

Nurses transforming the EHR



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Health IT for nursing: What now?

By Kelly Cochran, MS, RN; Rebecca Freeman, PhD, RN, PMP; Elizabeth Moore, MFA

The American Nurses Association (ANA) defines the nursing process as “the common thread uniting different types of nurses who work in varied areas—the essential core of practice for the registered nurse to deliver holistic, patient-focused care.” If the nursing process is the thread, the selection of efficient, high-value documentation elements and use of standard data and terminologies represent the needle that weaves health data into a patient story that is shareable and comparable across healthcare systems.

ANA, a long-standing proponent for standardized nursing data capture, is committed to advocating for high-performing clinical information systems centered on the healthcare consumer. Optimization of clinical documentation provides the ability to efficiently tell the patient’s story and provide more time for direct patient care that supports evidence-based treatment and improved outcomes.

In 2017, ANA and Rebecca Freeman, PhD, RN, PMP, former chief nursing officer, Office of the National Coordinator for Health Information Technology (ONC), collaborated to discuss recurring themes: documentation burden and standardization; the longitudinal, person-centered care plan; and a unique clinician identifier to demonstrate the value and contributions of nursing care. Stakeholder observations noted excessive data elements that are not reusable or interoperable, a lack of documentation standards, and care planning that



doesn’t easily translate across settings or disciplines.

To coordinate efforts to help achieve forward movement in these areas, ANA and ONC held a stakeholder meeting in September 2017 to share knowledge, explore recommendations, and encourage feedback to develop next steps. The collaboration has continued through virtual workgroup discussions regarding functional and process-related requirements, technical requirements, policy and regulatory implications, and research/evidence-based recommendations.

ANA’s 2018 Year of Advocacy highlights members advocating for patients and the profession. In observance of United States National Health Information Technology Week (October 8-12), here we share stories from some of the ANA/ONC collaboration’s nurse leaders who are advocating for improved nursing documentation in the electronic health record (EHR). We hope the stories will inspire advocacy for an optimization journey that improves nursing documentation and encourages collaboration with stakeholders including ANA to share successes and lessons learned.

Big data: capturing nurse impact

Since the first Nursing Knowledge: Big Data Science Conference in 2013, nursing informatics experts have been working to refine the electronic health record (EHR) so that it demonstrates the value of individual nurses. Sharing data is the key, according to conference co-leader Bonnie Westra, PhD, RN, FAAN, FACMI.

Westra and her research team developed 10 data models based on flowsheet data from one healthcare organization, then compared it with collected flowsheet data from other organizations. From that analysis, Westra and her colleagues came up with a core set of values to recommend for inclusion in the EHR.



Bonnie Westra

“We are looking at ways to reduce the burden of documentation,” said Westra, associate professor at the University of Minnesota School of Nursing, “and figure out the essential data we would want to be collected to support quality care.”

Westra, an ANA and Arizona Nurses Association member, and her colleagues discovered that common data models have not accurately captured nurse assessments and interventions. “A lot of funded studies represent patient demographics, medical diagnoses, and procedures, but don’t represent the actions that nurses take,” she said.

It’s this shortcoming that Westra wants the big data science initiative to address. The conference’s 10 working groups are taking on the challenge by focusing on areas like care coordination, encoding and modeling, health IT policy, and mobile health for nurses. The initiative is working with ANA to promote the use of recognized terminologies supporting nursing practice in health IT, which will help reduce the documentation burden for nurses and other healthcare providers.

The core aim of the initiative is to have systems that support the nursing process, rather than nurses supporting systems. “We haven’t gotten to the point yet where we’ve changed public policy,” Westra said, “but we’re working on it.”

Telling the patient story

ANA's recent collaboration with the ONC on nursing documentation began with convening nurse leaders in September 2017, and continuing with two virtual EHR work groups: one on the documentation burden and standardization and the other on care plans. The aim is to integrate best practices and methods, possibly elevating those to the national level.

