ST. JOSEPH'S HEALTH CENTRE | TORONTO

Transitioning to an Electronic Health Record: Optimizing Documentation in Mental Health with Flowsheet Methodology

eHealth 2015
June 2, 2015

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St. Joseph's Health Centre, Toronto ON

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Presentation Goals

- Provide an overview of the eCare Project at St. Joseph's Health Centre
- Provide an overview of the Clinical Information System software and associated functionality
- Demonstrate how the use of flowsheet functionality can support comprehensive documentation in a Mental Health Setting
- Share the benefits gained from the electronic documentation tools in the Mental Health program

St. Joseph's Health Centre, Toronto

Catholic community teaching hospital in Central Toronto serving a multi-cultural neighbourhood with broad socio-economic status

- 400 beds;
- 98,000 ED visits annually;
- 3250 births annually

- Wide range of services: Medicine, Surgery, Obstetrics, Pediatrics, Mental Health; Regional Dialysis Program

- Mental Health Services
  - ED -Mental Health Emergency Services Unit (MHESU)- 12 beds
  - 35 bed Inpatient beds including 6 bed PICU
  - 6 bed Adult Short Stay Unit
  - 7 bed Child and Adolescent Unit
  - Out-patient clinics
  - 5 ACT teams
  - Addictions Services
  - Interprofessional team RNs, MDs, SWs, Crisis Workers, Addiction Service Workers etc.

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eCare Project

- “eCare will deliver a comprehensive electronic health record at St. Joseph's Health Centre by 2014. The eCare program will support improved patient outcomes by leveraging the Sunrise Clinical Manager platform to promote timely and efficient clinical management via real time electronic order entry and electronic documentation. This paperless record will provide a single accessible and integrated electronic chart for every patient treated at St. Joseph’s.” (Source: eCare Project Charter, 2013)
- Major deliverables (to date):
  - Clinical Order Management
  - Orders and Order Sets
  - Medication Management and eMAR
  - Medication Reconciliation
  - Clinical Documentation-Nursing and Interprofessional
  - Emergency Room –in progress
- Live on 15 Inpatient Units and Mental Health Emergency Services Unit (MHESU) with final planning for ED

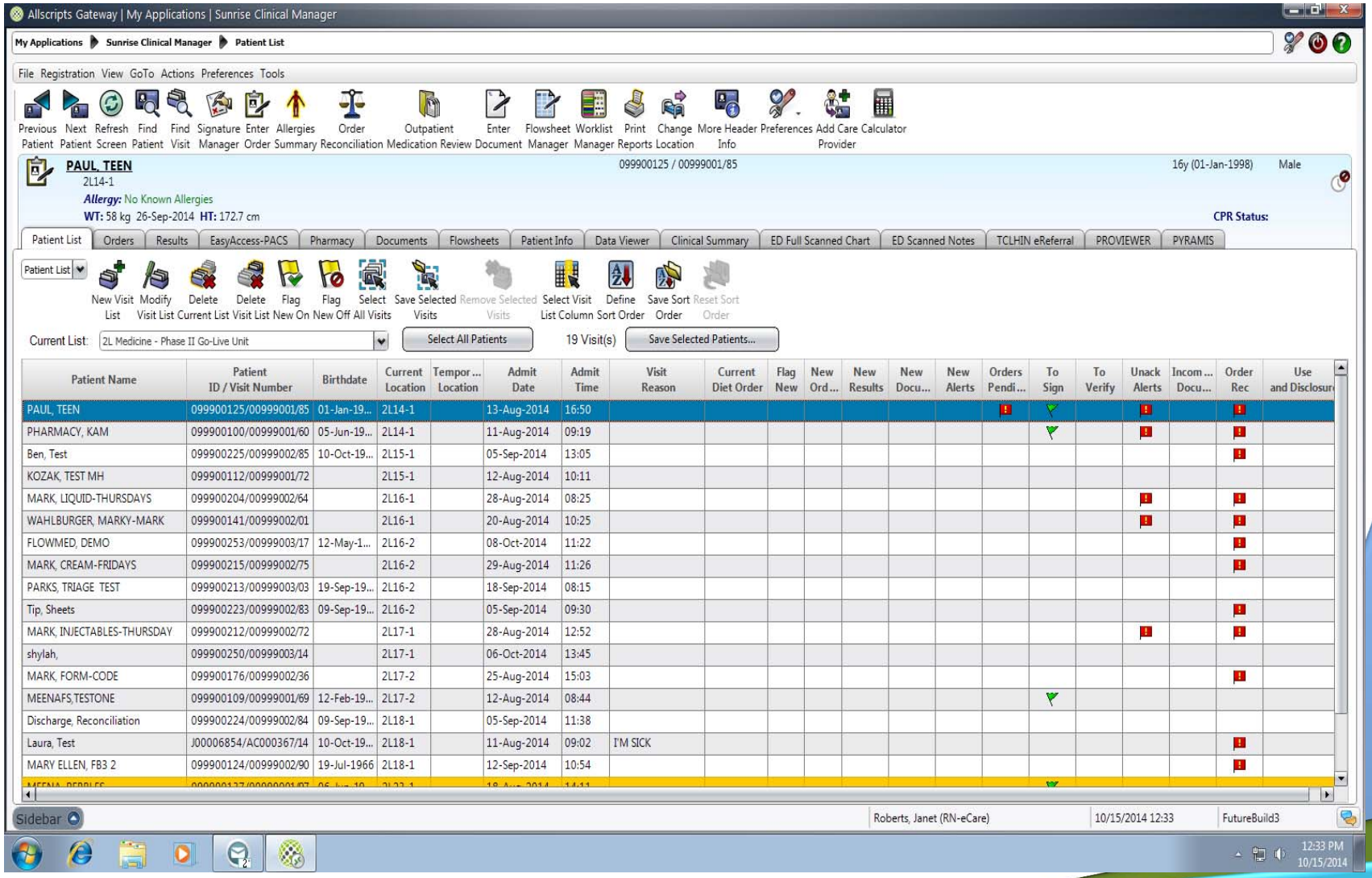
Clinical Design Principles

- Screen design and system functionality will:
  - Be based on current practice and current tools as appropriate
  - Enhance practice with revised tools as required
  - Support patient safety and the delivery of best possible care
  - Comply with hospital and College standards/regulations
  - Support interprofessional documentation
  - Support discipline-specific needs
  - Support best practices for clinical practice and documentation practice
  - Standardize form and tools as much as possible
  - Improve documentation through use of guided descriptors which improves care
  - Support interprofessional communication and teamwork

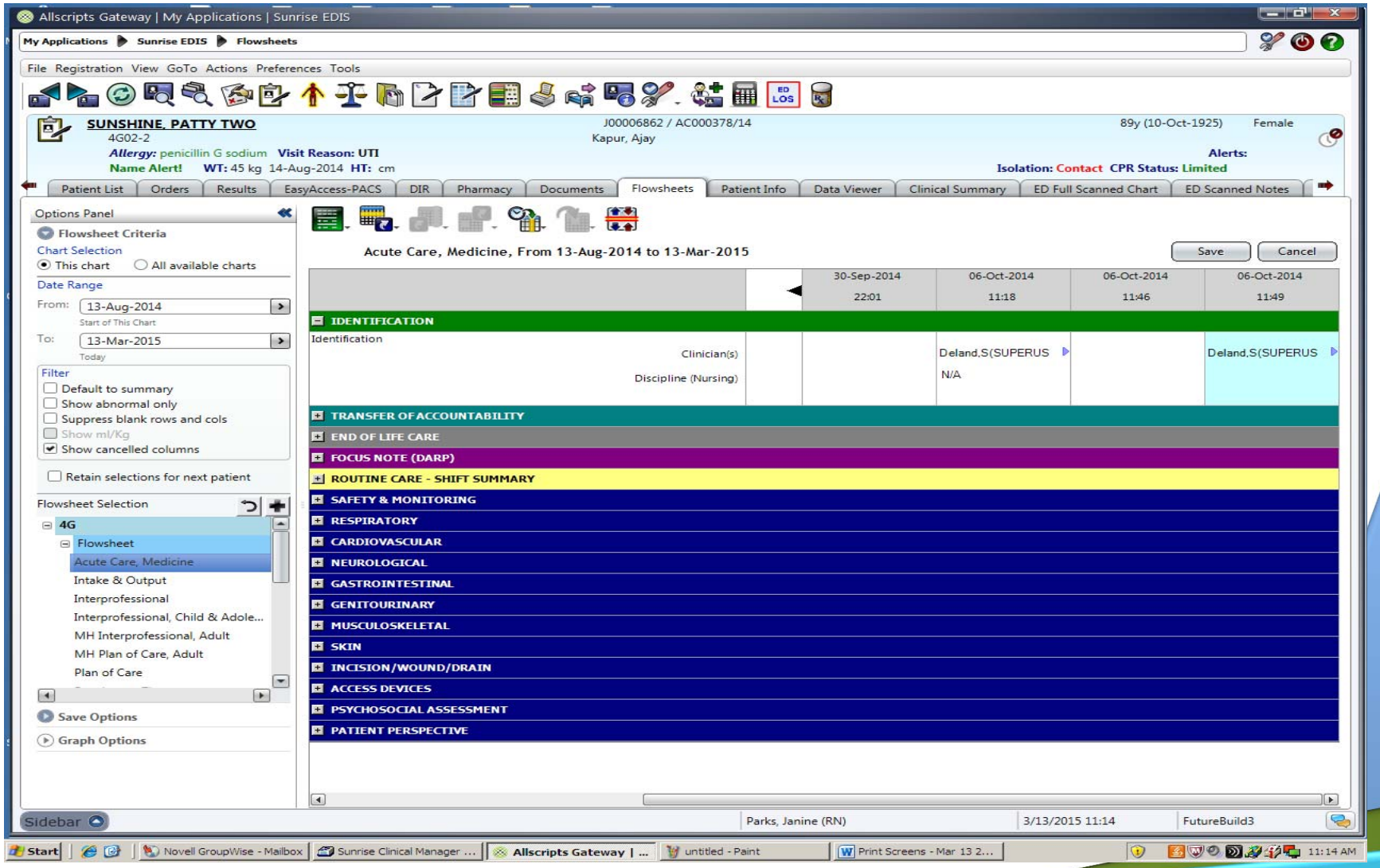
Sunrise Clinical Manager (SCM™)

