Better Health. Powered by Information.

Connect Care

Clinical Documentation Improvement with Facilitated Norms and Standards

Rob Hayward
Clinical Documentation Committee
Clinical System Design Program

June 23, 2022

Alberta Health Services
Connect Care

Objectives

- Review progress with post-launch clinical documentation improvement initiative.
- Illustrate how standardized building blocks can improve documentation quality.
- Illustrate how “interactive documentation” could promote compliance with documentation norms.

Clinical Documentation Improvement

- Context
  - Anticipated issue… “note bloat”
- Documentation Quality
  - Contributing Causes
  - Programmatic Improvement
- Building Block Optimization
  - Making Smart-Stuff Intelligent
- Interactive Charting Supports
  - Progress and Summative new-generation documentation templates
- Discussion
  - Next steps and suggestions

Documentation Norms

"Note Bloat" is clinical documentation that is:

- Difficult and time-consuming to read
- Cluttered by inconsistent/inappropriate use of text, tables, lists, fonts, styles… leading to cognitive dissonance
- Obscures what is clinically important... decreasing situational awareness (perception and comprehension of information needed to take action)
- Hard to codify
- Hard for AI-enhanced searching to prioritize
- Productive of long, mis-ordered, imprecise, search results
- Clumsy to interface with other health information systems

Documentation Norms

"Note Bloat" reflects failed paper → digital paradigm change

- Data review tool → Data analysis tool
  - Patient-level information persists, always available
  - Chart already does the work of data organization, categorization, presentation
- Shift from documenting the 'What' to the 'Why'
  - Record understanding of the relationships between observations, problems
  - Exposing reasons for choices
  - Highlighting outcome tracking that will validate choices
- Generation Gap?
  - Trainees give highly positive ratings to text automation; better than before (perception that Quantity trumps Quality?)
  - Attendings rate products of text automation as unequivocally worse

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Documentation Degradation

“Note Bloat” Accelerants

1. Mistuned tokens
   - Failure to standardize fonts, formats, presentation, time intervals, abbreviation norms, data structure, alert indicators
   - Tokens not adapted to different documentation contexts (e.g. H&P vs Progress)
   - Difficulty quickly correcting document elements based on tokens (without losing refreshes)
2. Misused Copy-Paste, Copy-Forward
   - Obscures what is changed/new/important
   - Notes become indistinguishable variants with loss of attribution and accountability.
   - Contributes to growth in length and loss of focus
3. Misplaced Documentation
   - Using note as a Wiki-like draft discharge summary rather than other on-purpose tools
   - Failure to document patient-level data outside of encounter notes
   - Failure to take advantage of problem-oriented charting for complex patients

Documentation Quality Improvement

"Note Bloat" Remedy → Systematic Approach

- Programmatic Approach
- Oversight – priority, sponsorship, advocacy & authority
- Norms – principles, styles, references, best practice examples
- Compliance – audit, feedback, trending
- Documentation Tools & Templates Overhaul
- Training – anticipatory, base, continuing
- Intervention – strategy and evaluation framework

Documentation Oversight

"Note Bloat" Remedies

- ✓ Programmatic Approach
- ✓ Oversight – priority, sponsorship, advocacy & authority
- ❑ Norms – principles, styles, references, best practice examples
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Clinical Documentation Committee

ClinDoc Quality Workgroup

6 Month Plan / Targets

- After Visit Summary - medication display
- Race and Ethnicity Category list
- Problem reconciliation
- Summative documentation optimization
- Update Documentation Norms*
- Update Clin Doc Policy and Procedure*
- Smart Form principles and or Procedure documentation*

Documentation Norms

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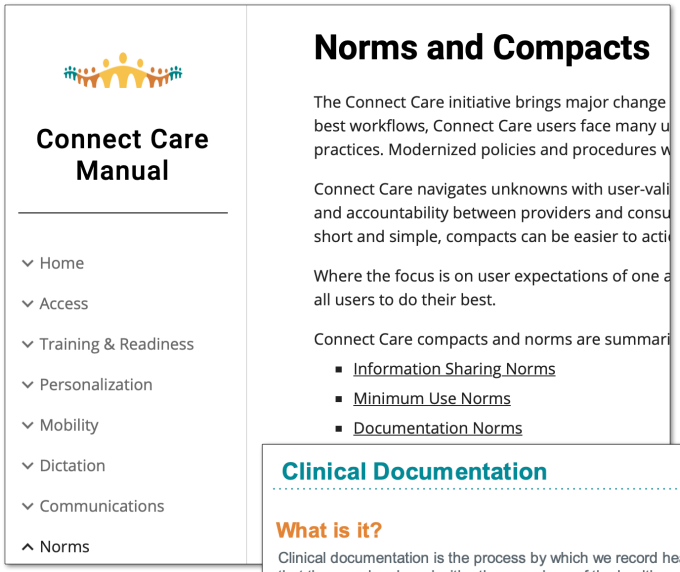
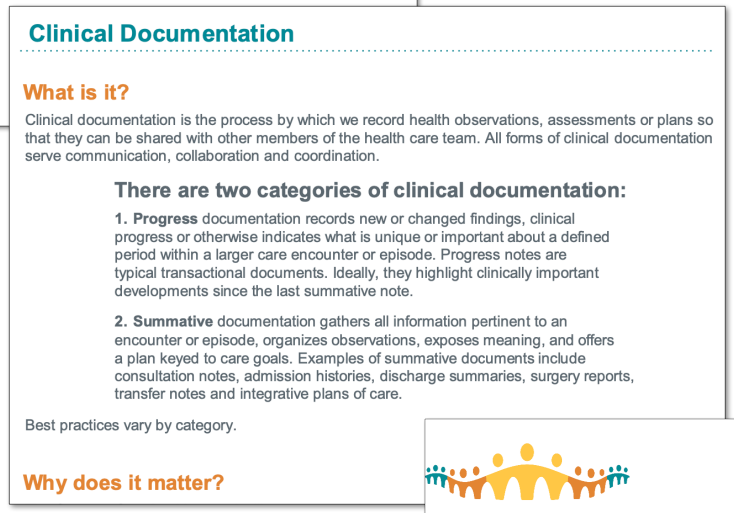
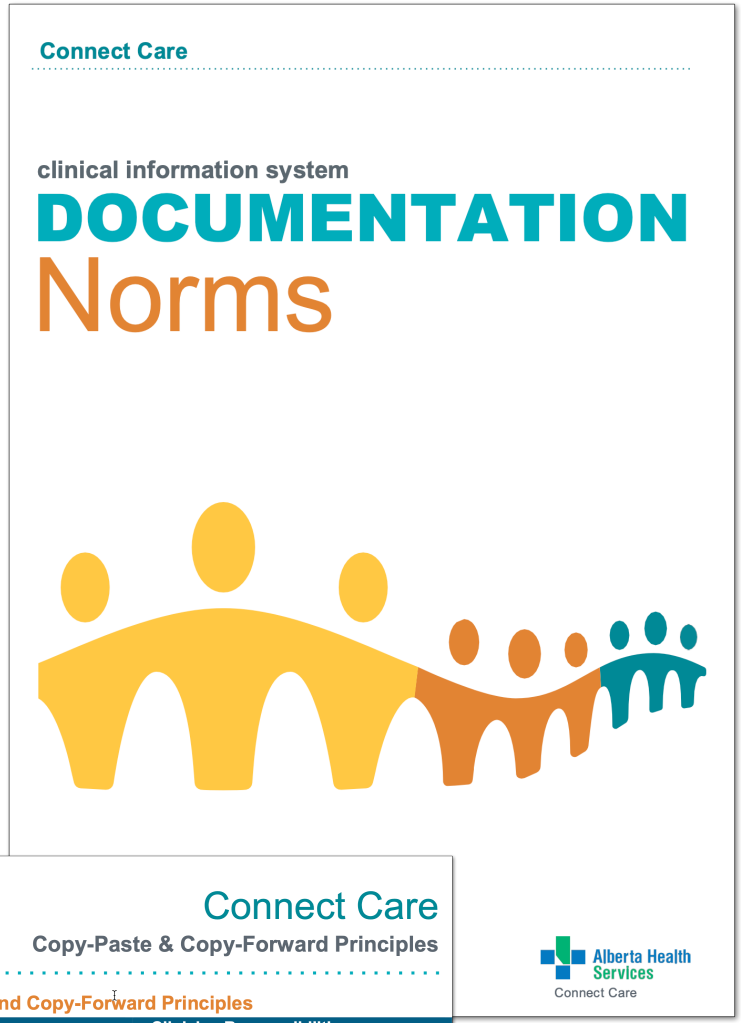
Connect Care Norms