"Current e-care plan documentation is often focused on the collection and sharing of clinical information, but the capture and sharing of nonclinical information, such as social determinants of health, is less common yet essential to providing quality care," explained Elizabeth Palena Hall, MIS, MBA, RN, the long-term and post-acute care coordinator in the Office of Policy at the ONC. "The e-care plan should follow the patient across the lifespan, not just in disaster or recovery," said Hall. To that end, Hall said that everyone on the care team should have the ability to include information in the EHR that identifies their role in patient care as well as the patient's health goals in his or her own words.

The ONC has been in discussions with EHR vendors about capturing care plan data. "As these e-care



Elizabeth Palena Hall

plans are being developed, it's important to consider health IT care plan standards, and understand how integration of these standards can support and impact workflows," Hall said.

Industry is just beginning to gain experience around e-care plans, so it's crucial right now to get input from across the interdisciplinary patient care team on how to evolve these tools and underlying standards, said Hall, adding that "optimizing clinical documentation provides a way to effectively tell the patient story, which leaves more room for providing care."



Is it worth taking time from direct patient care?

During her time as chief nursing informatics officer at the Bon Secours Health System, Patricia Sengstack, DNP, RN-BC, FAAN, began her work on streamlining the EHR to improve the nursing admission assessment. Nurses constantly complained that it was taking them too long to complete and that it contained fields that had no impact on patient care. Sengstack's graduate student helped with an analysis and found that the EHR required 593 clicks to complete all the fields. "I think we can do better and give our nurses time back with their patients," Sengstack said.



Patricia Sengstack

When she left Bon Secours to teach at Vanderbilt University, Sengstack continued her work to reduce the clinical documentation burden for nurses. Her doctoral student at a hospital in Washington State used a decision support tool started at Bon Secours to assess the value of data elements in an admission assessment. A total of 127 assessment elements were reviewed using a set of 10 criteria to determine the item's value. Forty items (31%) were deemed to have low value with most of them documented elsewhere

in the record. "Removing these items is just the beginning of the tedious process we'll all need to go through as we clean up our EHRs and standardize nursing documentation to improve efficiency and ensure the ability to share data," Sengstack said.

Sengstack, in her current role as nursing informatics executive, recently worked with a group of nursing leaders at Vanderbilt University Medical Center to develop guiding principles for adding new items to the record. These principles provide guidance to the team now responsible as the "click-gatekeepers" when requests are made to add more documentation for nurses to complete. These principles also support standardization, workflow support, and overall value.

Sengstack believes it will take persistence and perseverance to roll out documentation improvements, along with national efforts such as this ANA/ONC collaborative.

— Kelly Cochran is assistant director of policy at ANA. Rebecca Freeman is interim chief nursing informatics officer at the University of Vermont Health Network. The authors acknowledge Marisa Cox and the ANA and ONC Documentation Burden/Standardization and Care Planning Virtual Work Group for their contributions to this work.

— Elizabeth Moore is a writer at ANA.

Developing evidence-based clinical documentation at HCA Healthcare

By Jane Englebright, PhD, RN, CENP, FAAN

HCA Healthcare, composed of 178 hospitals and 1,800 sites of care in 20 states and the United Kingdom, provides over 28 million patient encounters per year. This care is driven by more than 87,000 HCA-affiliated nurses. The voice of nursing is elevated throughout the organization through the CNO Council.



Jane Englebright

Through a survey of more than 800 nurses, the CNO Council identified reduction in documentation as a key need for advancing nursing practice in HCA hospitals. This would require a complete rebuild of nursing documentation in the electronic health record (EHR). The Council, which served as the steering committee for the multi-year effort, established the vision, objectives, and guiding principles for the project. Members also served as the arbiter of any conflicts or disputes.

Evidenced-based clinical documentation (EBCD) is a complete rebuild of nursing and respiratory therapy documentation after 15 years of using the same EHR vendor. This was a comprehensive effort that required defining ideal workflows and associated data flows, identifying documentation elements and mapping to a standard nursing taxonomy, and application of advanced informatics techniques to streamline and align documentation to workflow and bring decision support to the clinician.