- Clinical Documentation
- Computerized Provider Order Entry
- Electronic Medication Records
- Medication Reconciliation
- Patient Care Plans
- Flowsheets and structured notes
- Functionality to auto-transfer data between flowsheets and other tools

Patient List



Acute Care Flowsheet



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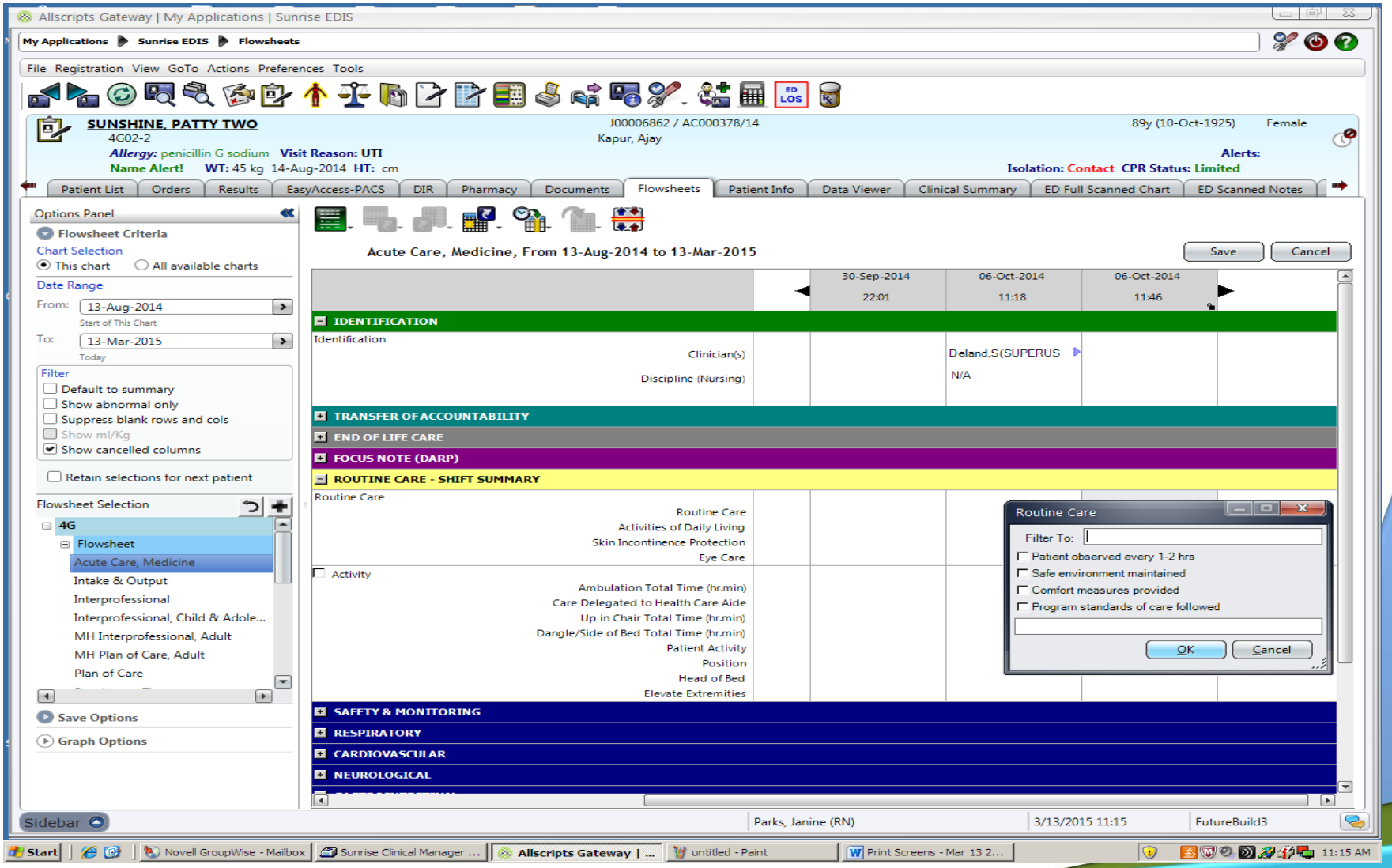
Acute Care Flowsheet



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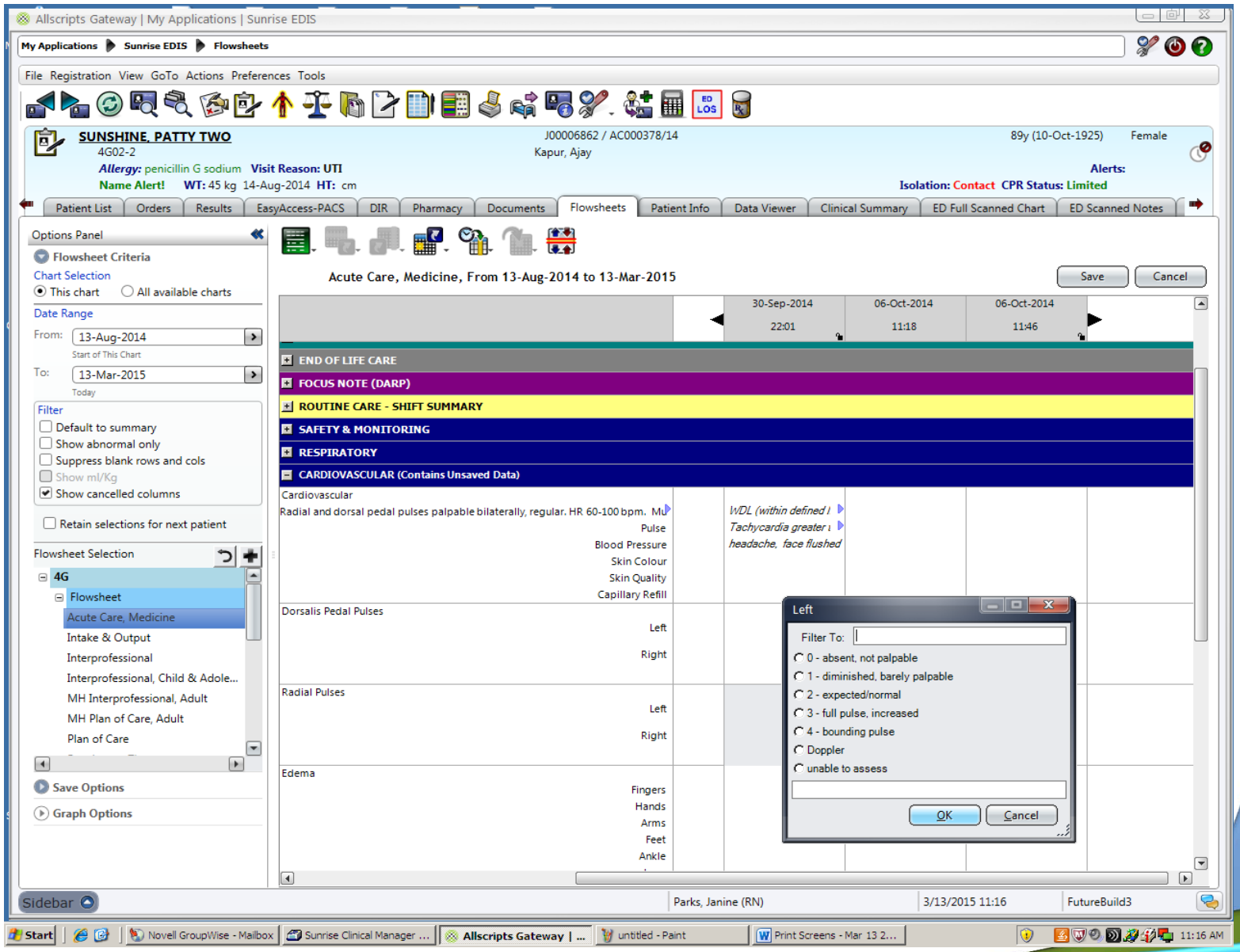

