The value of Nursing time

- Patient assessment is the basis for all licensed nursing care. (ANA, 1998)
- Patient decline will be detected through the nurse’s observation of changes in the patient’s physical or cognitive status. Performance of this patient monitoring requires great attention, knowledge, and responsiveness on the part of the nurse. (IOM, 2004)
- “…better quality nursing surveillance is predictive of lower severity-adjusted Medicare mortality.” (Rubenstein et al., 1992)

What is the Value to Quality of Care

- Provides goal alignment
- Decreased morbidity and mortality
- Provides a road map to the best patient outcome, standardize to evidence-based practice
- Expedites the shortest route between admit and discharge
- Prevents errors
- Keeps care on course
- Increases patient confidence in the care team
- Provides the patient with information regarding care plan and progress
- Prevents confusion and redundant work between disciplines
- Provides guidance for care
- Helps the care team be prepared for emergencies
- Communicates the plan of care to everyone involved, care team, family, patient, other care providers
- Helps in planning resources
- Improve Standards of Practice

Then WHY don’t we use it??

- Nurses don’t see the value
- It is not a useful tool
- Doesn’t provide any value to patient care
- Requires extra work
- Does not integrate with documentation
- No prompt to remind the nurse to complete it
- Difficult to individualize to patient need
- POC flow does not match nursing process
- Does not function as a communication tool, does not facilitate communication between disciplines
- POC is not integrated into the communication/handoff tool
- Inconsistent process between Centura facilities
- Lack of understanding of correct use of POC
- Orientation/training does not provide clarity
- The tool is confusing

Review October Meeting

- The value of Nursing time
  - Patient assessment is the basis for all licensed nursing care. (ANA, 1998)
  - Patient decline will be detected through the nurse’s observation of changes in the patient’s physical or cognitive status. Performance of this patient monitoring requires great attention, knowledge, and responsiveness on the part of the nurse. (IOM, 2004)
  - “…better quality nursing surveillance is predictive of lower severity-adjusted Medicare mortality.” (Rubenstein et al., 1992)
**In our dream world the POC would**
- Invisible to the nurses work, intuitive to patient care, fully automated (1)
- POC and provider documentation would be fully integrated and would not require additional work (2)
- Clinical decision support would be imbedded at key points in documentation (3)
- It would automatically track progress and accomplishments
- Nursing and Physician documentation would be integrated
- Voice Recognition capable

**Our Task**
- Standardize POC process in all Centura acute care facilities
- Standardize and integrate POC process between all disciplines
- Ensure POC process communicates to all care entities
- Ensure high priority functionality from this task force are implemented

**Scoring Criteria**
- Invisible to the nurses work
- Intuitive to patient care
- Fully automated
- POC and provider documentation would be fully integrated and would not require additional work
- Clinical decision support would be imbedded at key points in documentation
- It would automatically track progress and accomplishments
- Goals would be clearly stated and tracked automatically
- Nursing, Physician and other discipline documentation would be integrated
- Compliant with Regulatory Requirements

**Scoring Results**

**Top 2 compared by criteria**

**KOIN Method of POC**
- Staff must understand what constitutes the plan of care (each element of KOIN) and what the plan of care is for each patient.
- Staff must be able to explain the elements of the Plan of Care, both to other staff members such as during handoff, and when questioned by others, as during a survey:
  - Knowledge portion of KOIN is two-fold: the education given the patient and response to education must be properly documented, and the caregiver must be able to speak knowledgably about the Plan of Care when questioned.
  - Orders, which are individualized for that patient
  - Intervention (work list) and/or tasks documented for each patient
  - Notes, free text comments
The EMR is the source of all information about the patient. Staff must know how to navigate the EMR to show the various pieces of the plan of care documentation.

The new “KOIN Interdisciplinary Tool” Status Board is a tool that pulls together key multidisciplinary portions of documentation indicating plans and goals for each discipline. It is a reference only—no documentation can be done from this Status Board. To be valuable all disciplines need to document in the appropriate sections of the electronic chart.

**KOIN Status Board**

- Field on Status Board
  - Pain Intensity
  - Pain Goal/Pain
  - GI Symptoms
  - Nutr Goals
  - Nutr Plan
  - Teaching Response
  - Core Measures
  - Swallow Precautions
  - Expected DC Parameters
  - Barriers to DC
  - Psych/Soc Met
  - Activity Tolerance
  - Assistive Device
  - RT Indications
  - OT Plan
  - PT Plan
  - SLP Plan
  - OT Tx Goals
  - PT Tx Goals
  - SLP Tx Goals
  - Restraint Type
  - Restraint Status
  - Spiritual Request

**Documentation Populates From**
- Pain Assessment/Reassessment
- Admit Data
- Basic Physical Assessment
- Nutrition Assessment
- Case Management DC Assessment/Plan
- Interdisciplinary Rounds
- SLP Bedside Swallow Eval
- ADL Activities of Daily Living
- ADL Activities of Daily Living
- RT Patient Assessment
- PT Inpatient Progress Note
- SLP Inpatient Progress Note
- SLP Inpatient Eval
- SLP Inpatient Eval
- Restraint: Non-Beheavioral
- Restraint: Non-Beheavioral
- Basic Physical Assessment

**Implementation Process**

- Video completed
- Handout material completed
- All Centura facilities to be fully implemented by Nov. 1st.
- Follow-up mock surveys to be completed by Feb 1st.