

# Utilization of Nursing Classification Systems for the Depiction of the Nursing Process in Electronic Patient Records in Order to Improve Evidence-Based Nursing

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# Aims of utilization nursing process data in electronic health/patient records

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- EHR/EPR What is it?
- EHR/EPR Advantages in general
- EHR/EPR Why should nurses use it too?
- Aims of using controlled nursing language for the nursing process documentation in EHR/EPR

#### EHR/EPR — What is it?

The Electronic Health Record (EHR) is a longitudinal electronic record of patient health information generated by one or more encounters in any care delivery setting.

Included in this information are patient demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports.

The EHR automates and streamlines the clinician's workflow.

(HealthIT.gov, 2014)

#### EHR/EPR – Advantages in general

Widespread adoption and meaningful use of health information technology (HIT), electronic health records (EHR) in particular, will play a pivotal role in enabling transformative changes in the US [and other countries] healthcare system in order to achieve broader quality improvement and cost containment goals.

(Blumenthal & Tavenner, 2010)



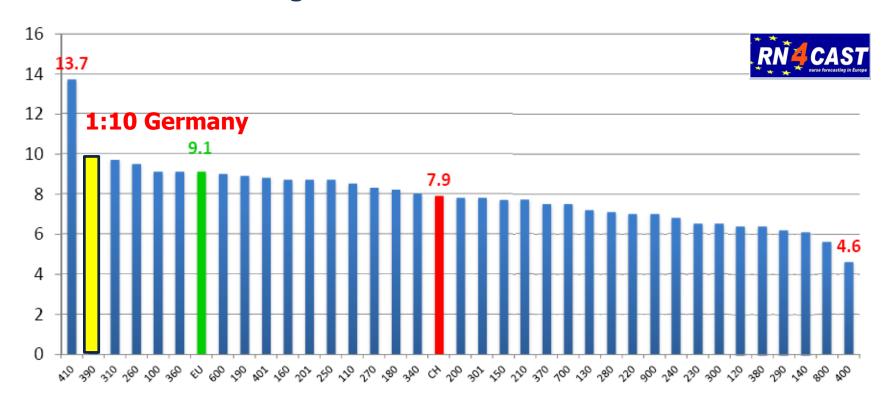
#### EHR/EPR — Why should nurses use it too?

#### Quality improvement and cost containment?

- Approximately 50,000 full-time nursing positions have been eliminated in the hospitals of Germany since 1996 (Isfort, 2010)
- The work condenses thereby losing its quality... (Bartholomeyczik, 2007)
- The nursing staff performance-burden indicator has increased dramatically in recent years by about 25% (Isfort, 2010)

## EHR/EPR — Why should nurses use it too?

## Patient – Nursing staff relation



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#### EHR/EPR – Why should nurses use it too?

If the proportion of nursing in the products of a hospital are not adequately demonstrated both on the cost and on the proceed side, the incentive for hospitals might be to go straight here for savings, regardless of the consequences ...

(Bartholomeyczik, 2007)

**EHR/EPR = Solution?** 



#### EHR/EPR – Why should nurses use it too?

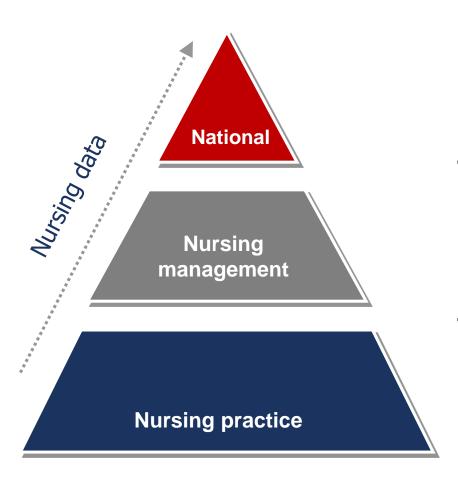
A number of studies have demonstrated the benefits nurses receive when electronic health record (EHR) systems are put in place by hospitals.

Generally, such systems improve

- nursing documentation
- work coordination
- patient safety
- reduce medication errors
- and make nurses feel more satisfied with their work environments (Kutney-Lee & Kelly, 2011)



#### EHR/EPR plus Nursing – Aims in general



- Basis for policy decisions
- Shifts in the perfomance spectrum
- Support/funding of Outcome research and EBN
- Just and reasonable personal management
- Data for risk management
- Data for quality management and marketing
- Data für outcome measure
- Simplified and more correct nursing documentation
- Support for decision-making
- Systematic documentation of patient status over time
- Support of process, information and communication flow



## EHR/EPR – Requests/aims for nursing **practice**

- 1 Support for decision-making
- Meaningful supportive links between data entry and nursing classification
- Proposition of literature-based interventions relevant to nursing diagnosis
- 4 Plausible references
- 5 Support of the ability to locate nursing diagnosis by indexing



## EHR/EPR – Requests and aims for nursing **practice**

- 6 Utilization of the data for quality management
- 7 Automated patient transition report from the file
- 8 Support of case-based evaluation and outcome measurement
- 9 Departmental filter functions



