

From North to South & East to West: Creating Common Evidenced Based Standards in a Large Healthcare System

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Practice problem identified: variation within clinical documentation practice for 15,000 staff nurses in our system of 71 hospitals in 19 states. Change is needed to ensure all patients within our health care system receive evidenced based clinical care and that the care is captured and retrievable.

Evidence: evidence based content used was available to us from one of our clinical documentation software vendors. In addition to national professional practice standards, evidence based content from national supporting agencies (e.g.: Centers for Disease Control Infection and Immunization standards, American Heart Association vital sign standards, Institute for Healthcare Improvement and National Institute for Quality) was used.

Strategy used: clinical content teams called Temporary Action Groups—TAGs-- composed of clinical experts, staff nurses and managers used change acceleration processes and facilitated meetings with rapid cycle decision making to validate and expand starting evidence based content.

Practice change: procedural model of creating evidence based standards of care and documentation moving from an isolated single hospital design to a national model of defining documentation standards.

Results: outcomes measured dealt with a new representative model of developing national standards that are evidenced based. These standards are being incorporated into all new builds of the clinical information technology systems. Completed 150 Med/Surg, admission history, vital sign, obstetrics and emergency evidence based clinical documentation standards.

Recommendations: formulating evidence based clinical documentation standards for remaining nursing and clinical ancillary focus areas. Lessons learned included that clinicians from disparate size and locations can come to consensus rapidly using evidence

as the guide. We found that audio conferencing, with an internet on line meeting application was beneficial. The mixture of advanced practice, staff and management nurses resulted in knowledge balance on the calls.

Bibliography:

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