The vision for EBCD was to create a patient-centric record that guides and informs the provision of safe, effective and efficient care by the interdisciplinary team and produces data to evaluate care of individual and populations of patients. While reducing the overall documentation burden, this project also would create shareable, comparable data that could be used to drive improvements in patient care.

EBCD was designed for nursing and respiratory staff end-users in inpatient, emergency department, surgical services, behavioral health nursing, and respiratory therapy across 170 hospitals. In addition to the optimized documentation screens, end-users had access to education and training. The entire project was overseen by a governance model with change management and operational maintenance plans.

An undertaking of this magnitude does not happen overnight or without careful planning. Through our experience, we identified the following recommendations and lessons learned:

- 1. Executive sponsorship is critical.** Leaders at all levels of the organization were expected to adopt an ownership mentality for this project, from managing change requests to gauging impact to providing support and resources for any issues or concerns.
- 2. Documentation must be built to support ideal, not real, workflows.** Each facility and unit had unique workflows. Consensus based on these real workflows would have been nearly impossible. However, we found that clinicians quickly came to consensus regarding ideal workflows, which were used as the basis of this project.
- 3. Project roles must be clearly assigned.** Each contributor had a specific role in this project. Clinical content was provided by practicing clinicians, informatics strategies were provided by informaticists, regulatory review was provided by regulatory experts, and executive oversight was provided by the steering committee.
- 4. Establish guiding principles that reflect goals and values.** These guiding principles form the foundation for the entire project, and are used to drive content and requests for additions or changes to the model.
- 5. Adopt a nursing taxonomy.** The Clinical Care Classification System provided structure and defined domain completeness for the development efforts.
- 6. Realize that this is more of a culture change than a technology implementation.** The vision for this project was to support the provision of care and the people who provide that care. The technology was a tool to accomplish this goal, not the goal in itself.
- 7. Establish success metrics.** Ongoing progress tracking and sharing successes are essential for maintaining momentum for a large-scale, long-term project like this.

— Jane Englebright is senior vice president and chief nurse executive at HCA Healthcare.

ANA president named to *Modern Healthcare's* 100 Most Influential People in Healthcare list

For the fourth consecutive year, American Nurses Association (ANA) President Pamela F. Cipriano, PhD, RN, NEA-BC, FAAN, has been named one of *Modern Healthcare's* "100 Most Influential People in Healthcare." This awards and recognition program honors individuals in healthcare who are deemed by their peers and an expert panel to be the most influential individuals in the field.

The recognition highlighted Cipriano's leadership of ANA's #EndNurseAbuse campaign, launched in 2017 to address workplace abuse against nurses, including eliminating sexual harassment. As part of the initiative, ANA emphasized its strong support for the #TimesUpNow movement that promotes accountability and consequences for abuse, harassment, sexual assault, and inequality in the workplace. Also noted was the association's advocacy work in 2018 under the "Year of Advocacy" theme.

Modern Healthcare also honored Cipriano in 2015, 2016, and 2017 on their "100 Most Influential People



Pamela Cipriano

in Healthcare" lists as well as the "Top 25 Women in Healthcare" list in 2015.

As the 35th president of ANA, Cipriano is known nationally and internationally as a strong advocate for healthcare quality and advancing nursing's influence on healthcare policy. She is a member of policy think tanks and has served on a number of committees for influential national organizations, including the National Academy of Medicine, National Quality Forum, and The Joint Commission. Cipriano also was elected to the board of directors of the International Council of Nurses in 2017 and serves as the first vice president.

The "100 Most Influential People in Healthcare" honorees come from all sectors of healthcare, including hospitals, health systems, physician organizations, insurance, government, vendors and suppliers, policy, trade, and professional organizations. Cipriano and fellow honorees are highlighted in the August 20 print edition of *Modern Healthcare* and online at modernhealthcare.com.