norms.connect-care.ca

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Documentation Audits

"Note Bloat" Remedies

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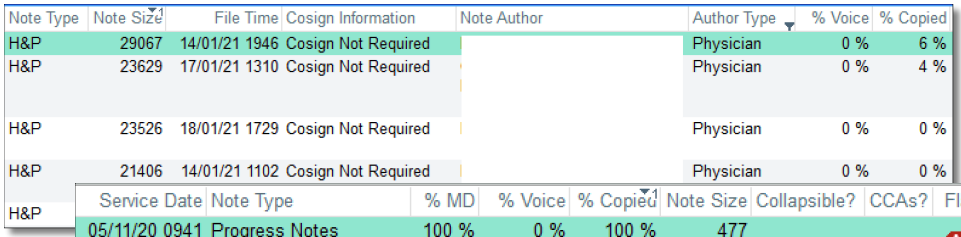
Connect Care Norms Compliance



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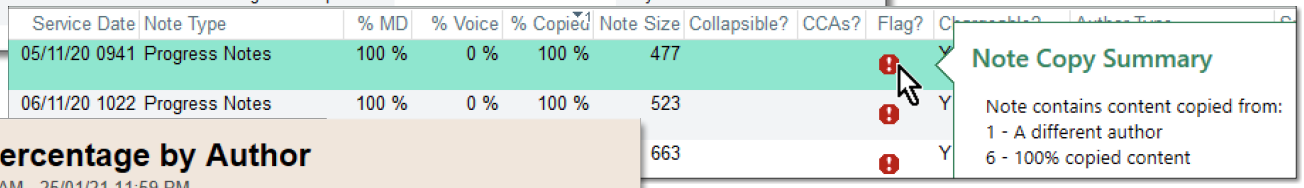
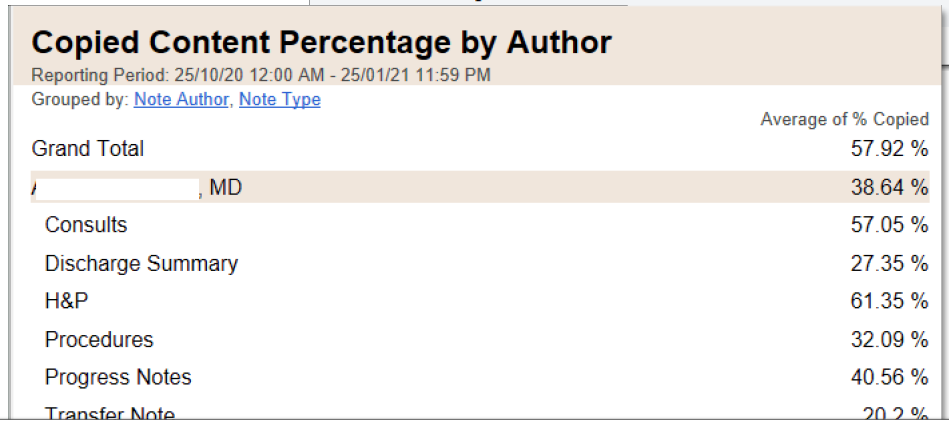
H&P	23629	17/01/21 1310	Cosign Not Required		Physician	0 %	4 %
H&P	23526	18/01/21 1729	Cosign Not Required		Physician	0 %	0 %
H&P	21406	14/01/21 1102	Cosign Not Required		Physician	0 %	0 %
H&P							



Service Date	Note Type	% MD	% Voice	% Copied	Note Size	Collapsible?	CCAs?	Flag?
05/11/20 0941	Progress Notes	100 %	0 %	100 %	477			
06/11/20 1022	Progress Notes	100 %	0 %	100 %	523			
					663			

Note Copy Summary

Note contains content copied from:
1 - A different author
6 - 100% copied content



Copied Content Percentage by Author

Reporting Period: 25/10/20 12:00 AM - 25/01/21 11:59 PM

Grouped by: Note Author, Note Type

	Average of % Copied
Grand Total	57.92 %
, MD	38.64 %
Consults	57.05 %
Discharge Summary	27.35 %
H&P	61.35 %
Procedures	32.09 %
Progress Notes	40.56 %
Transfer Note	20.2 %