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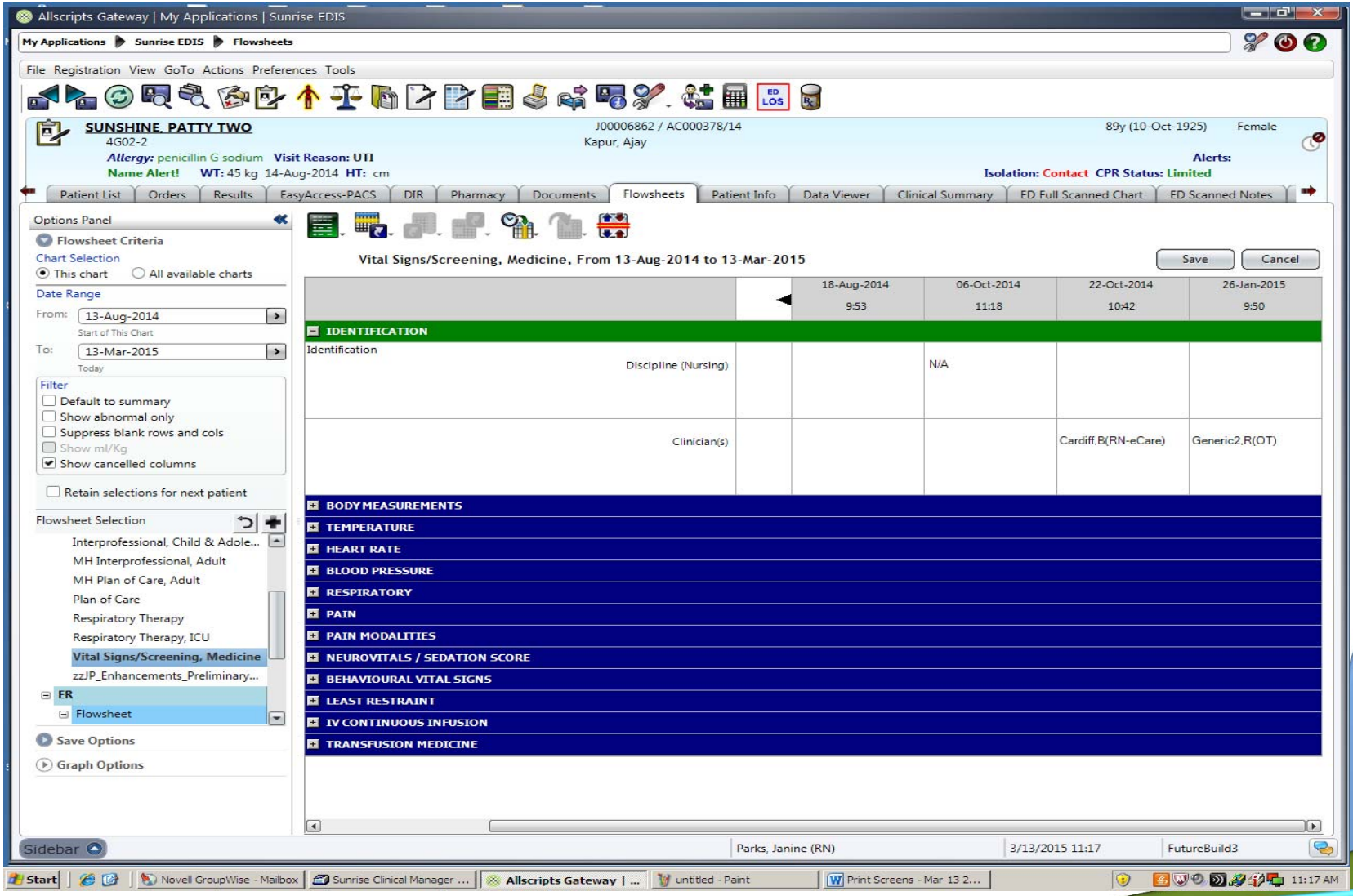
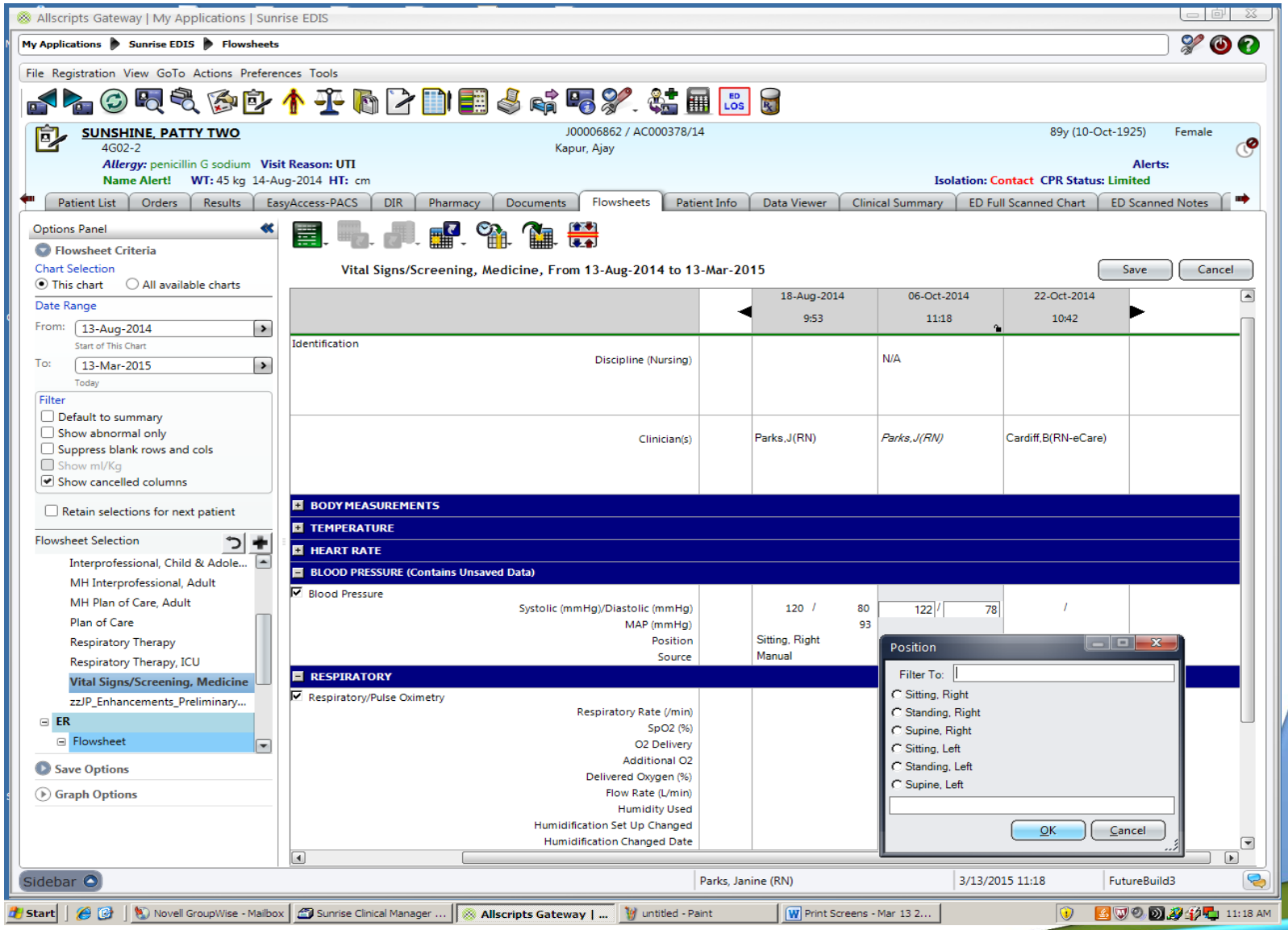
Vital Signs


Allscripts Gateway | My Applications | Sunrise EDIS
My Applications ▶ Sunrise EDIS ▶ Flowsheets
File Registration View GoTo Actions Preferences Tools
SUNSHINE, PATTY TWO
4G02-2
J00006862 / AC000378/14
Kapur, Ajay
89y (10-Oct-1925) Female
Allergy: penicillin G sodium Visit Reason: UTI
Name Alert! WT: 45 kg 14-Aug-2014 HT: cm
Alerts:
Isolation: Contact CPR Status: Limited
Patient List Orders Results EasyAccess-PACS DIR Pharmacy Documents Flowsheets Patient Info Data Viewer Clinical Summary ED Full Scanned Chart ED Scanned Notes
Options Panel
Flowsheet Criteria
Chart Selection
This chart All available charts
Date Range
From: 13-Aug-2014
Start of This Chart
To: 13-Mar-2015
Today
Filter
Default to summary
Show abnormal only
Suppress blank rows and cols
Show ml/Kg
Show cancelled columns
Retain selections for next patient
Flowsheet Selection
Interprofessional, Child & Adole...
MH Interprofessional, Adult
MH Plan of Care, Adult
Plan of Care
Respiratory Therapy
Respiratory Therapy, ICU
Vital Signs/Screening, Medicine
zzJP_Enhancements_Preliminary...
ER
Flowsheet
Save Options
Graph Options
Vital Signs/Screening, Medicine, From 13-Aug-2014 to 13-Mar-2015
Save
Cancel
18-Aug-2014 9:53
06-Oct-2014 11:18
22-Oct-2014 10:42
26-Jan-2015 9:50
IDENTIFICATION
Identification
Discipline (Nursing)
N/A
Clinician(s)
Cardiff,B(RN-eCare)
Generic2,R(OT)
BODY MEASUREMENTS
TEMPERATURE
HEART RATE
BLOOD PRESSURE
RESPIRATORY
PAIN
PAIN MODALITIES
NEUROVITALS / SEDATION SCORE
BEHAVIOURAL VITAL SIGNS
LEAST RESTRAINT
IV CONTINUOUS INFUSION
TRANSFUSION MEDICINE
Sidebar
Parks, Janine (RN)
3/13/2015 11:17
FutureBuild3
Start
Novell GroupWise - Mailbox
Sunrise Clinical Manager ...
Allscripts Gateway | ...
untitled - Paint
Print Screens - Mar 13 2...
11:17 AM



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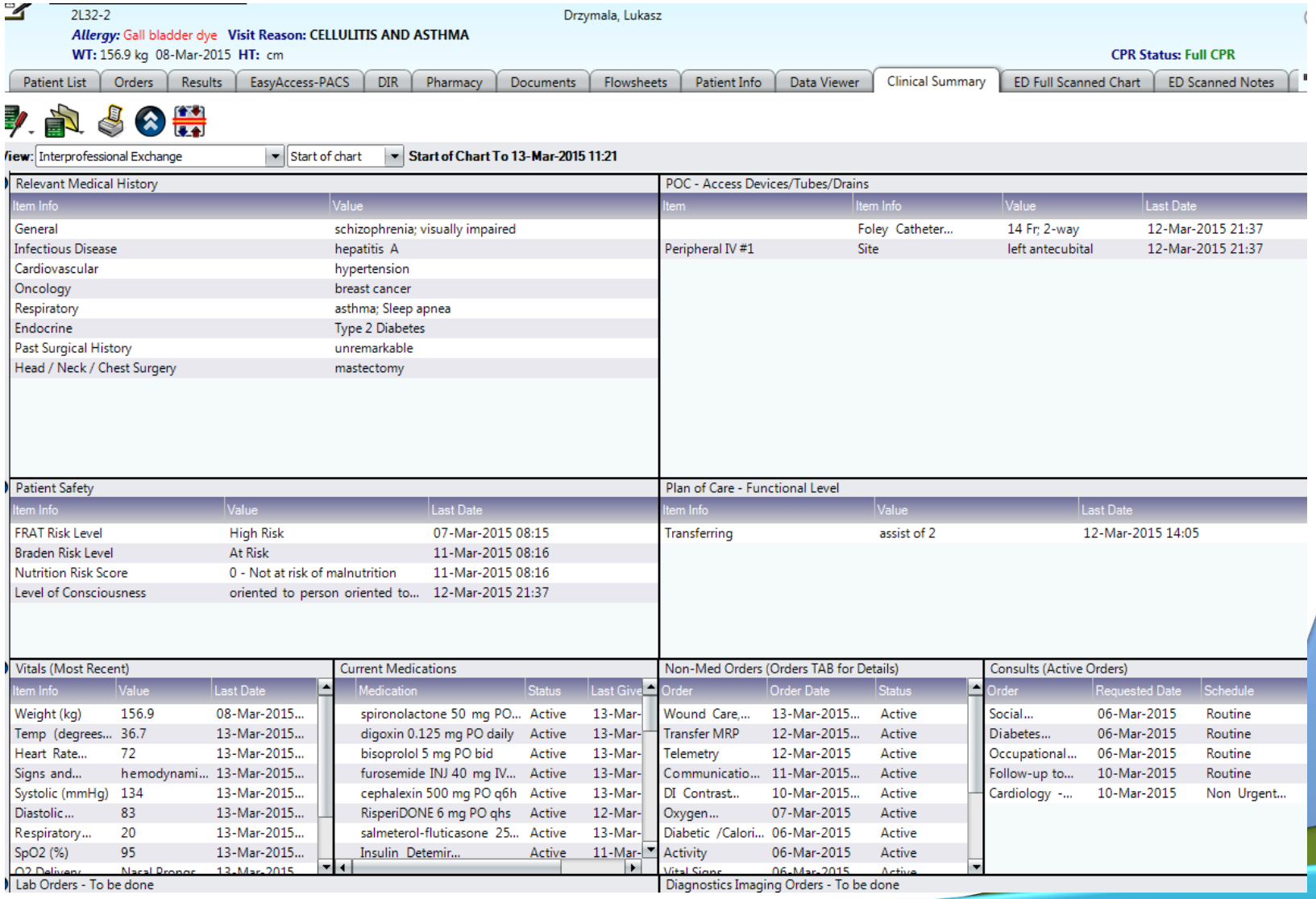
Clinical Summary