ANA Board of Directors appoints Jones as vice president

The American Nurses Association (ANA) Board of Directors recently announced that Faith M. Jones, MSN, RN, NEA-BC, has been appointed vice president of the board, effective January 1, 2019. She will assume the role when current Vice President Ernest Grant, PhD, RN, FAAN, becomes ANA president. Grant was elected in June and will be the first man to serve as president of the association.

Consistent with ANA's bylaws and board policies, the board solicited nominations to fill the vacancy for the remaining 1-year term of the vice president. Jones currently serves as director-at-large on the ANA board until December 31, 2018, and will then serve as vice president for 1 year, with her term ending December 31, 2019.

Jones began her healthcare career in the U.S. Navy nearly 30 years ago. She has worked in a variety of roles in clinical practice, education, management, administration, consulting, and healthcare compliance. Her knowledge and experience span various



Faith Jones

settings, including ambulatory care, clinics, hospitals, home care, and long-term care with a focus on rural health.

In her leadership roles, Jones has been responsible for the operational leadership of all clinical functions, including multiple nursing specialties, pharmacy, laboratory, imaging, nutrition, and therapies, as well as administrative functions related to quality management, case management, medical staff credentialing, staff education, and corporate compliance. In her role as director of care coordination and lean consulting at HealthTechS3, she implements care coordination programs focusing on the Medicare population and teaches care coordination concepts nationally.

ANA Enterprise News

Stay up to date with the latest news from ANA, ANCC, and the Foundation, with updates on issues that affect nursing and the profession. Visit nursingworld.org/news/news-releases.

An ethical balancing act: Caring for victims of intimate partner violence

To: **Ethics inbox**

From: **Concerned RN**

Subject: **Intimate partner violence**

What is the nurse's ethical obligation to patients who are victims of intimate partner violence?

From: **ANA Center for Ethics and Human Rights**

As nurses we have many obligations as moral agents. In the instance of providing care for victims of intimate partner violence (IPV), we have two obligations at the forefront of our practice: to provide optimal care for our patients and to advocate for and protect the rights of vulnerable populations.

Nurses have helped the public understand that IPV is a serious health issue, as noted in a recent *Washington Post* article by Erin Blakemore. As knowledgeable and compassionate care providers, nurses have long recognized that there is more to IPV situations than just the physical or emotional injuries that they may see during their initial assessment.

The *Code of Ethics for Nurses with Interpretive Statements* (nursingworld.org/practice-policy/nursing-excellence/ethics/code-of-ethics-for-nurses) states in Interpretive Statement 1.2 that “nurses establish relationships of trust and provide nursing services according to need, setting aside any bias or prejudice. Such considerations must promote health and wellness, address problems, and respect patients’ decisions.”

Further, “respect for patient decisions does not require that the nurse agree with or support all patient choices. When patient choices are risky or self-destructive, nurses have an obligation to offer opportunities and resources to modify the behavior or to eradicate the risk.”

While nurses may support a patient’s right to choose to return home to a potentially abusive environment, nurses cannot violate their moral obligations to their patients by encouraging them to return to a situation of violence. Nurses must act to protect patients’ safety in such ways as reporting to and collaborating with other providers who can assist in alleviating the environment of violence in which the patient exists.

Nurses have an obligation to understand the moral and legal rights of patients. According to Interpretive

Statement 1.4, “Nurses preserve, protect, and support those rights by assessing the patient’s understanding of the information presented and explaining the implications of all potential decisions.”

Patients need to know how they can be kept safe from harm, and nurses must ensure that patients have this needed information. Nurses themselves may be threatened by others involved in the IPV situation. However, such risk does not eliminate the obligation to address threats to patient safety. Nurses must work within both the healthcare and legal systems to ensure that their patients are safe while simultaneously collaborating with others to ensure the safety of themselves and the healthcare team.



