Integrating Nursing Sensitive Patient Outcomes into the Electronic Health Record Acute Care (C-HOBIC)

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Presentation Objectives

- Review of Patient Outcome Measures (C-HOBIC)
- Pilot implementation as improvement project
- Provincial integration of C-HOBIC in Acute Care
- Information available to nursing staff for patient Care Plan development.
- Audit data available to patient care units
- Sustaining the change - next steps

Canadian Health Outcomes for Better Information and Care (C-HOBIC)

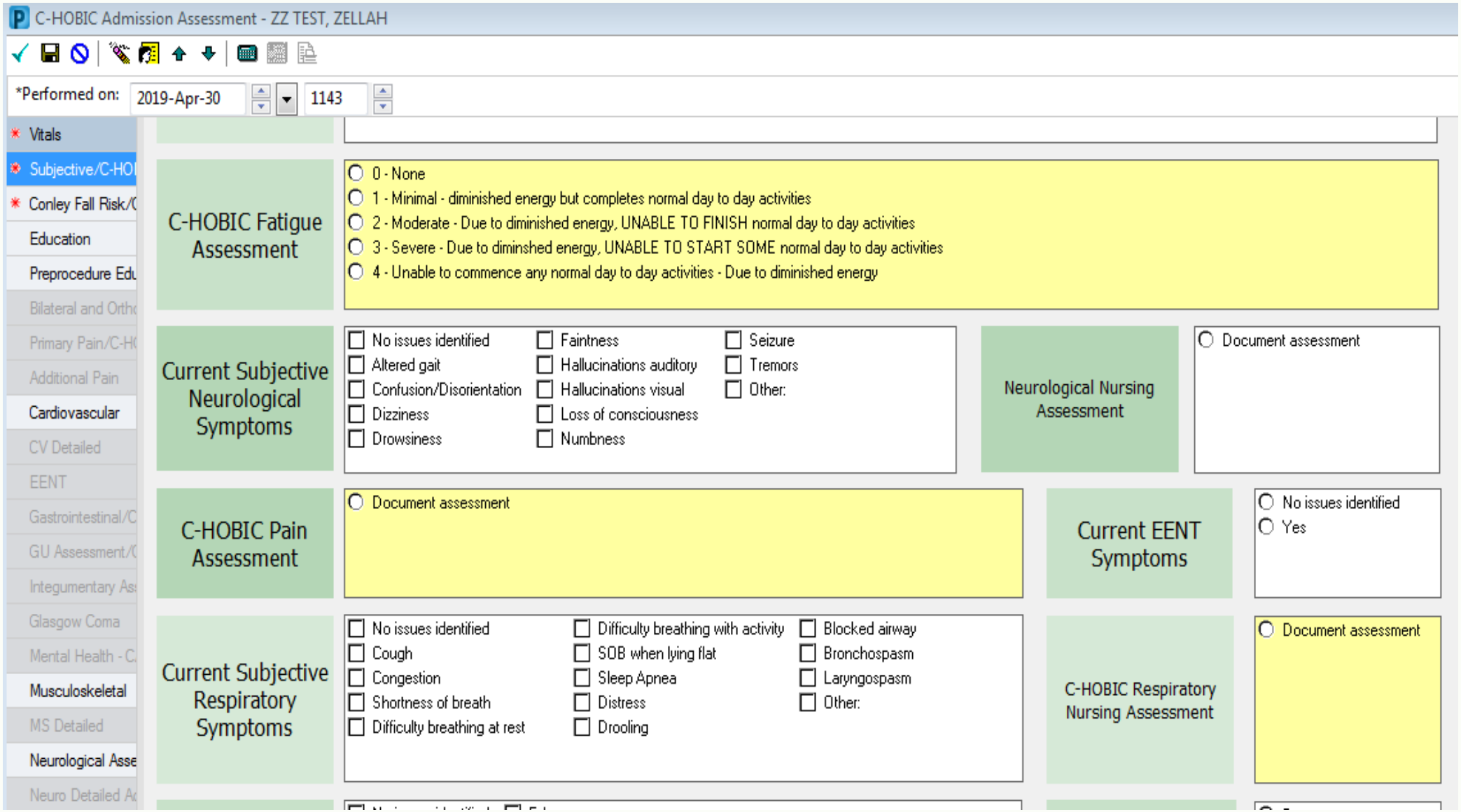
- Patient assessment that provides a systematic, structured language to patient assessments & documentation in acute care, complex continuing, long-term care & home care settings for nursing sensitive outcomes.
- Definition, valid and reliable measurements & evidence linking them to nursing interventions.
  - functional status (ADL's)
  - symptom management (pain, nausea, fatigue, dyspnea)
  - safety (falls, pressure ulcers)
  - therapeutic self-care (readiness for discharge)
- Acute Care assessment on admission & discharge

