

Collaboration for Clinical Effectiveness

Andrea Segura, RN, MSN, CNAA BC
Director Nursing Practice and Operations
John Muir Medical Center, Walnut Creek



Objectives

- Describe the benefit of collaborative goal and priority setting between the nurse informaticists and patient care team.
- State two opportunities in your organization to support patient care team with data to measure quality outcomes.

Organization Description

- **San Francisco East Bay**
- **324 Bed Community Tertiary Referral Center**
- **Centers of Excellence**
 - **Neurosurgery and Trauma Center**
 - **Orthopedics**
 - **Women's and Children's**
 - **Oncology**
 - **Cardiac**
- **Two hospital system**



Organization Description

- **Magnet Recognition 2008 by ANCC**
- **TCAB Organization, 2008 AONE/IHI**
- **U.S News & World Report Best Hospital Orthopedics and GI Disorders 2007**
- **Top 5% HealthGrades 2007**
- **Silver Annual Achievement Award American Stroke Association's "Get With the Guidelines" 2007**
- **Top Consumer Choice Award Quality and Image Oakland/East Bay community National Research Corporation survey**
- **Voluntary Hospitals of America (VHA) Awards**

Clinical Information Systems

- All clinical departments are computerized
- McKesson primary vendor
- Nursing
 - Wireless carts and bedside computers
 - Hand held devices for bar coding and medication administration
 - OB and ED stand alone systems
 - eICU with VISICU
 - 1300 RN users
- Physician portal, CPOE planning underway

Nursing Culture

- Shared governance, shared decision-making
- Professional Nursing Practice Model
- Nursing Strategic Plan aligned with organization
- Nursing Vision focuses on evidence-based practice and positive patient outcomes
- Nursing excellence “our way of doing business” outcome of Magnet journey
- Strong interdisciplinary relationships



What does collaboration look like?



Definitions

Collaborate: to labor together; to work jointly with others or together especially in an intellectual endeavor.

Effective: producing a decided, decisive or desired effect.

Merriam Webster, 1990

Challenges to collaboration

- Are we talking the same language?
- Where's the perfect CIS we heard about?
- Are CIO and CNO supporting joint vision for CIS? Resources available?
- Do we have strong working relationships at all levels of nursing and CIS to achieve our nursing vision?
- How best to focus on high stakes initiatives and nurse buy-in in the midst of competing demands?

Opportunity

Develop joint leadership of nursing information system.

Define method of priority setting in a high demand scenario.

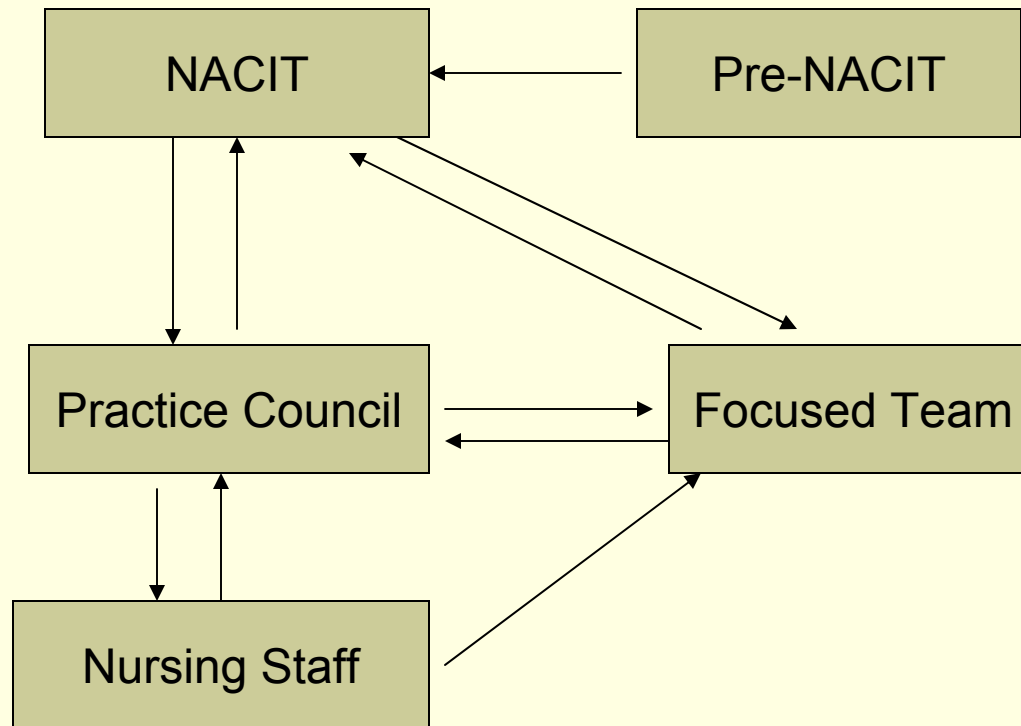
Maximize the talents of nurse informaticists.