Interpretive Statement 2.1 asserts that “the nurse’s primary commitment is to the recipients of nursing and healthcare services—patient or client—whether individuals, families, groups, communities, or populations.” With respect to nurses’ obligations to vulnerable populations, Interpretive Statement 8.3 maintains that “nurses collaborate to address barriers to health...unsafe living conditions, abuse,

and violence...by engaging in open discussion, education, public debate, and legislative action.”

Nurses must stress human rights protection with particular attention to preserving the human rights of vulnerable groups such as the elderly, the mentally ill, women, children, and socially stigmatized groups. All actions and omissions risk unintended consequences with implications for human rights, so it is imperative that nurses act with ethical intent and take appropriate actions to “promote, advocate for, and protect the rights, health, and safety of the patient.”

— Response by Kathryn Schroeter, PhD, MA-Bioethics, RN, CNOR, CNE, member of the ANA Ethics and Human Rights Advisory Board.

**Do you have a question for the Ethics Inbox?
Submit at ethics@ana.org.**

Selected reference

Blakemore E. Nurses helped make us understand domestic violence as a serious health issue. *Washington Post*. August 18, 2018. tinyurl.com/y8a6t3mt

Nursing Community Coalition marks 10 years of advocacy

The Nursing Community Coalition celebrated its 10-year anniversary in Washington, D.C., on Sept. 12. The coalition of 60 national professional nursing associations marked 10 years of building consensus and advocating on a wide spectrum of health care issues including practice, education, research, and regulation. The full-day event included outreach on Capitol Hill and remarks and perspectives from nursing leaders and premier organizations, including the American Nurses Association (ANA).



**NURSING
COMMUNITY
COALITION**

and remarks and perspectives from nursing leaders and premier organizations, including the American Nurses Association (ANA).

The coalition is committed to improving the health and healthcare of our nation by collaborating to support the education and practice of RNs and advanced practice registered nurses (APRNs). The coalition believes that the healthcare delivery system should be one that promotes wellness, advances research through scientific discovery, and provides timely access to care across the continuum.

“I offer congratulations to the Nursing Community Coalition on ten years of dynamic collaboration and advocacy,” said ANA Enterprise CEO Loressa Cole, DNP, MBA, RN, NEA-BC, FACHE. “Our collective voice of 60 national organizations strengthens our ability to influence federal legislation, research, education, and regulation. Together, we have been successful



Nursing Community Coalition members, including ANA Senior Associate Director, Government Affairs, Samuel Hewitt (5th from left), with U.S. Rep. David Joyce (R-OH), nursing caucus co-chair (third from right).

in advancing nursing practice and science, and we remain a strong, outspoken advocate for access to affordable, high quality healthcare for all.”

In 2018, the coalition advocated on key nursing issues such as nursing workforce development programs and National Institute of Nursing Research funding, full scope of practice for APRNs at the Department of Veterans Affairs, and making permanent the authorization for nurse practitioners and physician assistants to prescribe medication-assisted treatments, among others.

Learn more at thenursingcommunity.org.

Everyday advocacy

Throughout ANA’s 2018 Year of Advocacy, we are featuring nurses engaged in various advocacy efforts: influencing elected officials and other key decision-makers, making an impact locally and globally, and speaking up for patients and the profession.

Treating everyone with dignity

I serve as an RN at a homeless clinic in Colorado. The extremely at-risk population that this clinic serves is accustomed to being patronized, humiliated, and often left with more questions than before they asked for help. I try to make a difference in each of their lives.

Here is how: I listen; repeat back my understanding of what they said in simple language; explain everything to the patient; write it down on paper so they have something to refer back to; if I refer them to another provider, I represent them. I do this by calling, introducing myself, and telling them to expect the patient; I write a note to the referring provider explaining my concerns and I sign it, including my credentials for the patient to give the provider. I own it.

Nurses are the most trusted professionals. Prove to

your patient that you will plead for their cause.