Relevance for Health PEI

- Patient outcome data on nursing sensitive outcomes is not being measured in a useful, standardized manner.
- C-HOBIC is designed to assist nurses and other health care providers to plan and evaluate patient care.
- Improve patient outcomes by focusing on providing care according to C-HOBIC assessment and coordinating the resources that are required
- Therapeutic self-care assessment allows nurses to determine the necessary care, supports needed and education necessary to prepare for successful discharge from hospital.
- Pilot project implemented on two acute care units.

Integration of C-HOBIC Provincially

- Pilot implementation was completed and data collected was valued by pilot units.
- Health PEI Leadership (Executive and Nursing) supported integrating C-HOBIC provincially across acute care.
- Steering Committee supported integration for all acute care.
- New build developed & approved for Provincial Clinical Information System in acute care.
  - Should we ‘require’ C-HOBIC documentation?
  - How should admission assessment be integrated?
  - Should all patient care populations within acute care be included?


C-HOBIC Admission Assessment - ZZ TEST, ZELLAH
*Performed on: 2019-Apr-30 1143
Vitals
Subjective/C-HO
Conley Fall Risk/
Education
Preprocedure Edu
Bilateral and Orth
Primary Pain/C-H
Additional Pain
Cardiovascular
CV Detailed
EENT
Gastrointestinal/C
GU Assessment/
Integumentary As
Glasgow Coma
Mental Health - C
Musculoskeletal
MS Detailed
Neurological Asse
Neuro Detailed A
C-HOBIC Fatigue Assessment
0 - None
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 diminshed energy, UNABLE TO START SOME normal day to day activities
4 - Unable to commence any normal day to day activities - Due to diminished energy
Current Subjective Neurological Symptoms
No issues identified
Altered gait
Confusion/Disorientation
Dizziness
Drowsiness
Faintness
Hallucinations auditory
Hallucinations visual
Loss of consciousness
Numbness
Seizure
Tremors
Other:
Neurological Nursing Assessment
Document assessment
C-HOBIC Pain Assessment
Document assessment
Current EENT Symptoms
No issues identified
Yes
Current Subjective Respiratory Symptoms
No issues identified
Cough
Congestion
Shortness of breath
Difficulty breathing at rest
Difficulty breathing with activity
SOB when lying flat
Sleep Apnea
Distress
Drooling
Blocked airway
Bronchospasm
Laryngospasm
Other:
C-HOBIC Respiratory Nursing Assessment
Document assessment

C-HOBIC Assess
C-HOBIC Therape

C-HOBIC Assessment

C-HOBIC Pain

- 0 - No pain
- 1 - Present but not exhibited in the last 24 hrs
- 2 - Exhibited in last 24 hrs

C-HOBIC Fatigue

- 0 - None
- 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 diminshed energy, UNABLE TO START SOME normal day to day activities
- 4 - Unable to commence any normal day to day activities - Due to diminished energy

C-HOBIC 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

C-HOBIC Nausea

- 0 - No Nausea
- 1 - Mild nausea - Occasionally experienced but does not interfere with eating and/or activities
- 2 - Moderate nausea - Interferes somewhat with eating and/or activities
- 3 - Severe nausea - Interferes daily with eating and/or activities
- 4 - Incapacitating - Remains in bed part of day due to nausea and interferes with eating and activities

C-HOBIC Most Severe Pressure Injury

- 0 - No pressure injury
- 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 example - necrotic eschar predominant

C-HOBIC 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

C-HOBIC Bladder Continence

- 0 - Continent
- 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
- 8 - Did not occur - No urine output form bladder in last 24 hours