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MENTAL HEALTH

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Documentation Transition

- Long narrative notes and lack of summary or overview of specific patient issues
  - Difficult to follow the patient story: *Patient said…….Clinician said>>>>>Patient then…..Clinician…..* "need to read a book to understand the patient"
- Limited ability for data extraction

- ***"It will be impossible to move from narrative notes to flowsheet documentation and meet our documentation requirements"***
- ***"Mental health is different than the rest of the hospital. Our patients, our care and our documentation requirements are different"***

"examine how this approach to documentation can support our transition to an enhanced patient care model"

Designing the Mental Health Tools

- Identified the critical elements required for quality, safety, support of the patient's goals and a team approach to care

Full Mental Status Exam	Restraints
Physical Assessment	Physical functions/self care
Nutrition	Level of Autonomy (Passes)
Sleep Patterns	Risk
Significant Events	Communication
Behavior	NASGAR
DASA-IV	

- Use the advanced functionality of the system to provide prompts and reminders
  - Restraints
  - Forms

MENTAL HEALTH DOCUMENTATION TOOLS

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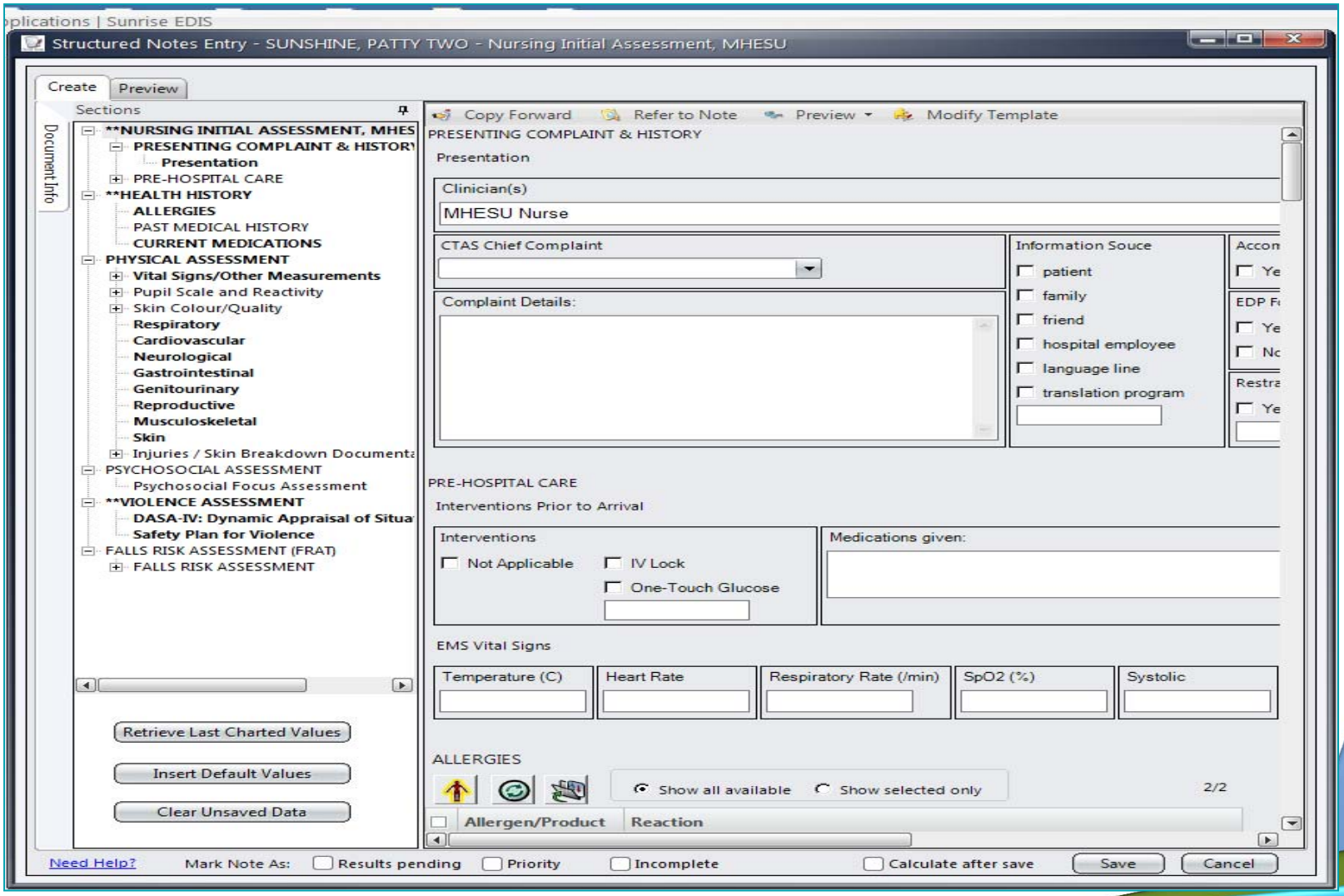
MH Initial Nursing Assessment



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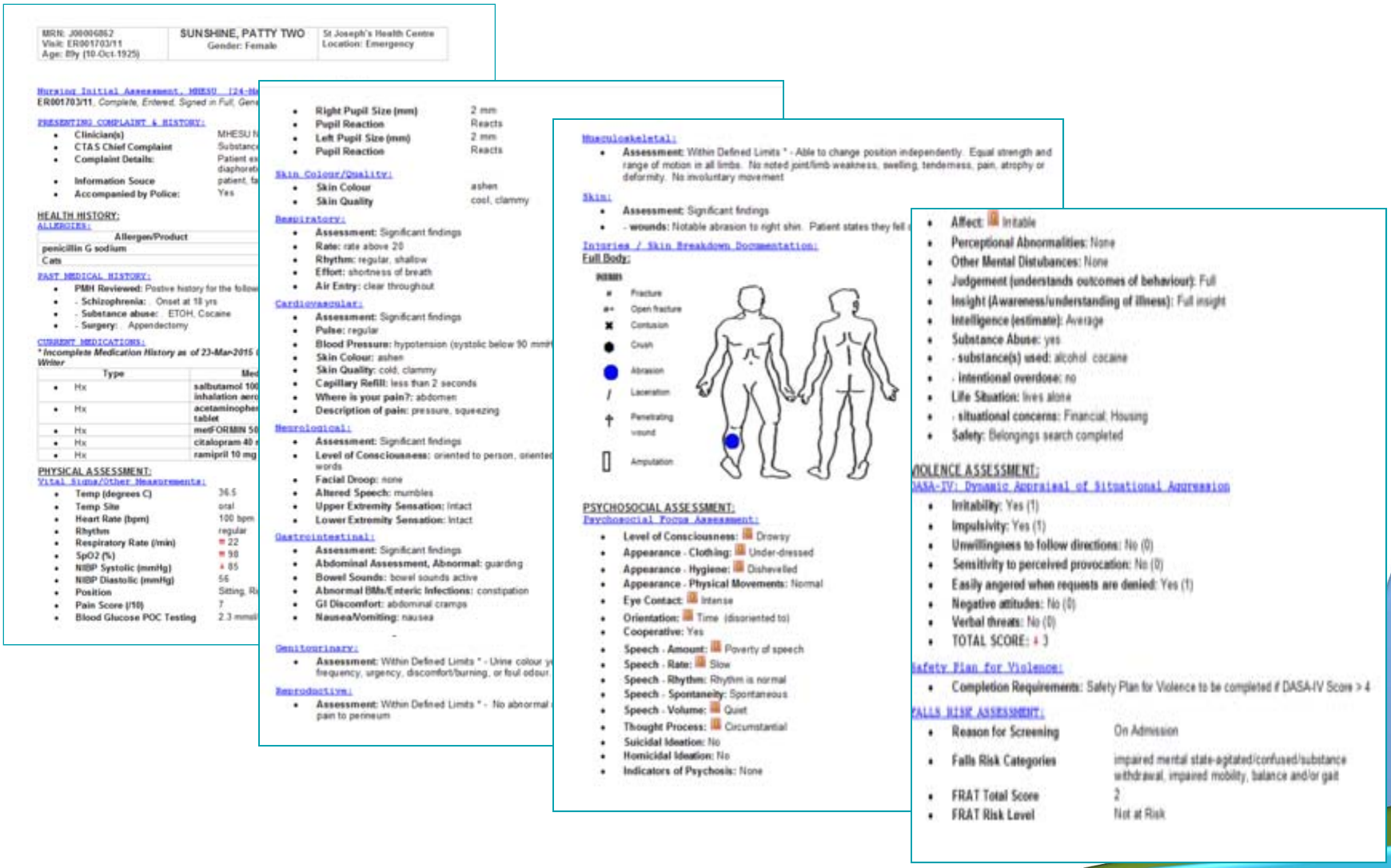
MH Initial Nursing Assessment –Structured Note