Notes & Letters

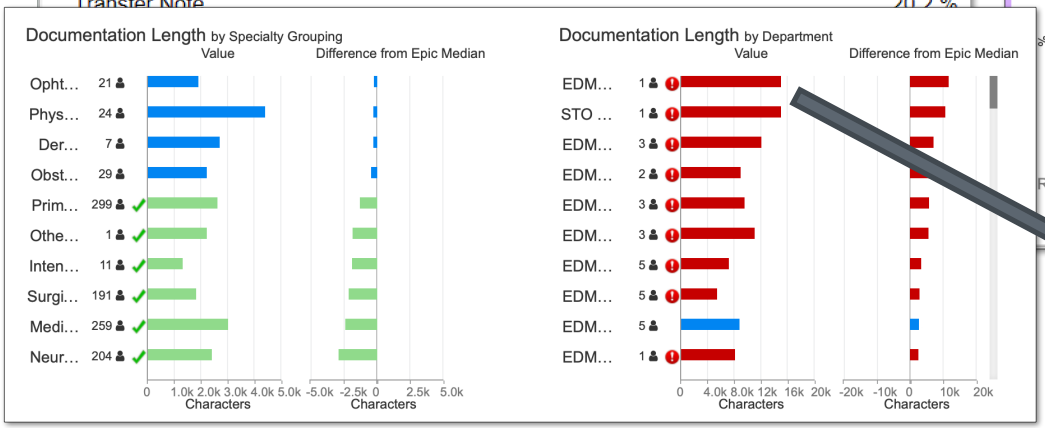
Time in Notes per Day: 27 min — Top 25%

Documentation Length: 2.4k char — Top 10%

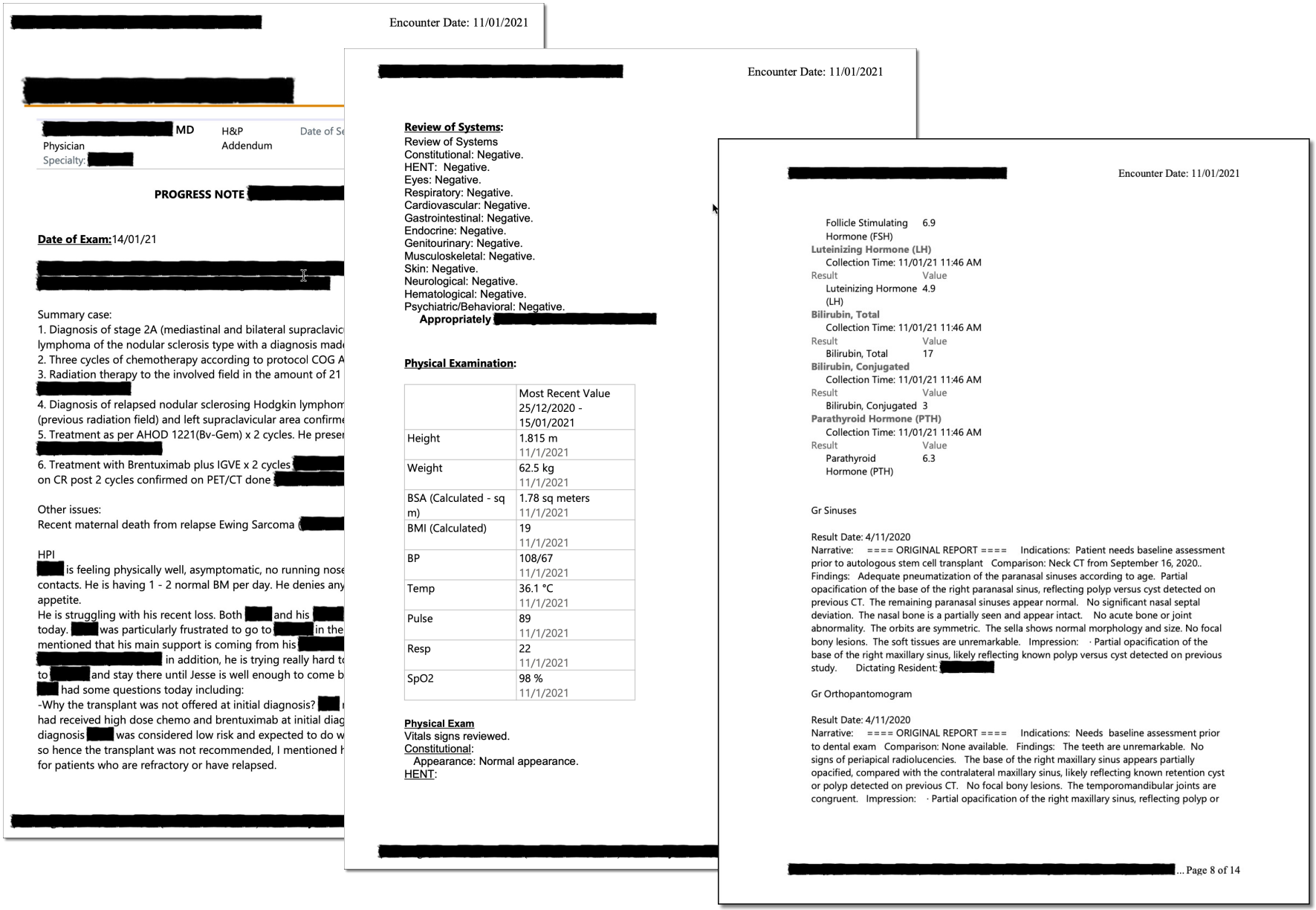
0.6 min (7 days) | 6.3 min per Appointment

Note Composition

Recommendations: NoteWriter Macros | Collapsible Note Sections | Haiku Photo Capture



Connect Care Norms Compliance



[redacted] Encounter Date: 11/01/2021

[redacted]

[redacted] MD H&P Date of Se
Physician Addendum
Specialty: [redacted]

PROGRESS NOTE [redacted]

Date of Exam:14/01/21

[redacted]

Summary case:
1. Diagnosis of stage 2A (mediastinal and bilateral supraclavic
lymphoma of the nodular sclerosis type with a diagnosis mad
2. Three cycles of chemotherapy according to protocol COG A
3. Radiation therapy to the involved field in the amount of 21
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[redacted]
6. Treatment with Brentuximab plus IGVE x 2 cycles [redacted]
on CR post 2 cycles confirmed on PET/CT done [redacted]

Other issues:
Recent maternal death from relapse Ewing Sarcoma [redacted]

HPI
[redacted] is feeling physically well, asymptomatic, no running nose
contacts. He is having 1 - 2 normal BM per day. He denies any
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He is struggling with his recent loss. Both [redacted] and his [redacted]
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Review of Systems:
Review of Systems
Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Endocrine: Negative.
Genitourinary: Negative.
Musculoskeletal: Negative.
Skin: Negative.
Neurological: Negative.
Hematological: Negative.
Psychiatric/Behavioral: Negative.
Appropriately [redacted]

Physical Examination:

	Most Recent Value 25/12/2020 - 15/01/2021
Height	1.815 m 11/1/2021
Weight	62.5 kg 11/1/2021
BSA (Calculated - sq m)	1.78 sq meters 11/1/2021
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Pulse	89 11/1/2021
Resp	22 11/1/2021
SpO2	98 % 11/1/2021

Physical Exam
Vitals signs reviewed.
Constitutional:
Appearance: Normal appearance.
HENT:

[redacted]

[redacted] Encounter Date: 11/01/2021

Follicle Stimulating Hormone (FSH) 6.9
Luteinizing Hormone (LH)
Collection Time: 11/01/21 11:46 AM
Result Value
Luteinizing Hormone (LH) 4.9
Bilirubin, Total
Collection Time: 11/01/21 11:46 AM
Result Value
Bilirubin, Total 17
Bilirubin, Conjugated
Collection Time: 11/01/21 11:46 AM
Result Value
Bilirubin, Conjugated 3
Parathyroid Hormone (PTH)
Collection Time: 11/01/21 11:46 AM
Result Value
Parathyroid Hormone (PTH) 6.3

Gr Sinuses

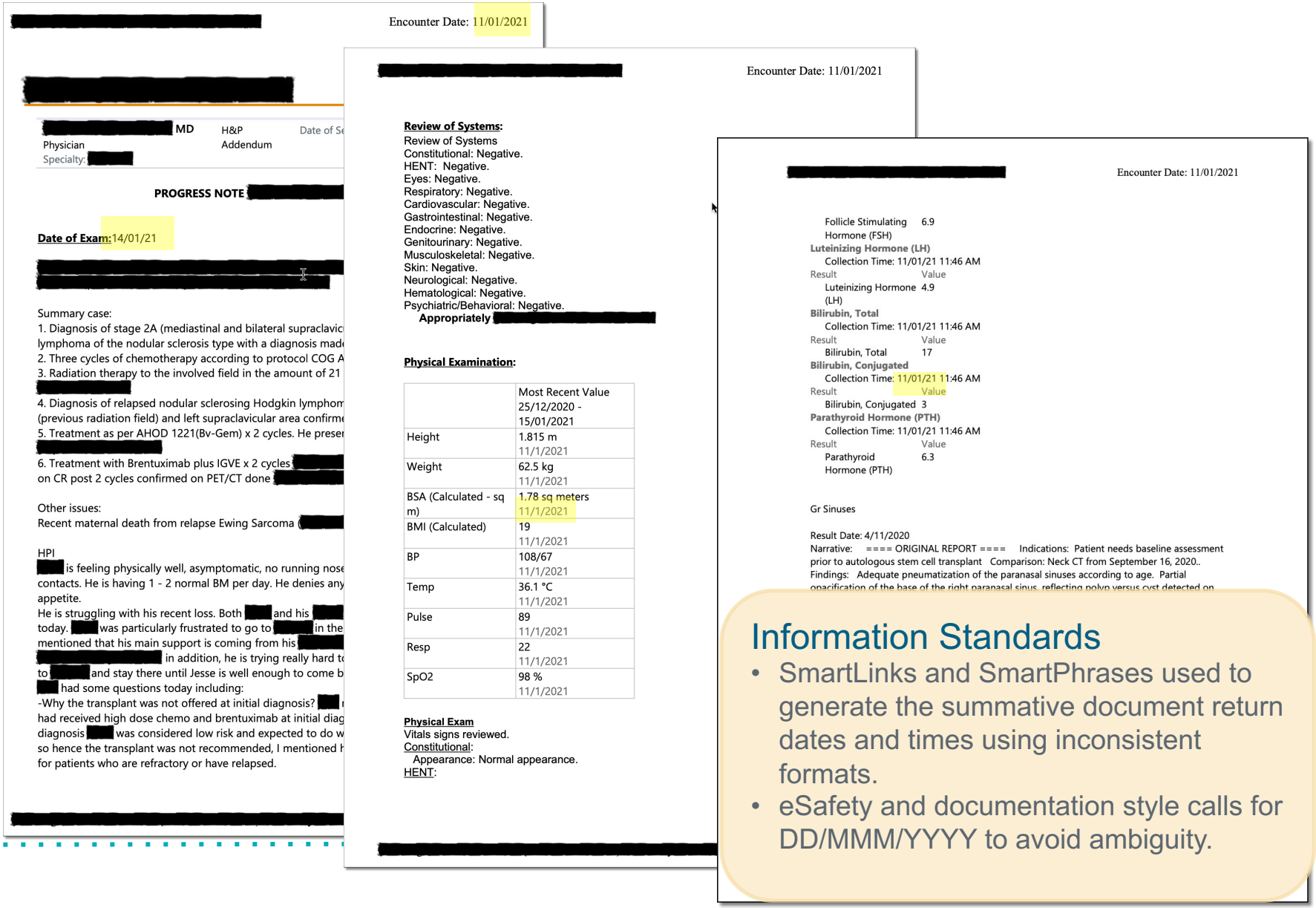
Result Date: 4/11/2020
Narrative: ==== ORIGINAL REPORT ==== Indications: Patient needs baseline assessment prior to autologous stem cell transplant Comparison: Neck CT from September 16, 2020.. Findings: Adequate pneumatization of the paranasal sinuses according to age. Partial opacification of the base of the right paranasal sinus, reflecting polyp versus cyst detected on previous CT. The remaining paranasal sinuses appear normal. No significant nasal septal deviation. The nasal bone is a partially seen and appear intact. No acute bone or joint abnormality. The orbits are symmetric. The sella shows normal morphology and size. No focal bony lesions. The soft tissues are unremarkable. Impression: · Partial opacification of the base of the right maxillary sinus, likely reflecting known polyp versus cyst detected on previous study. Dictating Resident: [redacted]