C-HOBIC Safety Score

C-HOBIC Symptom Score

C-HOBIC Therapeutic Self Care Assessment

- Document assessment
- Long term care

C-HOBIC Therapeutic Self Care Assessment

Therapeutic Self Care - C-HOBIC

1. Do you know what medications you were taking at home, before you came to the hospital?

○ 0 - Not at all ○ 1 - Somewhat ○ 2 - Very Much ○ 8 - Unable to Assess ○ 9 - Not Applicable

2. Do you know why you are taking your medications?

○ 0 - Not at all ○ 1 - Somewhat ○ 2 - Very Much ○ 8 - Unable to Assess ○ 9 - Not Applicable

3. Did you take your medications (pills, drops, creams) as ordered by the doctor?

○ 0 - Not at all ○ 1 - Somewhat ○ 2 - Very Much ○ 8 - Unable to Assess ○ 9 - Not Applicable

4. Were you able to notice symptoms (changes in your body) related to your health? Examples of symptoms:pain, feeling tired, dizzy.

○ 0 - Not at all ○ 1 - Somewhat ○ 2 - Very Much ○ 8 - Unable to Assess ○ 9 - Not Applicable

5. Were you able to carry out treatments to manage your symptoms (changes in your body)? Examples of treatments: massage painful areas, work at my pace if tired; breathing exercises for shortness of breath.

○ 0 - Not at all ○ 1 - Somewhat ○ 2 - Very Much ○ 8 - Unable to Assess ○ 9 - Not Applicable

6. Were you able to do your everyday things like bathing, shopping, preparing meals?

○ 0 - Not at all ○ 1 - Somewhat ○ 2 - Very Much ○ 8 - Unable to Assess ○ 9 - Not Applicable

7. Did you have someone to call if you need help to do everyday things like bathing, shopping, preparing meals?

○ 0 - Not at all ○ 1 - Somewhat ○ 2 - Very Much ○ Unable to Assess ○ Not Applicable

8. Did you know who to call in case of medical emergency?

○ 0 - Not at all ○ 1 - Somewhat ○ 2 - Very Much ○ Unable to Assess ○ Not Applicable

Therapeutic Self Care

Information Provided By

○ Patient ○ Both
○ Family/caregiver

Care Plan Version 2

C-HOBIC Assessment Results

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Nausea:              3 - Severe nausea - Interferes daily with eating and/or acti
Pain Symptoms:       2 -  Exhibited in last 24 hrs
Ulcer:               2 - Partial loss of skin layers
Fatigue:             1 - Minimal - diminished energy but completes normal day to
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Problem #1	Planned Interventions #1	Outcomes #1
Jan 20 Pain related to post - op incicion	1. Educacte re pain scale & prn medications 2. Assess pain regular intervals 3. Adminster meds as per pain assessments 4. Mobilize to resolve pain	Jan 20.Patient understands pain scale and meds actions

Problem #2	Planned Interventions #2	Outcomes # 2
Jan 20 Pressure injury to coccyx	1. Educate re pressure injury , reposition , nutrition 2.Reposition q2hr & prn 3. Off load pressure areas 4. Consult dietian & NSWOC/ order sent Jan 20	Jan.20 Continue to reinforce need for repostion & high protein diet Jan21 Seen by NSWOC nurse. Review recommendations.

Should all patient care populations within acute care be included?

YES:

- All Adult Medical and Surgical Patients (including in Emergency departments)
- Intensive Care Patients

NO:

- Pediatric Patients
- Obstetric and Neonate Patients
- Rehabilitation Patients

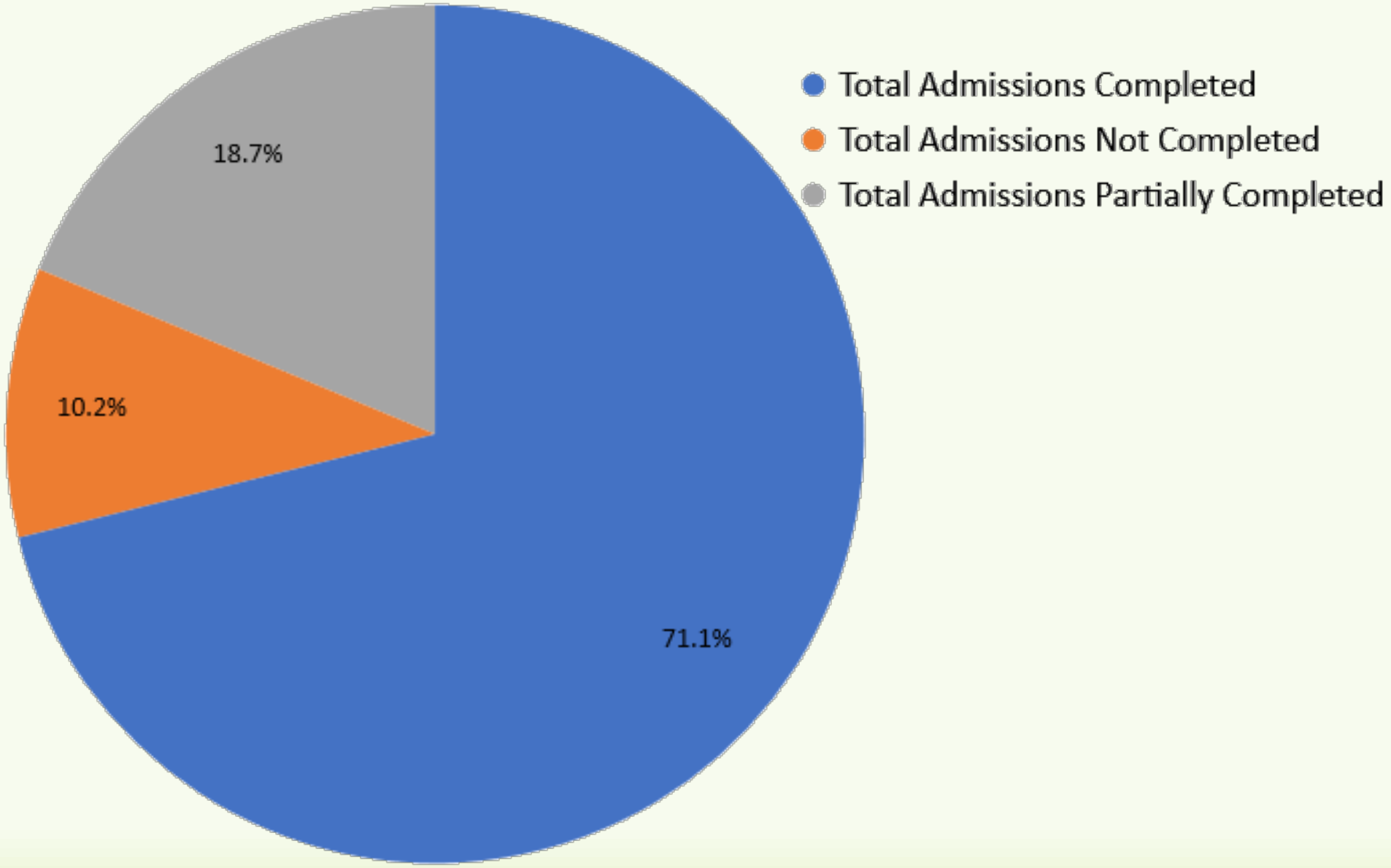
Challenges & Opportunities

- Some units admit but transfer to another unit versus discharge
- Standardized education materials developed
- Train the Trainor sessions held
- Nursing Student(s) assistance with providing education
- Go live February 25th 2020