— Sally Duncan, BSN, RN, Colorado Nurses Association

Impacting care through government and beyond

We subject our elderly, vulnerable populations to nursing home conditions that, in some cases, are deplorable and reprehensible. Personal observations of such led me to take action, sharing my concerns widely with my state Department of Aging and Disability Services, County Commissioners, the Centers for Medicare and Medicaid Services, American Civil Liberties Union, and members of Congress. We must work together proactively and collaboratively to make nursing homes safe.

— Molly Flowers, BS, ADN, RN, Texas Nurses Association

Voting this election season

Voter turnout is essential on Election Day Nov. 6 to ensure your voice is heard on critical healthcare and nursing issues. Visit ANA’s new #NursesVote Action Center for helpful resources at RNAction.org.

Member benefit roundup: Connect with your RN peers, save on travel

American Nurses Association (ANA) membership provides opportunities for networking, professional development, and advocacy, along with access to valuable professional tools and publications. In addition, ANA members enjoy several discount programs for popular products and services.

Take advantage of some of the newest ANA member benefits listed below and see more at nursingworld.org/membership/member-benefits.

Make connections with ANA communities

RNs like you—from recent graduates to seasoned veterans—are facing similar challenges every day. As an ANA member, you have instant access to answers and support from colleagues across the nation when you connect online in ANA's members-only communities.

Join the conversation in a community designed for every stage of your career.

- **Early Career**—the first 5 years of your nursing journey
- **Up & Comers**—experienced nurses who are looking to take the next career step
- **Nursing Leaders**—in a leadership role and want to connect with other RN leaders

Don't miss the opportunity to join an ANA community

Share your insight. Influence your profession.

As a nursing professional, you have the power to impact the healthcare industry and benefit nurses and patients alike with your opinions. Register for the new survey-based, American Nurses Association (ANA) RN Vital Signs Research Panel and influence nursing-related products and services with the feedback you provide. Surveys will begin in late 2018.

Through approved survey providers, ANA has a new platform to listen and learn about what matters most to nursing professionals. To become a part of the RN Vital Signs Research Panel, go to research.infocusmarketing.com/go/the-rn-vital-signs-research-panel.

Upon survey completion, participants will be compensated anywhere from \$5 to \$15, depending on the length of the survey. Information provided will be used for market research only. Personal information will never be shared with third parties without prior permission.



at community.ana.org to build relationships, keep learning, and keep improving the care you provide for your patients with the help of your peers in ANA.

Member-exclusive hotel room rates

Travel discounts are the most-requested benefit program by ANA members. Now, ANA has partnered with bookingcommunity.com to offer hotel room rates that are discounted up to 70%—lower rates than you will find at any travel or hotel website. ANA members get access to incredible deals at more than 800,000 participating hotels and resorts worldwide. Plan a trip and see how much you'll save. To access these member-exclusive rates and book travel today, visit bookingcommunity.com/anamembers.

ICN supports WHO-revised DR-TB guidelines

The International Council of Nurses (ICN) is supporting the dissemination of the World Health Organization's (WHO) changes to drug-resistant tuberculosis (DR-TB) treatment recommendations to more than 20 million nurses. WHO announced the need to use newer and less toxic medications in their Rapid Communication (who.int/tb/publications/2018/rapid_communications_MDR/en/).

An expert panel convened by WHO reviewed outcomes and side effects of medications used to treat DR-TB. The panel's resulting recommendations led WHO to regroup some medications and to no longer recommend injectable medications due to an increased risk of treatment failure and high rates of adverse events such as permanent hearing loss.

ICN, of which the American Nurses Association is a member, commended WHO for making the recommendations and announced the development of a job aid for nurses working with DR-TB patients to assist them in recognizing potential adverse events early and to address them to minimize and alleviate patient discomfort. The aid, "ICN Nursing Guide to Managing Side Effects to Drug-resistant TB Treatment," will be available soon. Visit icn.ch/news/updates-field-our-tb-mdr-project to learn more.