Gr Orthopantomogram

Result Date: 4/11/2020
Narrative: ==== ORIGINAL REPORT ==== Indications: Needs baseline assessment prior to dental exam Comparison: None available. Findings: The teeth are unremarkable. No signs of periapical radiolucencies. The base of the right maxillary sinus appears partially opacified, compared with the contralateral maxillary sinus, likely reflecting known retention cyst or polyp detected on previous CT. No focal bony lesions. The temporomandibular joints are congruent. Impression: · Partial opacification of the right maxillary sinus, reflecting polyp or

[redacted] ... Page 8 of 14

Connect Care Documentation Norms Compliance



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Information Standards

- SmartLinks and SmartPhrases used to generate the summative document return dates and times using inconsistent formats.
- eSafety and documentation style calls for DD/MMM/YYYY to avoid ambiguity.

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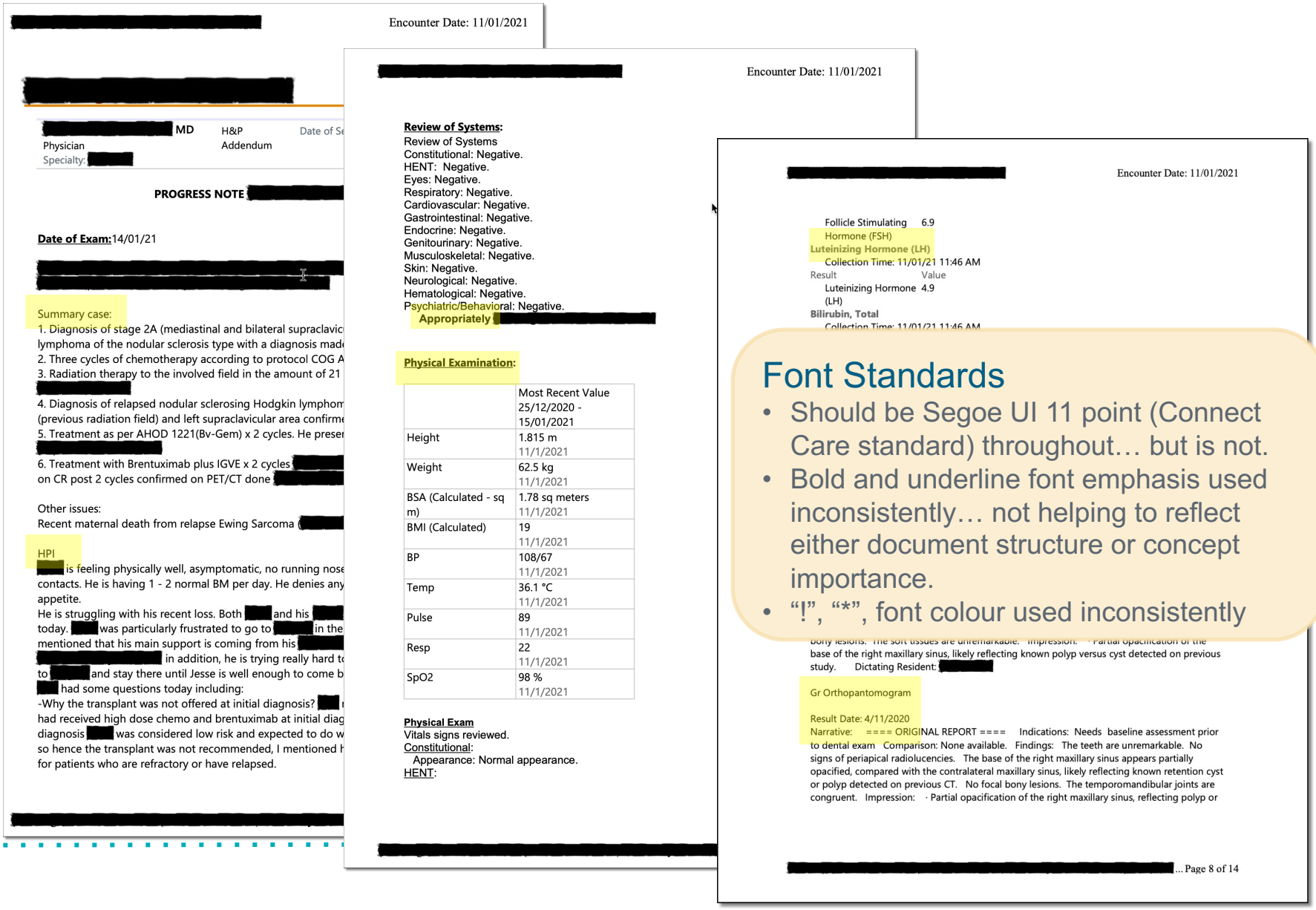

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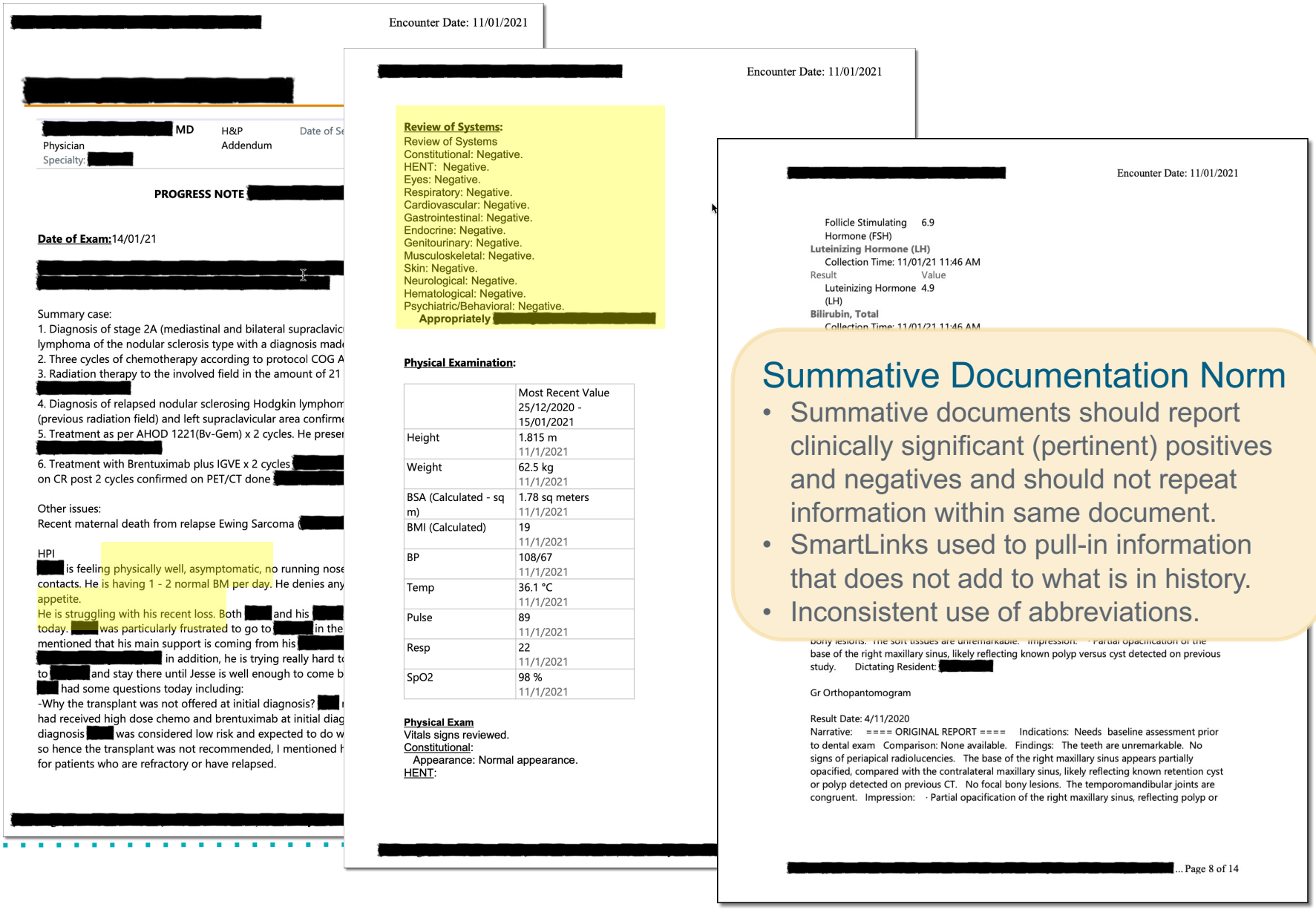
[redacted] ... Page 8 of 14