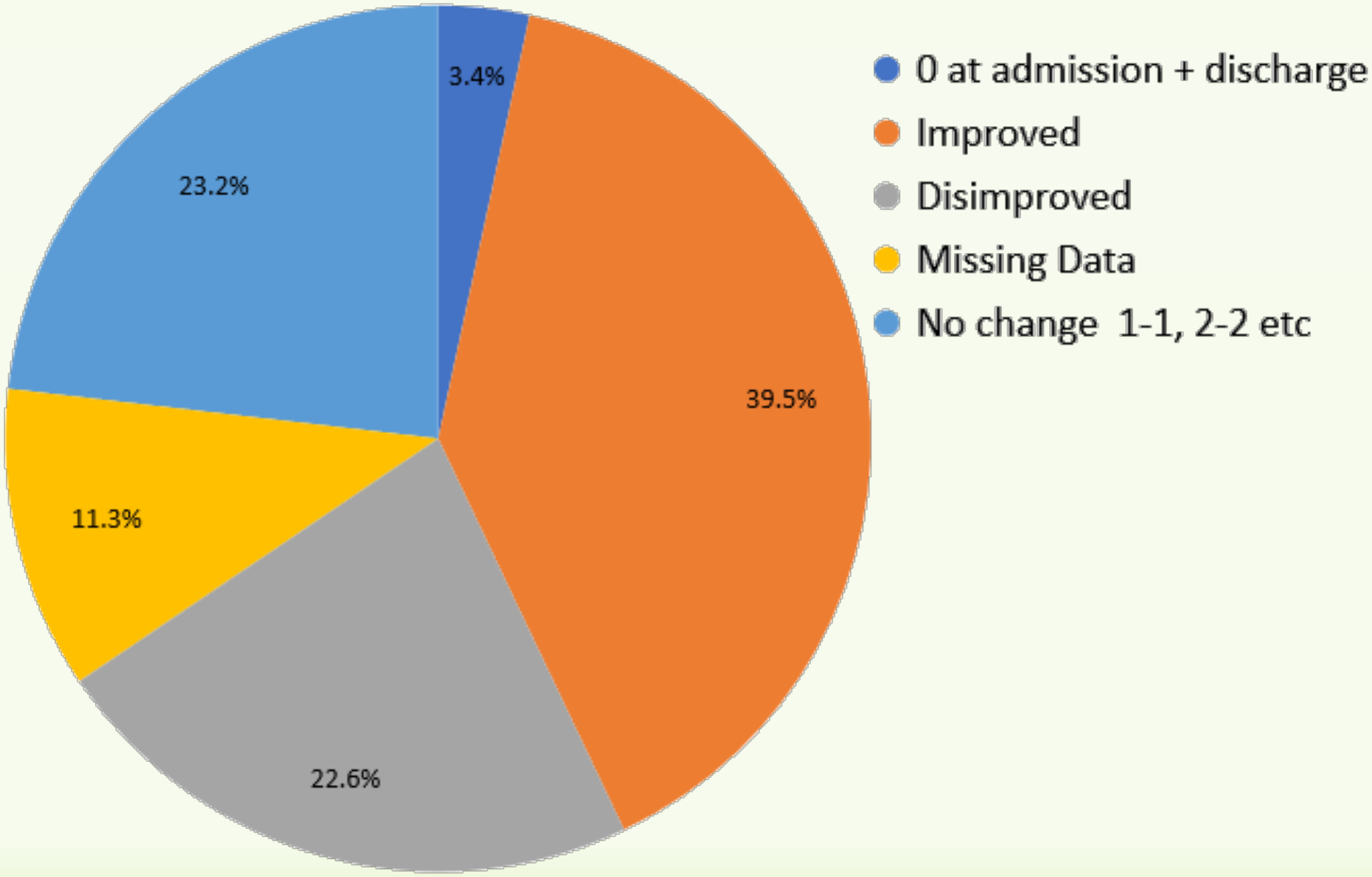
Reporting Results

- Two reports built and expanded from pilot to all acute units
  - Compliance Report (documentation completed)
  - Patient Outcome measures Report (admission & discharge comparison)