Utilize the expertise of direct care nurse in decision-making about CIS and workflow.

CIS support for data to measure outcomes.

Engage vendor in “real life” user challenges.

Structure



Nursing Advisory Committee for IT (NACIT)

- All stakeholders represented
 - Nursing, CIS, Pharmacy, Technical Support
 - Vendor
- Co-Chaired by CIO and Nursing Director
- Charter:
 - Joint Priority Setting
 - Change management
 - Open channels of communication for productive problem solving
 - Support for best practice environment

NACIT members play well together!



Practice Council

- Nursing service representation and Nurse Analysts
- Address workflow issues
- Approve CIS Change requests/screen changes
- Joint problem solving
- Identify issues for NACIT review



Focused Teams

- Care planning from scratch
- Rehab Nursing Screens
- CPOE
- “Conversion” to best practice using one CIS cross campus

Pre-NACIT meetings for leadership

- CIO, CNO, Director CIS, Director Nursing Practice/Ops
- Discuss strategies and issues at the Big Picture level
- Identify those issue that need additional resources
- Requests for additional vendor involvement

Process

- Issue with Hand Held Device performance
 - Identified at Practice Council related to battery charge and freezing
 - Referred to NACIT, deemed high priority
 - Vendor agrees to study and monitor performance
 - Tech support does nightly rounds
 - Generates daily report to CIS and Nursing Leadership
 - Nurses engaged in “charge plan”

Outcomes

- Vendor upgrade to device to show charge level
- Monitoring identified need for additional server
- Dedicated IP address to avoid overload of hardware
- Ongoing daily rounding and reports to leadership
- Nurse feedback positive and support “charge plan”

Nurses are more satisfied with CIS



Outcomes

- Need for 24/7 onsite nursing support
- Improve super user training and role definition
- Agreement on sequencing of request
- Partnering with nurse analyst and nursing staff to achieve best practices for documentation
- Optimization consultant study completed
- All parties “heard” at the table

Support for quality outcomes

Vision for positive patient outcomes supported by data that yields information on nurse performance.

CIS plays a key role in providing the data.

Added partner of Quality Management IS

Support for quality outcomes

How do we achieve the best outcomes on nurse-sensitive indicators?

- Restraint use
- Pressure Ulcer prevention
- Fall prevention
- Bar coding
- VAP Bundle
- Medication Reconciliation

Strong support for quality outcomes



Support for quality outcomes

- Professional role of the nurse accountable for nursing care provided to licensure
- Objective data to measure performance on nurse-sensitive indicators
- Objective data to measure change adoption
- Care alerts

Contact Information

Andrea Segura, Director Nursing Practice and Operations, Andrea.segura@johnmuirhealth.com

Penny Wilson, Director Clinical Information Systems, Penny.wilson@johnmuirhealth.com

Bev Jones, Sr. VP Patient Care Services
Bev.jones@johnmuirhealth.com

Eric Saff, CIO
Eric.saff@johnmuirhealth.com