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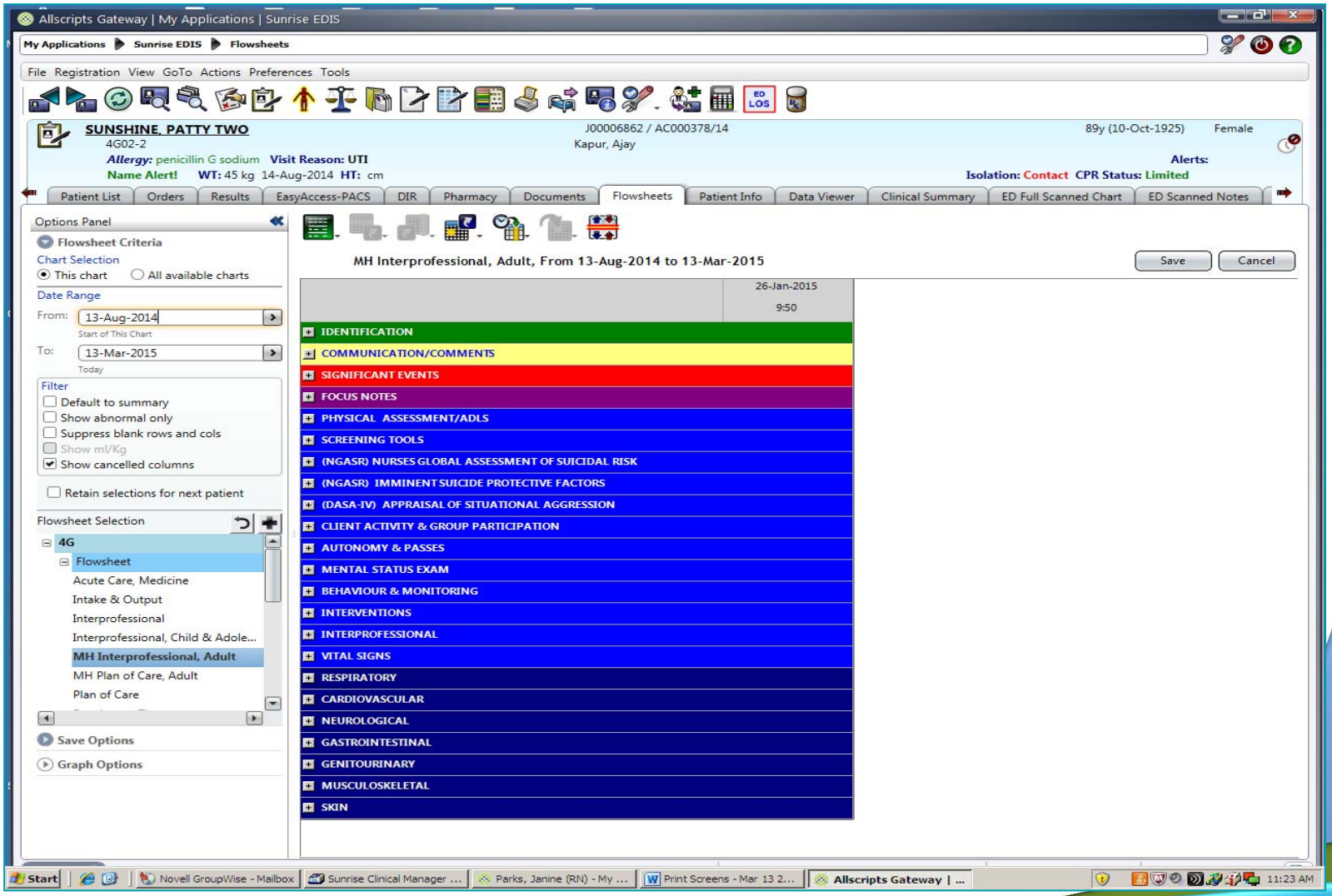
MH Interprofessional Flowsheet



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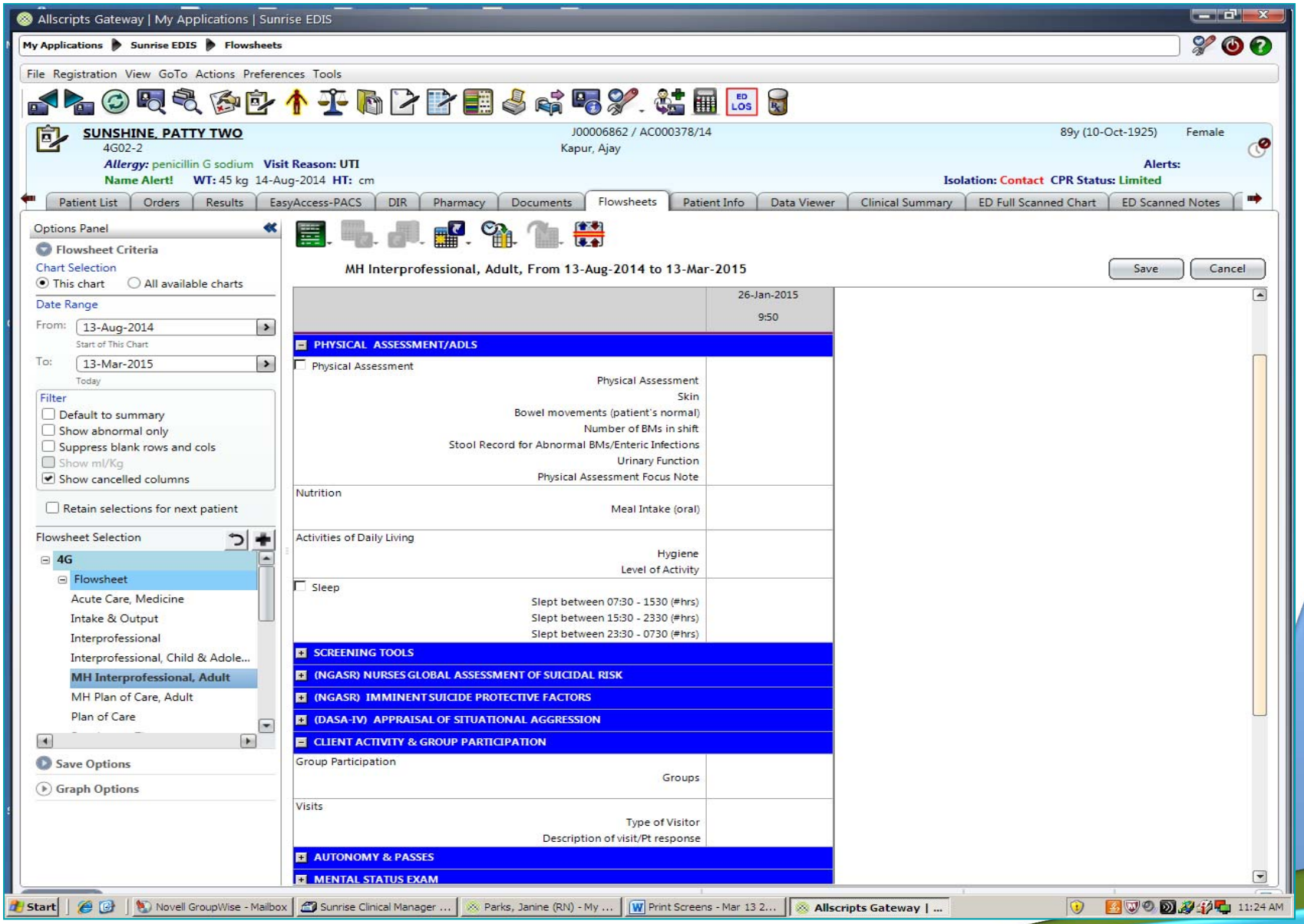
Allscripts Gateway | My Applications | Sunrise EDIS
My Applications ▶ Sunrise EDIS ▶ Flowsheets
File Registration View GoTo Actions Preferences Tools
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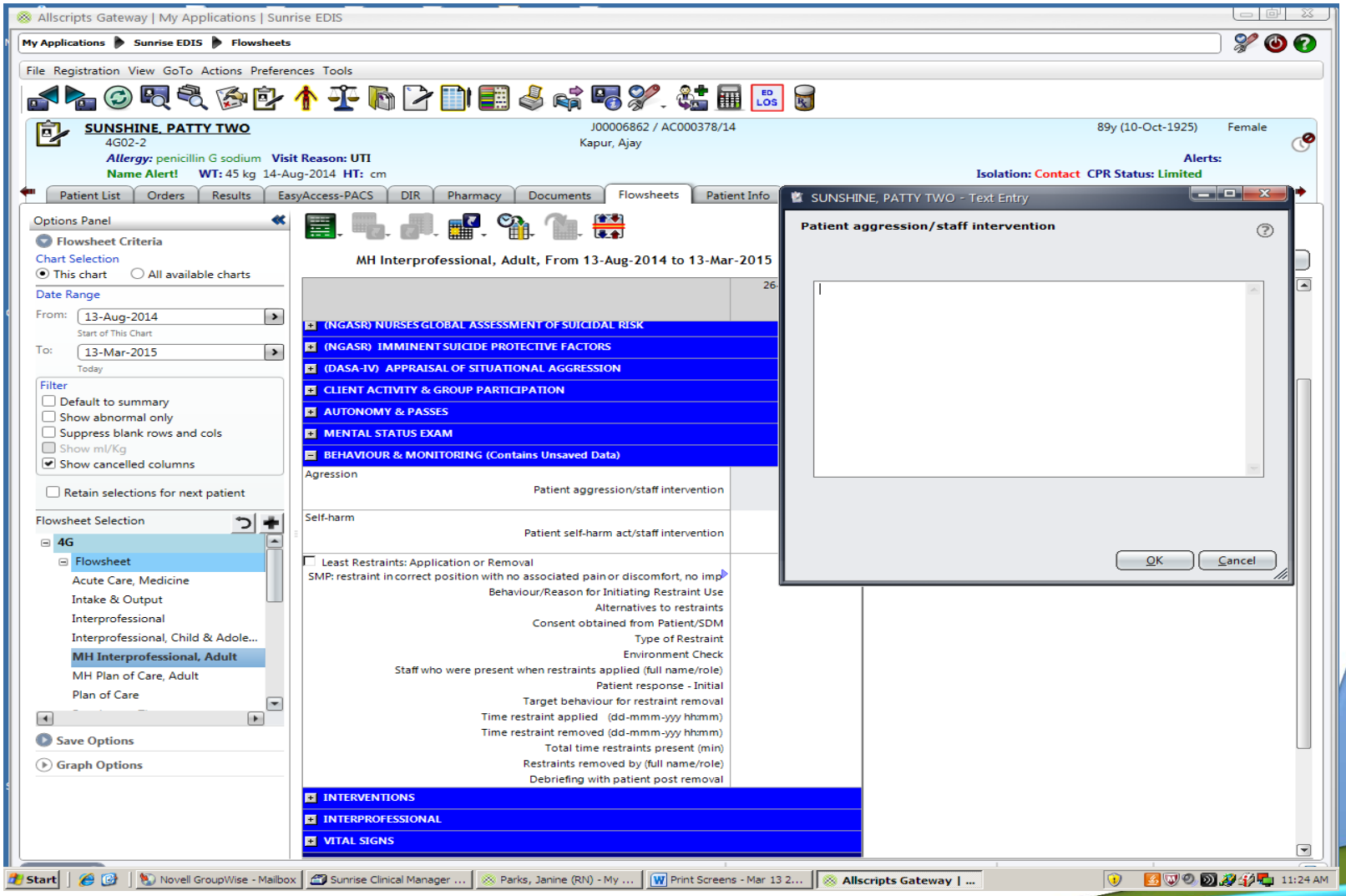
Options Panel
Flowsheet Criteria
Chart Selection
This chart All available charts
Date Range
From: 13-Aug-2014
Start of This Chart
To: 13-Mar-2015
Today
Filter
Default to summary
Show abnormal only
Suppress blank rows and cols
Show ml/Kg
Show cancelled columns
Retain selections for next patient
Flowsheet Selection
4G
Flowsheet
Acute Care, Medicine
Intake & Output
Interprofessional
Interprofessional, Child & Adole...
MH Interprofessional, Adult
MH Plan of Care, Adult
Plan of Care
Save Options
Graph Options
MH Interprofessional, Adult, From 13-Aug-2014 to 13-Mar-2015
Save
Cancel
26-Jan-2015
9:50
PHYSICAL ASSESSMENT/ADLS
Physical Assessment
Physical Assessment
Skin
Bowel movements (patient's normal)
Number of BMs in shift
Stool Record for Abnormal BMs/Enteric Infections
Urinary Function
Physical Assessment Focus Note
Nutrition
Meal Intake (oral)
Activities of Daily Living
Hygiene
Level of Activity
Sleep
Slept between 07:30 - 1530 (#hrs)
Slept between 15:30 - 2330 (#hrs)
Slept between 23:30 - 0730 (#hrs)
SCREENING TOOLS
(NGASR) NURSES GLOBAL ASSESSMENT OF SUICIDAL RISK
(NGASR) IMMINENT SUICIDE PROTECTIVE FACTORS
(DASA-IV) APPRAISAL OF SITUATIONAL AGGRESSION
CLIENT ACTIVITY & GROUP PARTICIPATION
Group Participation
Groups
Visits
Type of Visitor
Description of visit/Pt response
AUTONOMY & PASSES
MENTAL STATUS EXAM
Start
Novell GroupWise - Mailbox
Sunrise Clinical Manager ...
Parks, Janine (RN) - My ...
Print Screens - Mar 13 2...
Allscripts Gateway | ...
11:24 AM