Font Standards

- Should be Segoe UI 11 point (Connect Care standard) throughout… but is not.
- Bold and underline font emphasis used inconsistently… not helping to reflect either document structure or concept importance.
- “!”, “*”, font colour used inconsistently

Connect Care Documentation Norms Compliance



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Bilirubin, Total
Collection Time: 11/01/21 11:46 AM

Summative Documentation Norm

- Summative documents should report clinically significant (pertinent) positives and negatives and should not repeat information within same document.
- SmartLinks used to pull-in information that does not add to what is in history.
- Inconsistent use of abbreviations.

bony lesions. The soft tissues are unremarkable. Impression: · Partial opacification of the base of the right maxillary sinus, likely reflecting known polyp versus cyst detected on previous study. Dictating Resident: [redacted]

Gr Orthopantomogram

Result Date: 4/11/2020
Narrative: ==== ORIGINAL REPORT ==== Indications: Needs baseline assessment prior to dental exam Comparison: None available. Findings: The teeth are unremarkable. No signs of periapical radiolucencies. The base of the right maxillary sinus appears partially opacified, compared with the contralateral maxillary sinus, likely reflecting known retention cyst or polyp detected on previous CT. No focal bony lesions. The temporomandibular joints are congruent. Impression: · Partial opacification of the right maxillary sinus, reflecting polyp or

[redacted] ... Page 8 of 14

Connect Care Documentation Norms Compliance

[redacted] Encounter Date: 11/01/2021

[redacted]

[redacted] MD H&P Date of Se
Physician Addendum
Specialty: [redacted]

PROGRESS NOTE [redacted]

Date of Exam:14/01/21

[redacted]

Summary case:
1. Diagnosis of stage 2A (mediastinal and bilateral supraclavic
lymphoma of the nodular sclerosis type with a diagnosis mad
2. Three cycles of chemotherapy according to protocol COG A
3. Radiation therapy to the involved field in the amount of 21
[redacted]
4. Diagnosis of relapsed nodular sclerosing Hodgkin lymphom
(previous radiation field) and left supraclavicular area confirm
5. Treatment as per AHOD 1221(Bv-Gem) x 2 cycles. He prese
[redacted]
6. Treatment with Brentuximab plus IGVE x 2 cycles [redacted]
on CR post 2 cycles confirmed on PET/CT done [redacted]

Other issues:
Recent maternal death from relapse Ewing Sarcoma [redacted]

HPI
[redacted] is feeling physically well, asymptomatic, no running nose
contacts. He is having 1 - 2 normal BM per day. He denies any
appetite.
He is struggling with his recent loss. Both [redacted] and his [redacted]
today. [redacted] was particularly frustrated to go to [redacted] in the
mentioned that his main support is coming from his [redacted]
[redacted] in addition, he is trying really hard t
to [redacted] and stay there until Jesse is well enough to come b
[redacted] had some questions today including:
-Why the transplant was not offered at initial diagnosis? [redacted]
had received high dose chemo and brentuximab at initial diag
diagnosis [redacted] was considered low risk and expected to do w
so hence the transplant was not recommended, I mentioned h
for patients who are refractory or have relapsed.

[redacted]

[redacted] Encounter Date: 11/01/2021

[redacted]

Review of Systems:
Review of Systems
Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Endocrine: Negative.
Genitourinary: Negative.
Musculoskeletal: Negative.
Skin: Negative.
Neurological: Negative.
Hematological: Negative.
Psychiatric/Behavioral: Negative.
Appropriately [redacted]

Physical Examination:

	Most Recent Value 25/12/2020 - 15/01/2021
Height	1.815 m 11/1/2021
Weight	62.5 kg 11/1/2021
BSA (Calculated - sq m)	1.78 sq meters 11/1/2021
BMI (Calculated)	19 11/1/2021
BP	108/67 11/1/2021
Temp	36.1 °C 11/1/2021
Pulse	89 11/1/2021
Resp	22 11/1/2021
SpO2	98 % 11/1/2021

Physical Exam
Vitals signs reviewed.
Constitutional:
Appearance: Normal appearance.
HENT:

[redacted]

[redacted] Encounter Date: 11/01/2021

Summative Documentation Norm

- Many SmartLinks pulling in data formatted inefficiently… not prose-appropriate. Lots of wasted space. Inconsistent density of information.
- Non-summative data included.
- 14 pages is way too long to serve most summative information needs.

Gr Sinuses

Result Date: 4/11/2020
Narrative: ==== ORIGINAL REPORT ==== Indications: Patient needs baseline assessment prior to autologous stem cell transplant Comparison: Neck CT from September 16, 2020.. Findings: Adequate pneumatization of the paranasal sinuses according to age. Partial opacification of the base of the right paranasal sinus, reflecting polyp versus cyst detected on previous CT. The remaining paranasal sinuses appear normal. No significant nasal septal deviation. The nasal bone is a partially seen and appear intact. No acute bone or joint abnormality. The orbits are symmetric. The sella shows normal morphology and size. No focal bony lesions. The soft tissues are unremarkable. Impression: · Partial opacification of the base of the right maxillary sinus, likely reflecting known polyp versus cyst detected on previous study. Dictating Resident: [redacted]

Gr Orthopantomogram

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Narrative: ==== ORIGINAL REPORT ==== Indications: Needs baseline assessment prior to dental exam Comparison: None available. Findings: The teeth are unremarkable. No signs of periapical radiolucencies. The base of the right maxillary sinus appears partially opacified, compared with the contralateral maxillary sinus, likely reflecting known retention cyst or polyp detected on previous CT. No focal bony lesions. The temporomandibular joints are congruent. Impression: · Partial opacification of the right maxillary sinus, reflecting polyp or

[redacted] ... Page 8 of 14

Clinical Documentation Improvement

- Context
  - Anticipated issue… “note bloat”
- Documentation Quality
  - Contributing Causes
  - Programmatic Improvement
- Building Block Optimization
  - Making Smart-Stuff Intelligent
- Interactive Charting Supports
  - Progress and Summative new-generation documentation templates
- Discussion
  - Next steps and suggestions