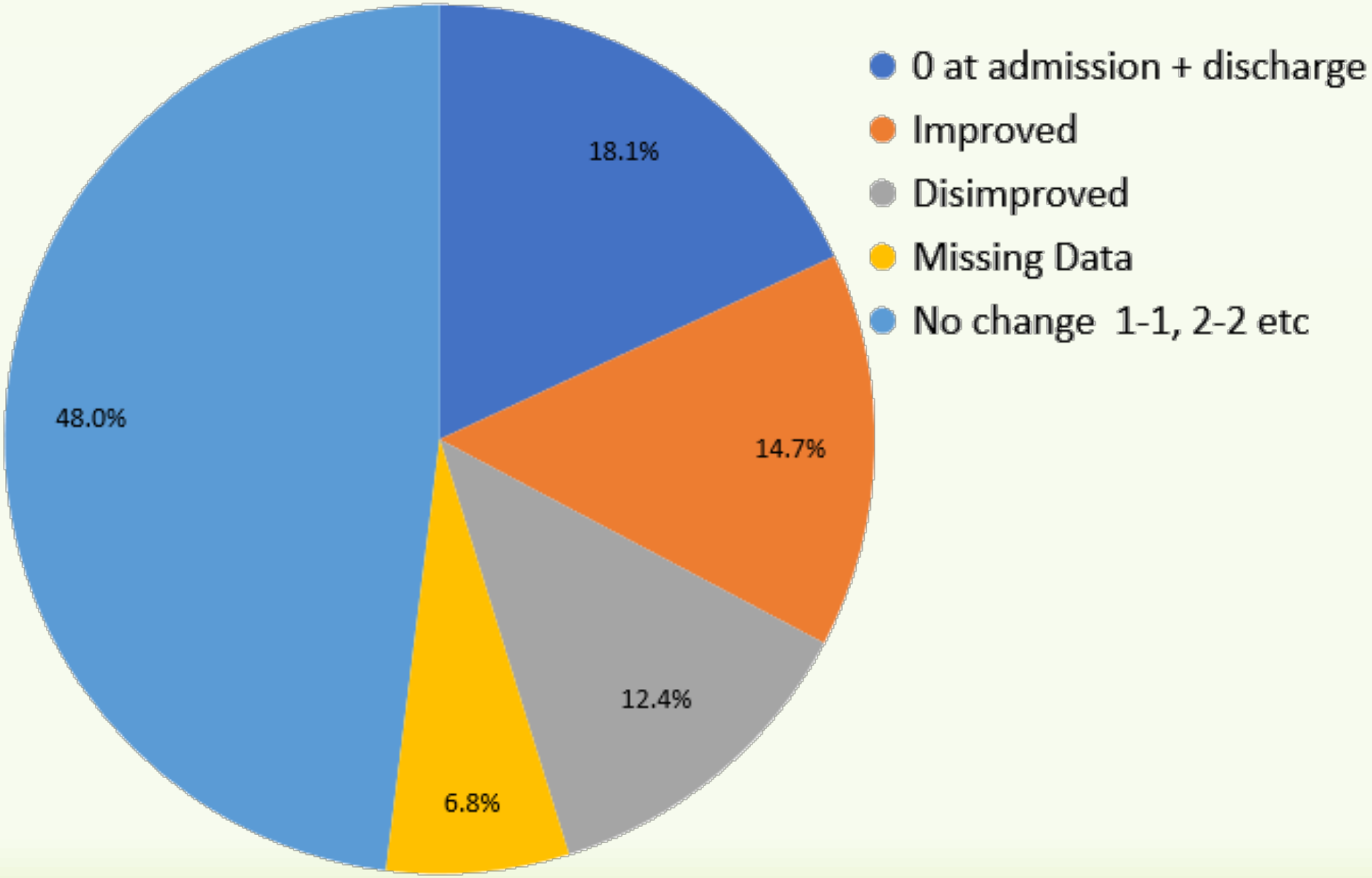
Admissions Completed (Feb-May 2020)



Symptom Management Score



Symptom Management: Pain



Nursing Workload on Unit A
Therapeutic Self Care (Discharge Home)

- **%** of patients without knowledge of which medications they are taking at home.
- **%** of patients needing education on why they were taking their home medications.
- **%** of patients who are not taking their medications as ordered.

Patient Outcome Improvement

- Monitor the % of improvement between admission and discharge over a period of time?
- Monitor the % of patients that came in with an issue and left with the same issue unresolved?
- Monitor a specific measurement to complete a unit or facility level quality improvement project – OR provincial project if a systemic issue is identified?

Sustaining the Change - Next Steps

- Awaiting validation of Compliance Report
- Release the audit to the individual nurse managers for sharing with staff.
- Audit usage of C-HOBIC admission information in Nursing Care Plans
- Seek feedback about what is working well, what further improvements can be made
- Begin to monitor data regularly (i.e. monthly/quarterly)

Thank you and Questions

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