Restraints



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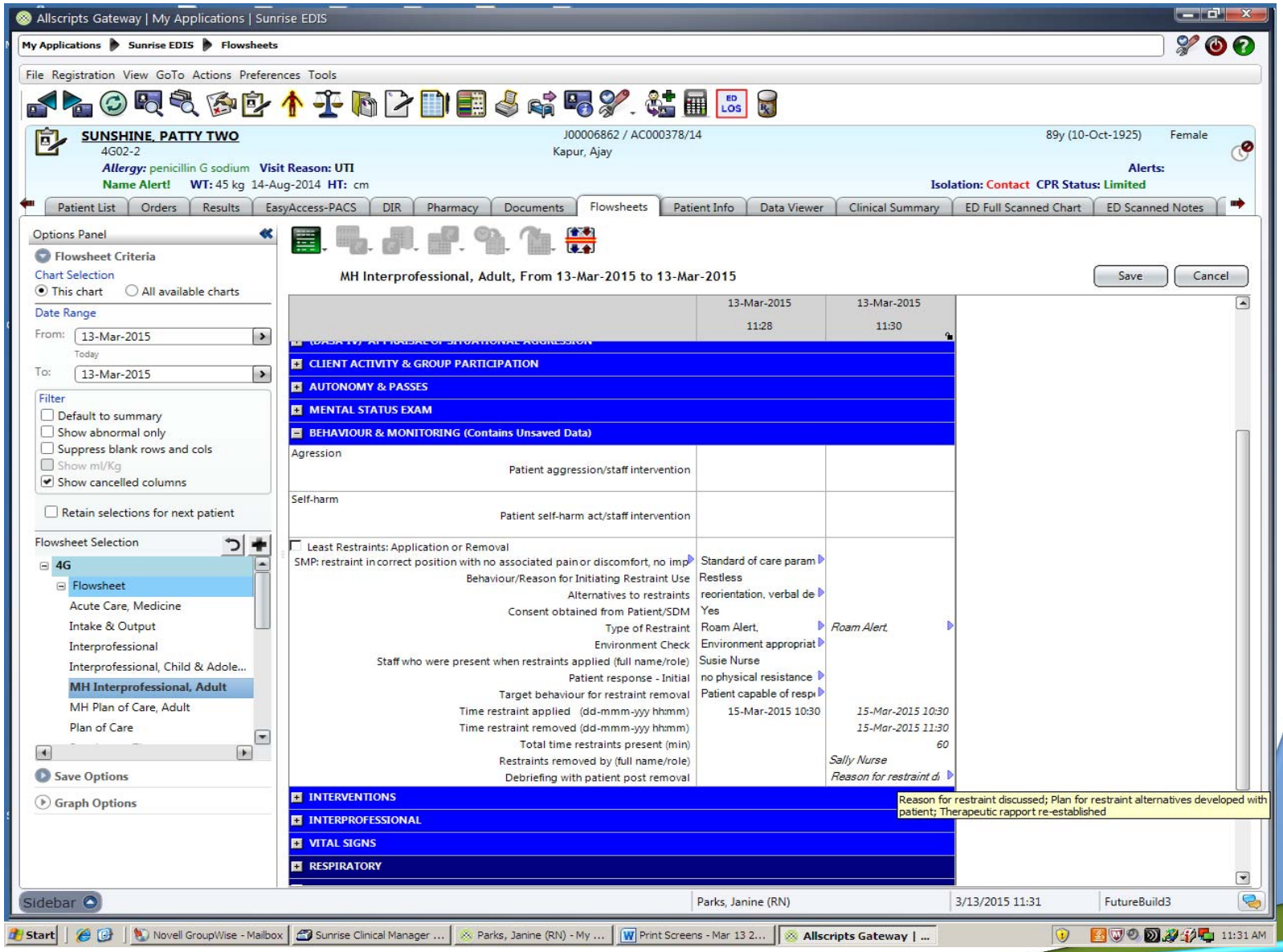
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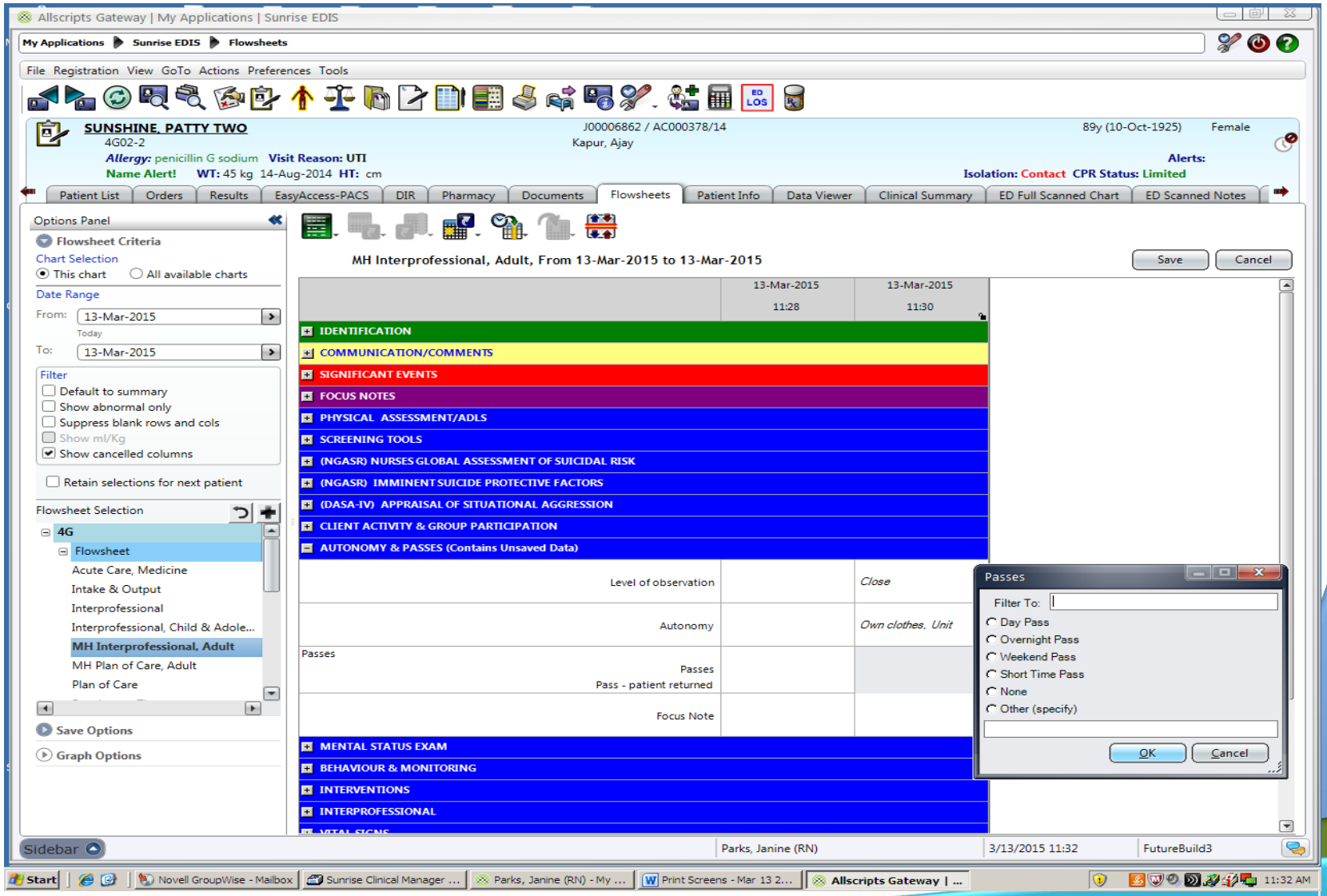
Flowsheet Selection
4G
Flowsheet
Acute Care, Medicine
Intake & Output
Interprofessional
Interprofessional, Child & Adole...
MH Interprofessional, Adult
MH Plan of Care, Adult
Plan of Care
Save Options
Graph Options
MH Interprofessional, Adult, From 13-Mar-2015 to 13-Mar-2015
Save
Cancel
13-Mar-2015 11:28
13-Mar-2015 11:30
CLIENT ACTIVITY & GROUP PARTICIPATION
AUTONOMY & PASSES
MENTAL STATUS EXAM
BEHAVIOUR & MONITORING (Contains Unsaved Data)
Agression
Patient aggression/staff intervention
Self-harm
Patient self-harm act/staff intervention
Least Restraints: Application or Removal
SMP: restraint in correct position with no associated pain or discomfort, no imp
Standard of care param
Behaviour/Reason for Initiating Restraint Use
Restless
Alternatives to restraints
reorientation, verbal de
Consent obtained from Patient/SDM
Yes
Type of Restraint
Roam Alert,
Roam Alert,
Environment Check
Environment appropriat
Staff who were present when restraints applied (full name/role)
Susie Nurse
Patient response - Initial
no physical resistance
Target behaviour for restraint removal
Patient capable of respi
Time restraint applied (dd-mmm-yyy hh:mm)
15-Mar-2015 10:30
15-Mar-2015 10:30
Time restraint removed (dd-mmm-yyy hh:mm)
15-Mar-2015 11:30
Total time restraints present (min)
60
Restraints removed by (full name/role)
Sally Nurse
Debriefing with patient post removal
Reason for restraint di
Reason for restraint discussed; Plan for restraint alternatives developed with patient; Therapeutic rapport re-established
INTERVENTIONS
INTERPROFESSIONAL
VITAL SIGNS
RESPIRATORY
Sidebar
Parks, Janine (RN)
3/13/2015 11:31
FutureBuild3
Start
Novell GroupWise - Mailbox
Sunrise Clinical Manager ...
Parks, Janine (RN) - My ...
Print Screens - Mar 13 2...
Allscripts Gateway | ...
11:31 AM