Documentation Tools

"Note Bloat" Remedies

- ✓ Programmatic Approach
- ✓ Oversight – priority, sponsorship, advocacy & authority
- ✓ Norms – principles, styles, references, best practice examples
- ✓ Compliance – audit, feedback, trending
- ➢ Documentation Tools & Templates Overhaul
- ❑ Training – anticipatory, base, continuing
- ❑ Intervention – strategy and evaluation framework

Connect Care Documentation Tools Overhaul

Patient Active Problem List

Diagnosis

- Depression
- Type 2 diabetes mellitus
- Hypertension
- Insomnia
- Diabetes mellitus

Principal Problem:
Type 2 diabetes mellitus
Active Problems:
Hypertension
Diabetes mellitus
Resolved Problems:
* No resolved hospital problems. *

Current Outpatient Medications on File Prior to Encounter

Medication	Sig	Dispense	Refill
• enalapril maleate 10 mg tablet	Take 10 mg by mouth one (1) dose per day, in the morning.		
• LORazepam 1 mg tablet	Take 1 mg by mouth every six (6) hours, as needed for anxiety.		
• metFORMIN 500 mg tablet	Take 1,000 mg by mouth two (2) times per day (with breakfast and supper).		
• buPROPion, long acting (ZYBAN) 150 mg 12 hr tablet	Take 150 mg by mouth 2 (two) times a day. Do not crush, chew, or split.		
• cetirizine (REACTINE) 5 mg tablet	Take 5 mg by mouth 1 (one) time each day.		
• furosemide (LASIX) 20 mg tablet	Take 20 mg by mouth 2 (two) times a day.		
• insulin aspart-aspart protamin (NOVOMIX 30 PENFILL U-100 INSUL) 100 unit/mL (30-70) cartridge	Inject 15 mg under the skin two (2) doses per day.	30 mL	2

Long-Term Medications:
- buPROPion, long acting (ZYBAN), 150 mg, oral, bid
- cetirizine, 5 mg, oral, daily
- enalapril maleate, 10 mg, oral, daily
- furosemide, 20 mg, oral, bid
- insulin aspart-aspart protamin, 15 mg, subcutaneous, bid
- insulin lispro-insulin lispro protamine (HumaLOG Mix 25) injection, 4 units, subcutaneous, bid
- LORazepam, 1 mg, oral, q6h PRN
- metFORMIN, 1,000 mg, oral, bid with breakfast & supper

Prose-optimization

- Building-block SmartLinks validated to return correct (expected) information
- Returned content complies with style and format guides.
- Optimized for clinician-friendly, succinct
- Sensitive to eSafety guides (e.g., avoiding medication interp error)

Smart Tools Audit & Tune up:

Specialty	SmartLink ID	SmartLink Name	Unique Users Who Used This SmartLink in the Reporting Period	Times This Specialty Used This SmartLink in the Reporting	Short Description	Mnemonic
Emergency Medicine	100326	MEDICATIONS - CURRENT PRESCRIP	4	121	Medications - Current Liste	CMEDSOP
General Practice	101184	EDPTMEDS	6	116	Display patients outpatient	EDPTMEDS
Psychiatry	100063	MEDSSCHEDULED	5	102	Scheduled Medications	MEDSSCHEDULED
Psychiatry	100064	MEDSPRN	5	101	PRN Medications	MEDSPRN
Psychiatry	100065	MEDSINFUSIONS	4	88	Infusions Meds	MEDSINFUSIONS
Intensive Care	100063	MEDSSCHEDULED	3	73	Scheduled Medications	MEDSSCHEDULED
Emergency Medicine	49011	ED MEDICATIONS - ADMINISTERED A	3	72	ED Medications - ordered a	EDMEDS
Intensive Care	100064	MEDSPRN	2	70	PRN Medications	MEDSPRN
Emergency Medicine	77	MEDICATIONS - PREVIOUS TO THIS E	19	61	Medications ordered prior	MED
Family Medicine	101046	AHS IP CURRENT IP MEDS	5	57	Medications - Current Liste	CMEDLIST
Cardiology	101184	EDPTMEDS	2	55	Display patients outpatient	EDPTMEDS
General Practice	100063	MEDSSCHEDULED	13	50	Scheduled Medications	MEDSSCHEDULED
Internal Medicine	77	MEDICATIONS - PREVIOUS TO THIS E	7	50	Medications ordered prior	MED
Internal Medicine	19	MEDICATIONS - CURRENT, LISTED C	10	49	Medications - Current Liste	CMEDS
General Practice	100064	MEDSPRN	10	49	PRN Medications	MEDSPRN
Internal Medicine	2108000004	AHS AMB HOME MEDS	1	48	Home Medications - curren	HOMEMEDS
Family Medicine	100063	MEDSSCHEDULED	5	43	Scheduled Medications	MEDSSCHEDULED
Cardiology	100063	MEDSSCHEDULED	5	42	Scheduled Medications	MEDSSCHEDULED
Family Medicine	100064	MEDSPRN	5	42	PRN Medications	MEDSPRN
Pediatrics	19	MEDICATIONS - CURRENT, LISTED C	14	38	Medications - Current Liste	CMEDS

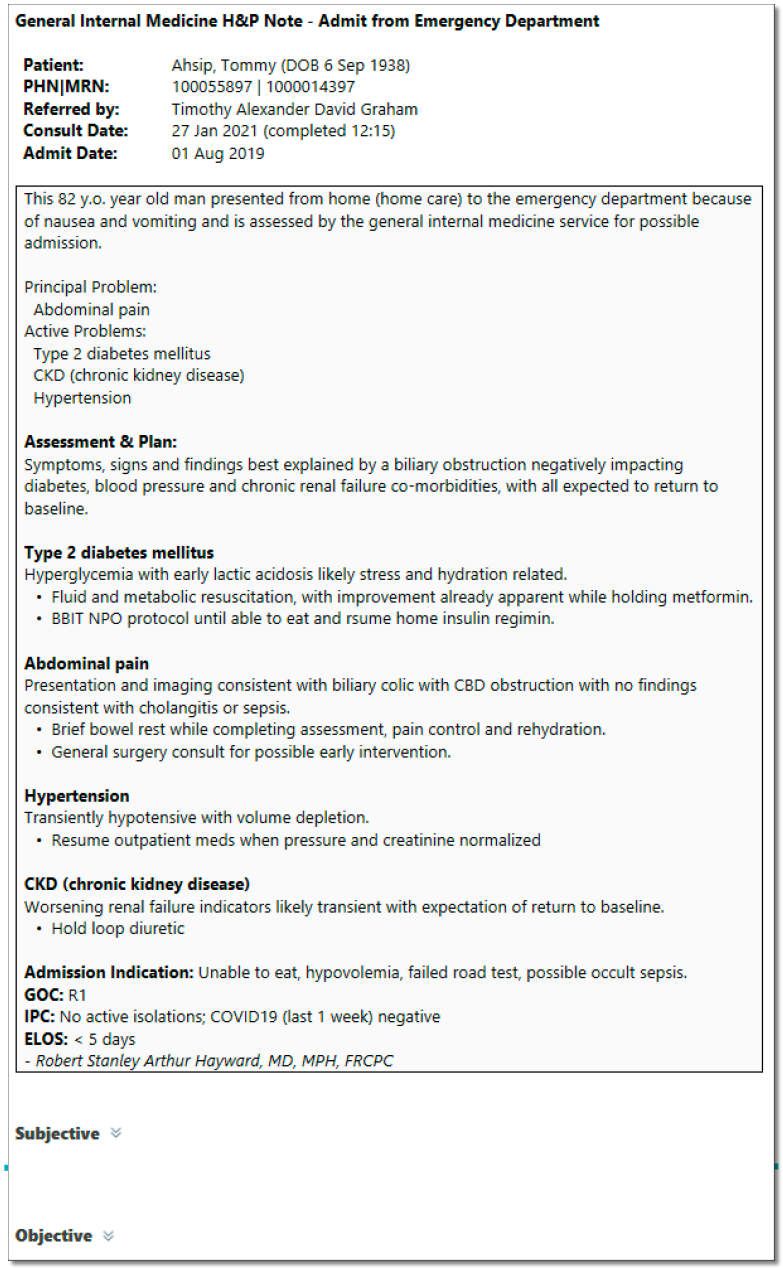
Prioritization

- Focus on SmartLinks used most frequently but most specialties
- Name using a consistent norm that makes discovery easy, with cues for prose-optimized and summative-ready.

