Using preparatory working groups as a lever to engage nurses and midwives in the transition to an electronic medical record

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Overview

• Funded to implement HIMMS level 6+ EMR by 2018
• Most EMR projects fail to deliver expected benefits

“92% of nurses (USA) dissatisfied with their EMR\(^1\)”

• Australian experience of EMR is emerging
• Strong clinical engagement as foundation for success
• Nurses are the largest user in health service
  • Need high fidelity and usability for nurses work

About Monash Health
CNIO Role

Internal to MH

• Representing, engaging and leading >7000 nursing and midwifery staff in informatics at Monash Health
• 2nd CNIO role in AUS
• Member of N&M Exec Leadership Team
• 3 goals specific related to EMR preparation

External to MH

• Clinical Informatics Advisory Group
• National CNIO group
• Link with international users and CNIOs

1. Workforce preparation
2. Workforce engagement
3. Discipline representation
EMR N&M project team

- Chief Nursing and Midwifery Officer
- Chief Nursing Information Officer (CNIO)
- Nurse and Midwifery Directors
- Nurse and Midwifery Managers and Educators
- Nurse and Midwifery Researchers
- Represent N&M from all parts of the organisation
  - 5 acute sites (including new Monash Children’s)
  - 1 sub-acute site
- Working groups structure
  - 5 working groups as per Model for Collaboration
Workforce preparation and Workforce engagement
EMR preparatory working groups

- N&M Scope of Practice
- Foundations of N&M Care
- N&M Care Documents
- N&M Workflows
- Minimum Data Set
• Working group finalised the nursing and midwifery scopes of practice to be developed within the EMR in March 2016

• Working group small (6 key senior staff)

• Paper completed and approved by N&M executive

• Scope of practice for specific roles completed May 2016

• Forwarded to the EMR Project Director
Foundations of N&M care – WG 2

- 10 ‘foundations of care’ for N&M care at Monash Health
- Comprehensive care planning
- Risk management
- Patient safety
- Uncover “secret nursing business”
- Larger WG of unit managers, educators and A/Prof
Uncovering secret N&M work

Patient care and experience

- Comfort
  - socio-cultural
  - psychological
  - physiological
  - hygiene
  - hydration
- Mobility
  - comfort
  - mobility
- Nutrition
  - nutrition
  - elimination
- Elimination
  - environment

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Comfort – 20 tools referred to

- Assessments
  - skin
  - cognition
  - behaviour
  - pain
  - continence
  - wound
  - physical assessment (inc. haemodynamic status)
  - medication
  - preference
  - falls
  - infection
  - communication
  - language
  - oral/mouth
  - visual/sensory
  - psychological* /emotional
  - manual handling
  - spiritual
  - discharge
  - activity tolerance and fatigue
Document analysis – WG3

• All routinely used nursing and midwifery documents
  • Care plans
  • Standard patient assessment tools
  • Admission documents
  • Risk screens
  • Paediatric and adult
  • All sites;
• Forms and items grouped into like purpose
• Larger WG associate unit manager, educators
Workflow examination – WG 4

• Approved as Quality Assurance Project
• Examine current nursing and midwifery documentation processes
• Identify risks of changes related to EMR and mitigation strategies
  • Collaboration with Deakin University
  • A pilot study is complete - PDSA cycle
  • Engage with undergraduate nursing students
  • 5 inpatient wards
• Smaller working group of 5 wards and Prof and A. Prof of Nursing
Minimum dataset – WG5

• Looking forward – next 12 months
• Foundations of care driver diagrams (WG 2) and documentation (WG) amalgamated
• Plan for use with every patient, every admission
  • Review for duplication and missing data
  • Drill down to granular detail
  • Consumers review and provide feedback
  • Expert nurse and midwife review and agreement on minimum data set for each foundation of care
• Large working group - ward nurses and midwives, educators, unit managers, A/Prof
Challenges and opportunities

- Successful implementation of EMR by 2018
- Evolving with CNIO new role in Australia
- Engage individuals across organisation and externally

- Cultural differences across organisation
- Nursing and midwifery within the service
- Inspire and manage expectations
- Attendance at working parties
- Awareness vs expectations vs capability
Summary

- Nursing and midwifery proactive preparatory role
- Working parties have been a huge success
  - Strategic approach
  - Ownership across health service
  - Engaging staff
  - Building the broader team
  - Expanding the circle of influence
  - Self selecting and nominations
  - Uncovering secret Nursing & Midwifery business
  - Generating excitement and anticipation
  - Developing a robust outcome
Questions?

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