, and positions body while in bed

Eating – How eats and drinks (regardless of skill). Includes intake of nourishment by other means, e.g. tube feeding, total parenteral nutrition

Bladder Continence

0 = Continent

1 = Control with any catheter or ostomy over last 24 hours

2 = Infrequently incontinent

3 = Frequently incontinent

4 = Incontinent

Did not occur

Unknown

Columns : Scoring

0 = Independent (no assistance, set or supervision in any episode)

1 = Set-up help only (article or device provided or placed within reach but no supervision or physical assistance required)

2 = Supervision (oversight/cueing on 3 or more occurrences OR oversight/cueing on 1 or more occurrence and physical assistance 1-2 times)

3 = Limited assistance (guided maneuvering of limbs 3+ times or combination of guided maneuvering and more help 1-2 times)

4 = Extensive assistance (weight bearing support 3+ times by 1 helper or where person still performs 50% or more of subtasks)

5 = Maximal assistance (weight bearing support 3+ times by 2+ helpers or weight bearing support for more than 50% of subtasks)

6 = Total dependence (full performance by others during entire period)

0 = Activity did not occur (during entire period)

0 = Unknown

0 = Continent - Complete control; DOES NOT USE any type of catheter or other urinary collection device.

1 = Control with any catheter or ostomy over last 24 hours

2 = Infrequently incontinent - Not incontinent over 24 hours, but does have incontinent episodes

3 = Frequently incontinent - had incontinent episode(s), but some control present

4 = Incontinent - No control present

Did not occur = No urine output from bladder in last 24 hours

What it looks like today

Admission Discharge Outcomes Assessment - CSTEICA, TEST

*Performed on: 19-Aug-2020 1223 PDT

ADL Self-Performance

Symptom

Safety

Therapeutic Self-Care

Symptom

Pain Frequency

0 = No pain

1 = Present but not exhibited in last 24 hours

2 = Exhibited in last 24 hours

Unknown

Pain Intensity

10 = Worst possible pain

9

8

7

6

5 = Moderate pain

4

3

2

1

0 = No pain

Dyspnea

0 = Absence of symptom

1 = Absent at rest, but present when performed moderate activities

2 = Absent at rest, but present when performed normal day-to-day activities

3 = Present at rest

Unknown

Fatigue

0 = None

1 = Minimal

2 = Moderate

3 = Severe

4 = Unable to commence any normal day-to-day activities

Unknown

1 = Minimal - Diminished energy but completes normal day-to-day activities

2 = Moderate - Due to diminished energy, UNABLE TO FINISH normal day-to-day activities

3 = Severe - Due to diminished energy, UNABLE TO START SOME normal day-to-day activities

4 = Unable to commence any normal day-to-day activities due to diminished energy

Nausea

0 = No nausea

1 = Mild nausea

2 = Moderate nausea

3 = Severe nausea

4 = Incapacitating

Unknown

1 = Mild nausea - occasionally experienced but does not interfere with eating and/or activities

2 = Moderate nausea - interferes somewhat with eating and/or some activities most days

3 = Severe nausea - interferes daily with eating and/or activities

4 = Incapacitating - remains in bed part of each day due to nausea and interferes with eating and activities

What it looks like today

Admission Discharge Outcomes Assessment - CSTEICA, TEST

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ADL Self-Performance
Symptom
Safety
Therapeutic Self-Care

Safety

Most Severe Pressure Ulcer

- 0 = No pressure ulcer
- 1 = Any area of persistent skin redness
- 2 = Partial loss of skin layers
- 3 = Deep craters in skin
- 4 = Breaks in skin exposing muscle or bone
- 5 = Not codeable, e.g., necrotic eschar predominant
- Unknown

Falls

- 0 = No fall in last 90 days
- 1 = No fall in last 30 days, but fell 31-90 days ago
- 2 = One fall in last 30 days
- 3 = Two or more falls in last 30 days
- Unknown

What it looks like today

Admission Discharge Outcomes Assessment - CSTEICA, TEST

*Performed on: 19-Aug-2020 1223 PDT

ADL Self-Performance
Symptom
Safety
Therapeutic Self-Care

Therapeutic Self-Care

1. Do you know what medication you have to take?
 0 = Not at all 1 = Somewhat 2 = Very much Not applicable Unknown
2. Do you understand the purpose of the medication prescribed to you (that is, you know what the medications do for your health condition)?
 0 = Not at all 1 = Somewhat 2 = Very much Not applicable Unknown
3. Are you able to take the medications as prescribed?
 0 = Not at all 1 = Somewhat 2 = Very much Not applicable Unknown
4. Can you recognize changes in your body (symptoms) that are related to your illness or health condition?
 0 = Not at all 1 = Somewhat 2 = Very much Not applicable Unknown
5. Are you able to carry out the treatments or activities that you have been taught to manage these changes in your body (symptoms)?
 0 = Not at all 1 = Somewhat 2 = Very much Not applicable Unknown
6. Are you able to perform regular activities (such as bathing, shopping, preparing meals, visiting with friends)?
 0 = Not at all 1 = Somewhat 2 = Very much Not applicable Unknown
7. Do you know whom to contact to get help in carrying out your daily activities?
 0 = Not at all 1 = Somewhat 2 = Very much Not applicable Unknown
8. Do you know whom to contact in case of a medical emergency?
 0 = Not at all 1 = Somewhat 2 = Very much Not applicable Unknown

Next Steps

Where to from here?

Before we turn attention to implementation at discharge....

- How is this currently driving decision making and care planning?
- How well is this embedded into current practice?
- Further streamlining of documentation / workflow?

Thank you to my colleagues for their thoughts
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