Connect Care Documentation Tools Overhaul

Structure

- Key information given primacy of place (following Connect Care APSO provincial standard and AHS Qure guidelines)
- Supporting information in collapsible sections.



General Internal Medicine H&P Note - Admit from Emergency Department

Patient: Ahsip, Tommy (DOB 6 Sep 1938)
PHN|MRN: 100055897 | 1000014397
Referred by: Timothy Alexander David Graham
Consult Date: 27 Jan 2021 (completed 12:15)
Admit Date: 01 Aug 2019

This 82 y.o. year old man presented from home (home care) to the emergency department because of nausea and vomiting and is assessed by the general internal medicine service for possible admission.

Principal Problem:
Abdominal pain
Active Problems:
Type 2 diabetes mellitus
CKD (chronic kidney disease)
Hypertension

Assessment & Plan:
Symptoms, signs and findings best explained by a biliary obstruction negatively impacting diabetes, blood pressure and chronic renal failure co-morbidities, with all expected to return to baseline.

Type 2 diabetes mellitus
Hyperglycemia with early lactic acidosis likely stress and hydration related.
- Fluid and metabolic resuscitation, with improvement already apparent while holding metformin.
- BBIT NPO protocol until able to eat and rsume home insulin regimin.

Abdominal pain
Presentation and imaging consistent with biliary colic with CBD obstruction with no findings consistent with cholangitis or sepsis.
- Brief bowel rest while completing assessment, pain control and rehydration.
- General surgery consult for possible early intervention.

Hypertension
Transiently hypotensive with volume depletion.
- Resume outpatient meds when pressure and creatinine normalized

CKD (chronic kidney disease)
Worsening renal failure indicators likely transient with expectation of return to baseline.
- Hold loop diuretic

Admission Indication: Unable to eat, hypovolemia, failed road test, possible occult sepsis.
GOC: R1
IPC: No active isolations; COVID19 (last 1 week) negative
ELOS: < 5 days
- Robert Stanley Arthur Hayward, MD, MPH, FRCPC

Subjective

Objective

Connect Care Documentation Tools Overhaul

Standards

- Date & time standards compliance.
- Abbreviation compliance
- Use of font style to reflect document structure.
- Font face and style
- Etc.

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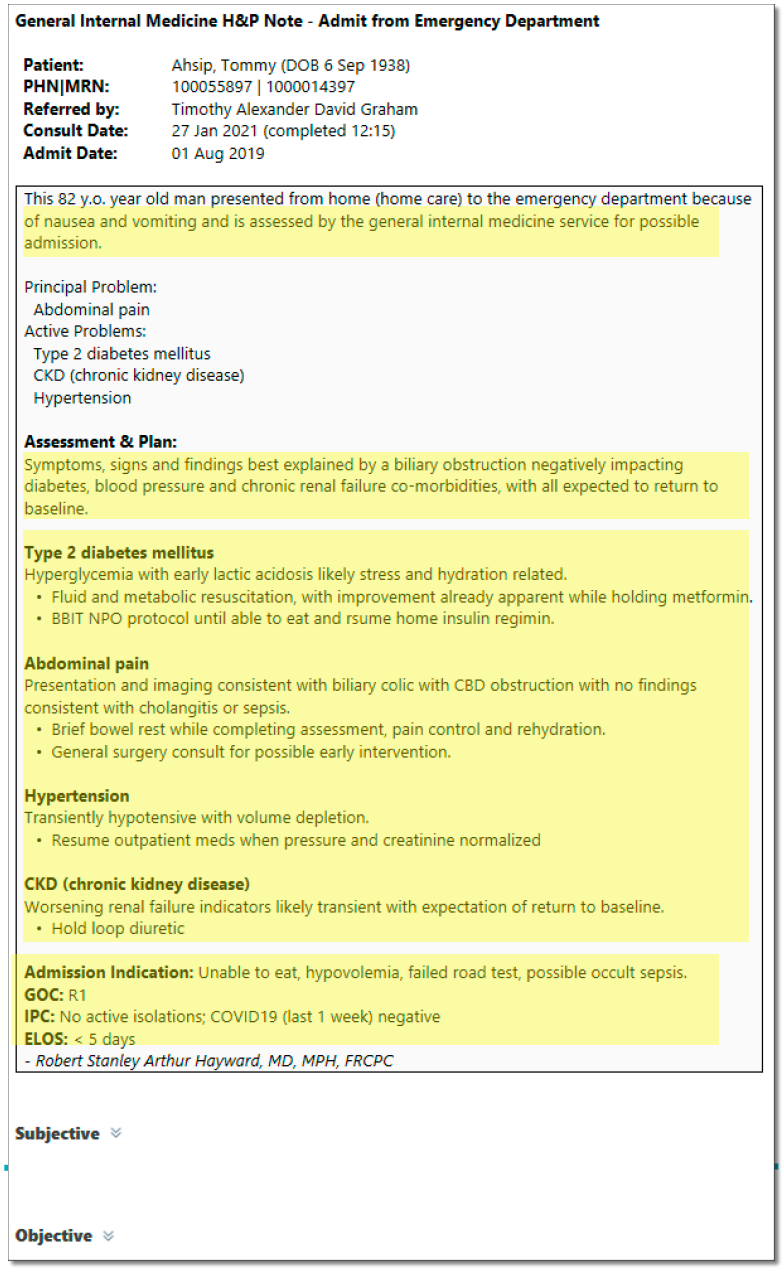
Subjective

Objective

Connect Care Documentation Tools Overhaul

Structure

- Purpose of summative document reflected in structure and placement of key SmartLinks.