Autonomy and Passes



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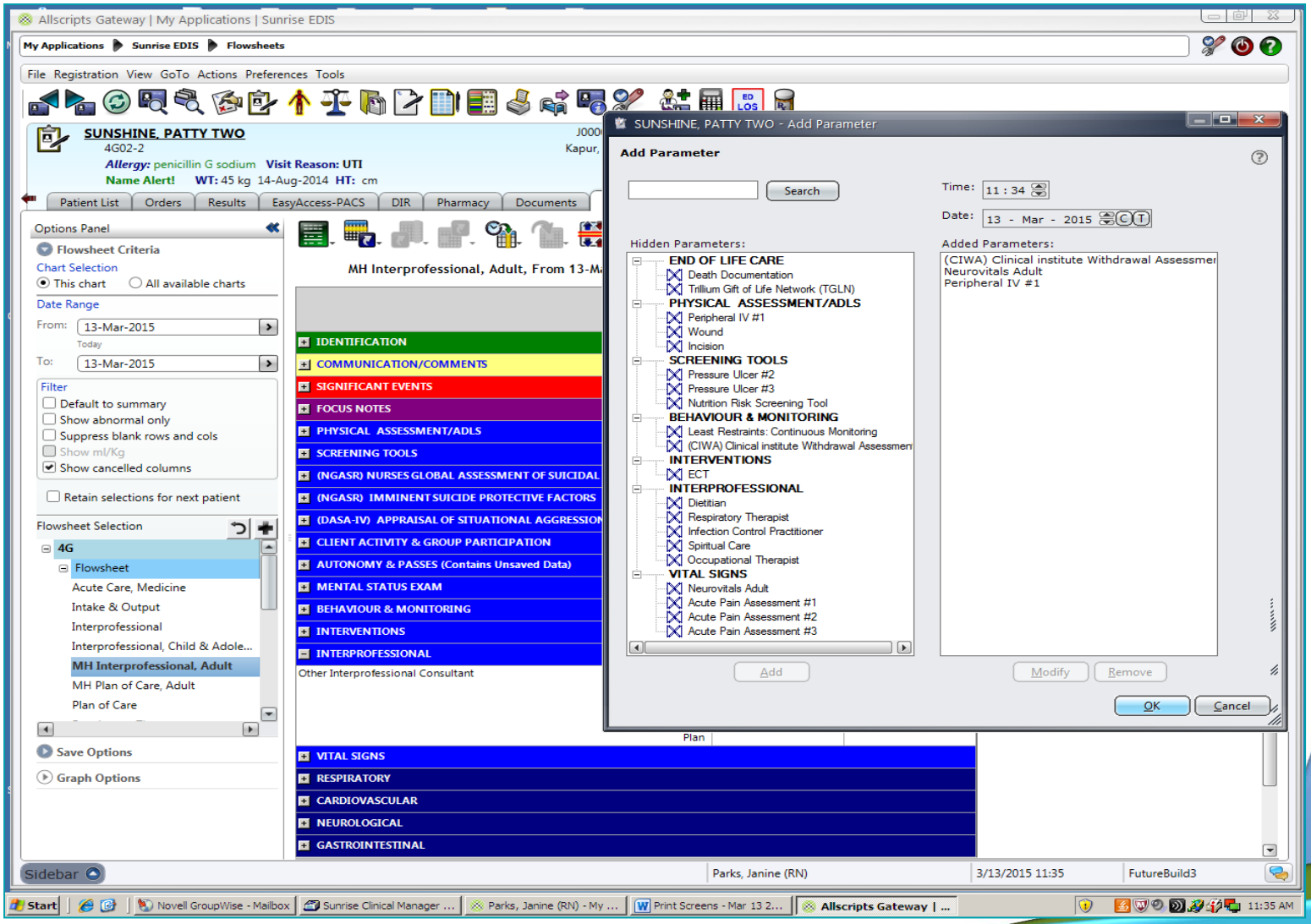
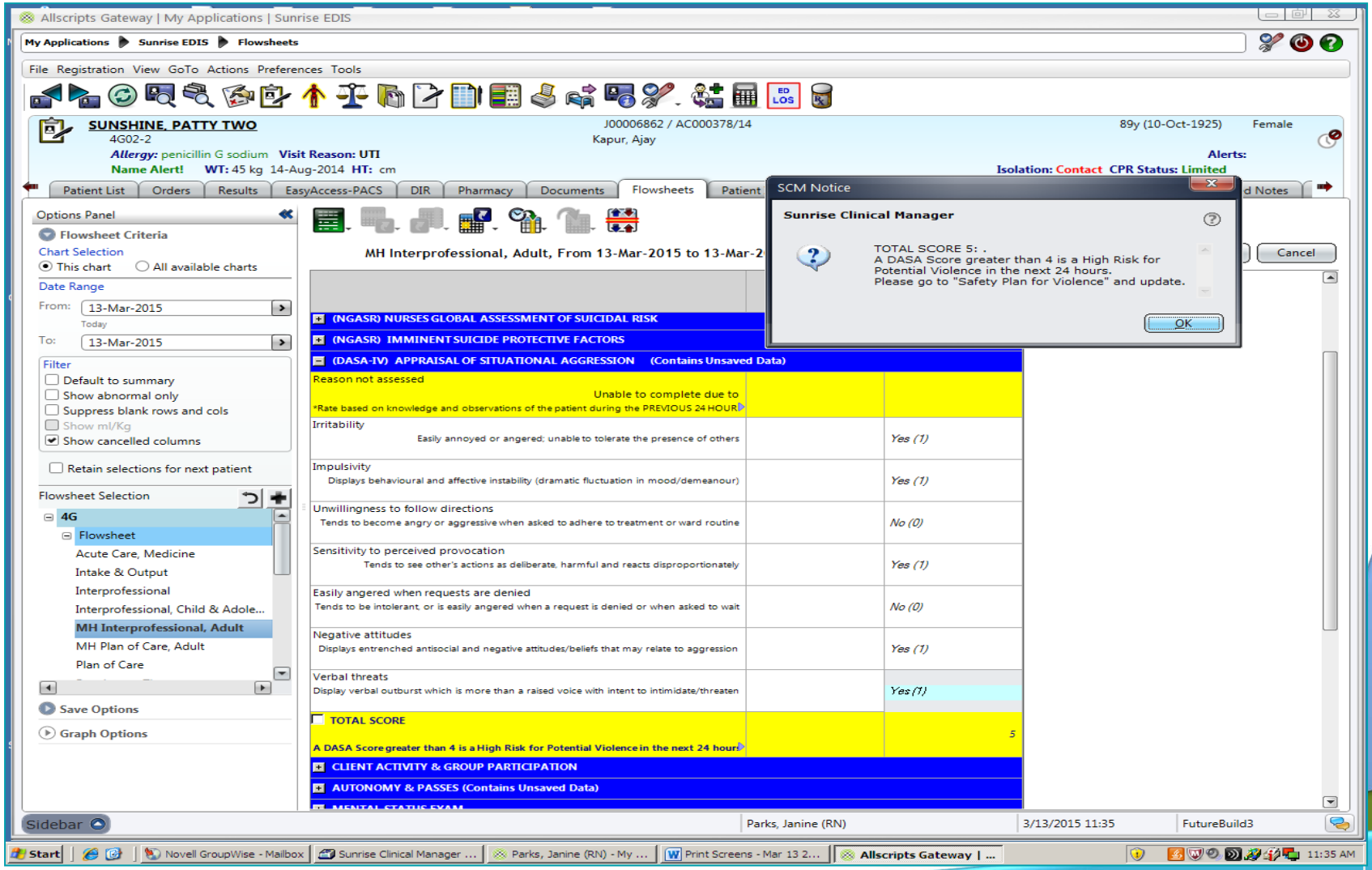
Additional Documentation