## EHR/EPR - Aims for nursing management

- 1 Quality indicators (e.g. pressure ulcer, falls ...)
- 2 Quality evaluation through benchmark and quality parameters
- 3 Data for the evaluation of personal utilization
- 4 Data for the calculation of case costs/revenue statistics
- 5 Support of risk management reporting systems
- 6 Promoting the quality of documentation
- 7 Increasing efficiency in documentation
- Optimization of the caring and treatment process through systematic data usage



#### Next question – Implementation?



## **Controlled vocabulary**

System of terms, involving, e.g., definitions, hierarchical structure, and cross-references, that is used to index and retrieve a body of literature in a bibliographic, factual, or other database. (NICHSR, 2008)



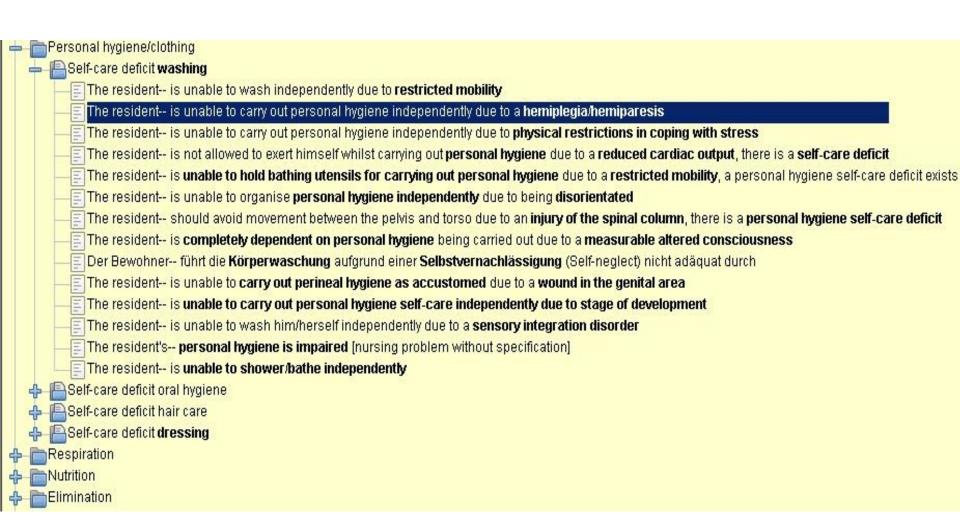
#### Next question – Implementation?



**Nursing classification system** 



#### Example for a potential solution





## Example for a potential solution

Nursing diagnoses	Nursing objectives	Nursing interventions				
The resident is unable to carry out personal hygiene independently due to a hemiplegia/hemiparesis	* Participation during personal hygiene is planned in the nursing care plan according to physical capabilities	*Determine resources and restrictions systematically				
K R	*Paralysed extremity(ies) is/are integrated in pattern of action during body hygiene	*Include affected body regions during body hygiene purposefully				
	*Body awareness is activated and stimulated	*Carry out basal stimulating body wash according to Bobath				
	* Feels the own centre of the body					
	* Is aware of <b>spasticity reducing</b> <b>movement patterns</b> and is able to use them	*Carry out personal hygiene according to the NDT (Neuro-Developmental Treatment)				
	*Gradual take-over of body hygiene in agreed upon intervals	*Promote/train every day competences in body hygiene (in hemiplegia)				
	* Motor skills and physiological movement routines are encouraged	* Carry out personal hygiene according to the rehabilitative/other concept				
	* Is able to sit without lateral or supine support and to hold the balance					
	* Muscle tone is regulated in sequences of movements in every day life					
	*Improvement and promotion of the perceptual organisation	* Carry out tactual interaction therapy during body hygiene				
	*Is able to go/leave to washroom facilities	*Support finding/leaving washroom facilities				
	*Accepts whole body wash by a	*Wash whole body				
	nurse/primary carer	*Wash parts of the body				
	*Feels actual physical well-being after nursing activity	*Prepare basin and personal hygiene articles for washing				
	* is able to wash and dry body					

independently



#### Example for a potential solution

Nursing diagnoses

Resources

patterns

Nursing objectives

Nursing interventions

#### Personal hygiene/clothing

personal hygiene independently due to a

hemiplegia/hemiparesis

#### Characteristics/Symptom:

Is unable to wash him/herself Is unable to wash certain body parts Ignores the affected side Level 3: Moderate impairment in personal hygiene

#### Causes/etiologies

Cerebral vascular accident

The resident-- is unable to carry out. Is willing to carry out personal hygiene Body awareness is activated and stimulated independently Is motivated to learn new movement

Participation during personal Assesses own self-care skills realistica hygiene is planned in the nursing care plan according to physical Shows perseverance to acquire new capabilities

Include affected body regions during body

hygiene purposefully

0 minutes

Number of persons1

2x daily

In the morning In the evening

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The resident-- is restricted in carrying out oral hygiene independently

Characteristics/Symptom:

Is unable to use utensils required for dental/oral/denture hygiene Is unable to rinse mouth independently Level 2: Low impairment in mouth/tooth care

Is able to carry out oral hygiene with guidance and support Willingness to learn something new

Daily dental hygiene is ensured

Oral mucosa is healthy

Carry out assessment of mouth/tooth status 10 min.

1x daily In the morning

#### Causes/etiologies

Heminlegia

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# Thank you for your attention