DASA-IV Appraisal of Situational Aggression



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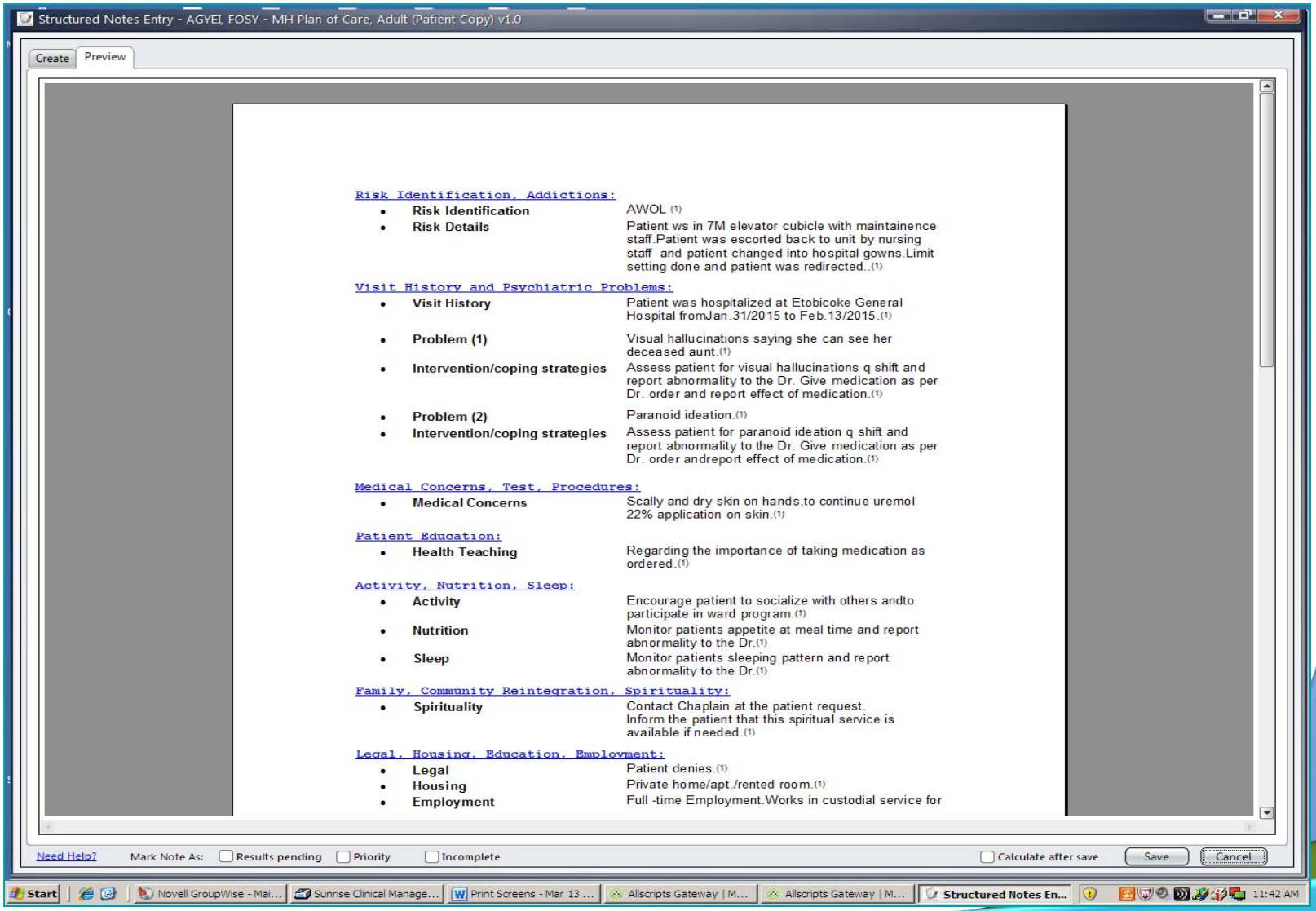
MH Plan of Care

Blank Rows and Columns Suppressed. VIEW ONLY MH Plan of Care, Adult, From 16-Feb-2015 to 13-Mar-2015

Save Cancel

	03-Mar-2015 14:30	05-Mar-2015 9:51	09-Mar-2015 12:23	12-Mar-2015 9:39
Risk				
Visit History and Psychiatric Problem				
Visit History		Patient was hospitalized at Etobicoke General H	Patient was hospitalized at Etobicoke General H	
Psychiatric Problem #1				
Problem (1)		Visual hallucinations	Visual hallucinations	
Intervention/coping strategies		Assess patient for vis	Assess patient for vis	
Psychiatric Problem #2				
Problem (2)	Paranoid ideation.	Paranoid ideation.	Paranoid ideation.	
Intervention/coping strategies	Assess patient for pa	Assess patient for pa	Assess patient for pa	
Medications				
Medical Concerns / Tests / Procedures				
Addictions				
Health Teaching				
Health Teaching				
Health Teaching		Regarding the importance of taking medication as ordered.	Regarding the importance of taking medication as ordered.	
Activity / Nutrition / Sleep				
Family / Community Reintegration / Spirituality				
Legal / Housing / Education / Employment				

Plan of Care



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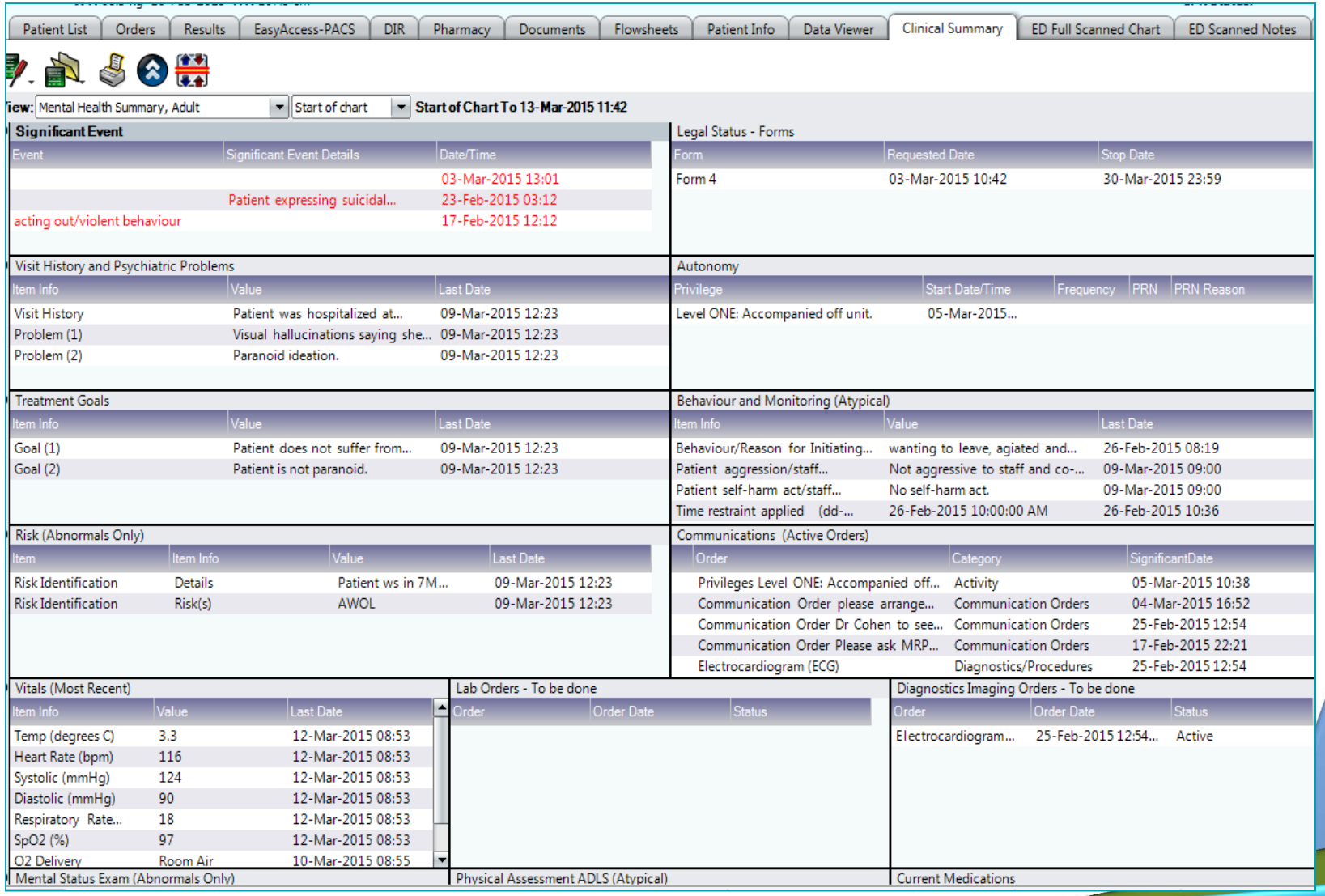
MH Clinical Summary



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Benefits Realized to date

- Easy to find pertinent patient information
- Automatic reminders related to Form Status ensures all documentation is meeting hospital and provincial standards
- Standardized language to describe patient behavior – less subjective
- Decreased time to document →more time with patients
- Easier review of critical incident information
- Ability to generate reports on various data to assist with resource planning; provide detailed picture of unit
  - # of patients in restraints
  - Length of time in restraints
  - Aggressive behavior score
  - Time of significant events
  - #of patients requiring frequent observation

Recent Optimization

- Initial assessment in MHESU→ detailed head to toe assessment to rule out significant medical issues
- Nursing and interprofessional documentation starts in MHESU and follows the patient through admission to unit
- Medication Reconciliation in MHESU→ decrease errors with medication
- Electronic completion of belongings list with copy for patient ; descriptor of location of belongings; edit based on belongings returned to patient
- Sharing information with patients –patient access to own record; printed Plan of Care –easily updated daily
- Research →ability to support specific research projects → easy extrapolation of data and interrelationship of observations

"As soon as you open your mind to doing things differently, the doors of opportunity practically fly off their hinges."

SOURCE:
JAY ABRAHAM, THE STICKING POINT SOLUTION: 9 WAYS TO MOVE YOUR BUSINESS FROM STAGNATION TO STUNNING GROWTH IN TOUGH ECONOMIC TIMES

THANK YOU

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