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Subjective

Objective

Question

Succinct integrative statement

Action-oriented problem-oriented assessment and plan

Answer

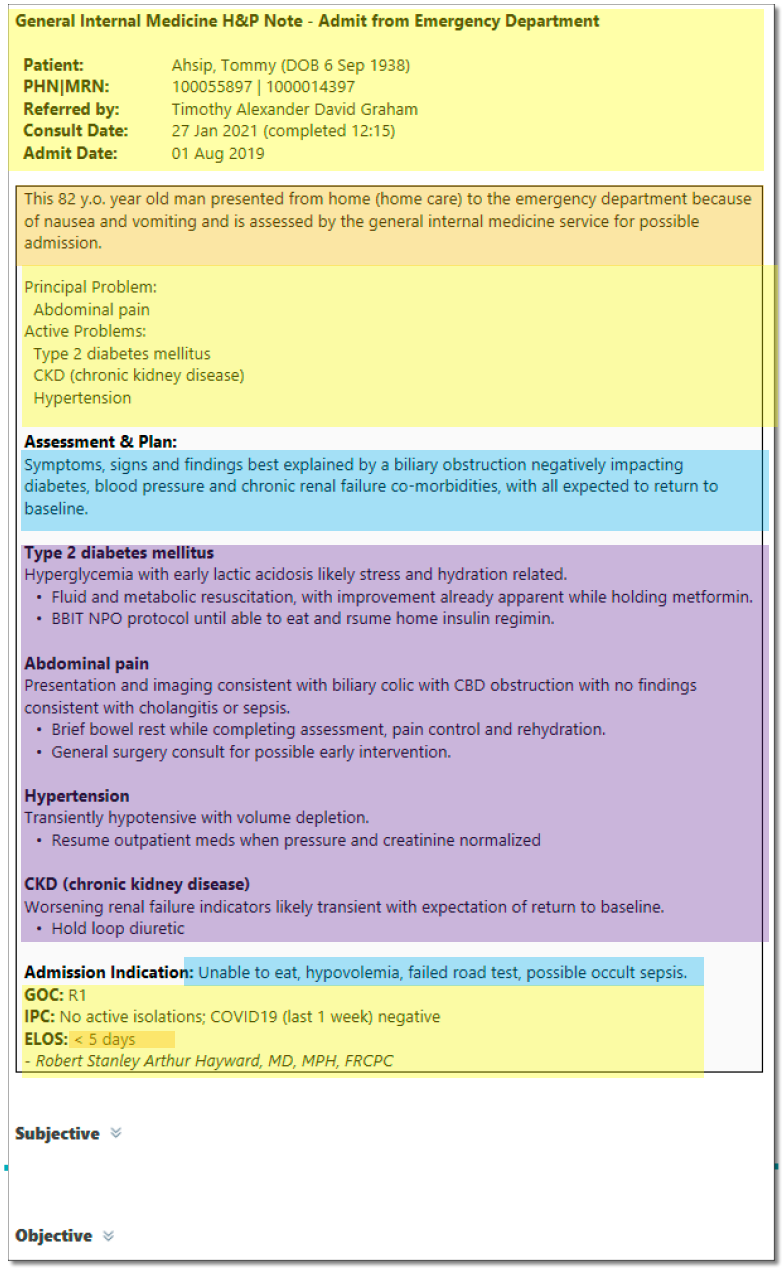
APSO standard

Collapsed details

Connect Care Documentation Tools Overhaul

Composition

- Promote use of full Connect Care chart.
- Promote use of problem-oriented charting.
- If charting (problem management, med management, history sections, etc.) done, then most of summative document is created automatically, with a few areas inviting in-system dictation.



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Subjective

Objective

Automated

Facilitated

Voice

Problem-oriented charting

Clinical Documentation Improvement

- Context
  - Anticipated issue… “note bloat”
- Documentation Quality
  - Contributing Causes
  - Programmatic Improvement
- Building Block Optimization
  - Making Smart-Stuff Intelligent
- Interactive Charting Supports
  - Progress and Summative new-generation documentation templates
- Discussion
  - Next steps and suggestions

Guiding Principles

- Document with purpose
  - Content selected and organized to promote continuity and coordination of care
  - The full chart is electronically available with views supporting other purposes (archival, legal, reimbursement, etc.)
- Document with ease
  - Reward adherence to minimum-use norms with automation of as much of summative documentation as possible

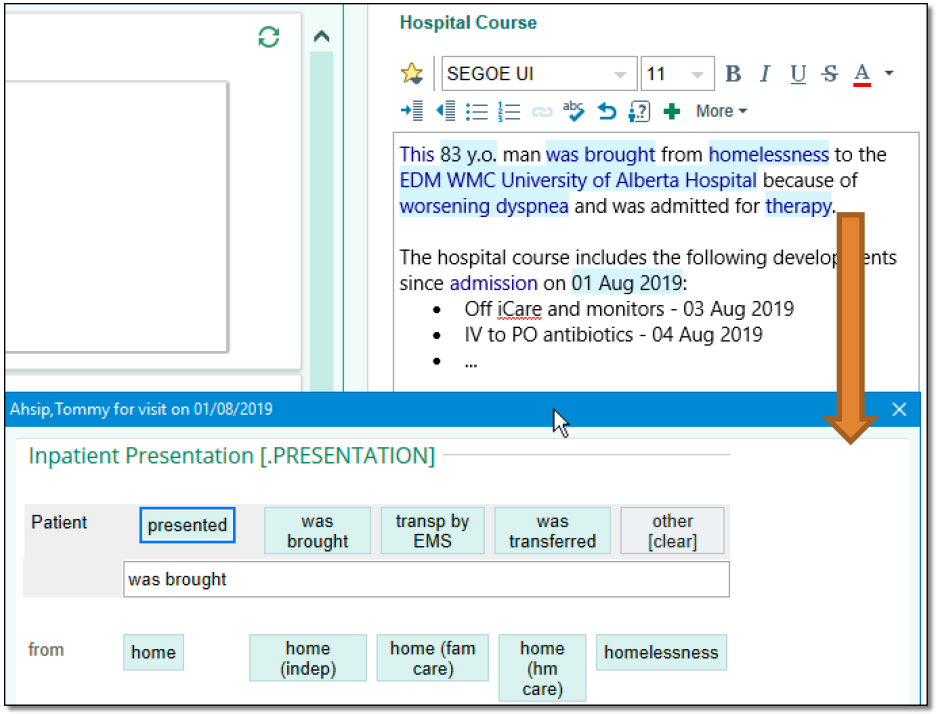
Guiding Principles

- Only include information essential to purpose that is not readily available elsewhere
  - Demographics, for example are in headers/footers
  - Do not replicate med/surg/fam/device history if possible to reference existing H&P in same system
- Expose clinician thinking, not clerking
  - Emphasize commentary on things like labs (e.g., what's different/new/trending) rather than replication of data available elsewhere

Principles → Tools → Practice

- Headings and Layout
  - Major headings to reflect feedback received
  - Suppression of all text embellishments that will not translate well to pdf exports (Netcare)
  - Suppression of embedded help on save
- Conditional Content
  - Suppress headings and space used if content not available/used
  - Specialty customizations appear automatically
- Interactive Structured Documentation
  - Emerging document is widely “clickable”, giving rapid access to chart data and to tools for updating that data, then instantly incorporated in refreshed note.
- Embedded Feedback

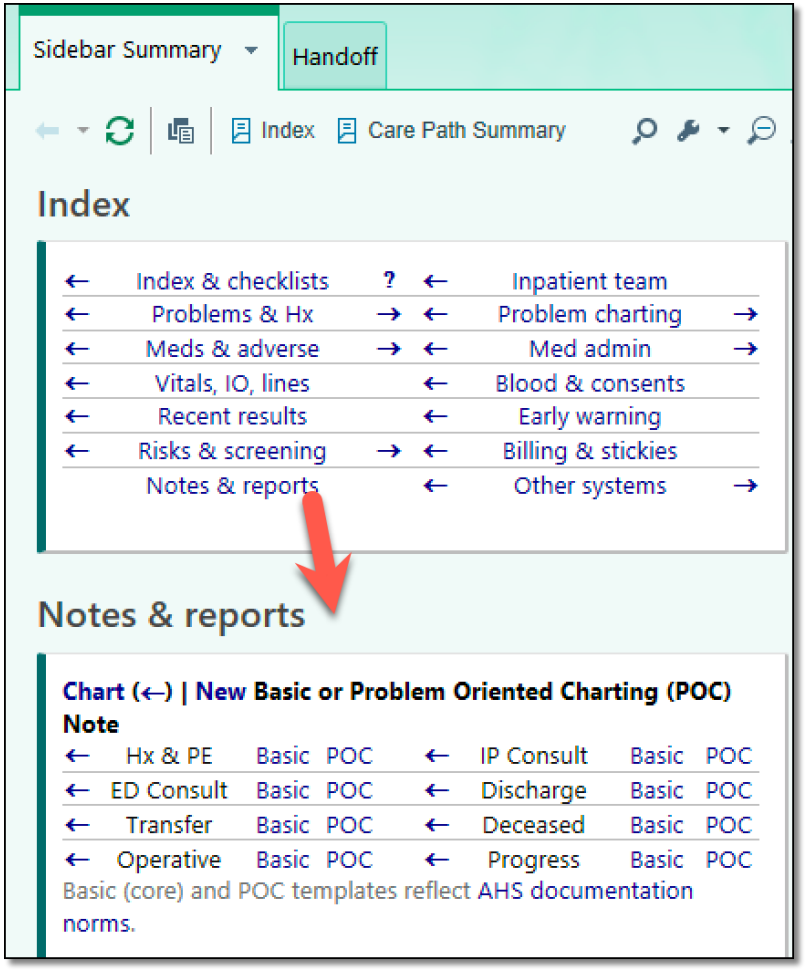
Hospital Course – Example of Interactive Documentation



.e.g., “Hospital Course”

- Wiki-like record of key developments in a hospital encounter.
- Figures prominently in discharge, deceased, transfer templates.
- → Initiated automatically with interactive “SmartText” that presents as easily readable prose but has embedded structured data that is quickly edited by clicking on any dark-blue text to access pop-up point-and-click editors.

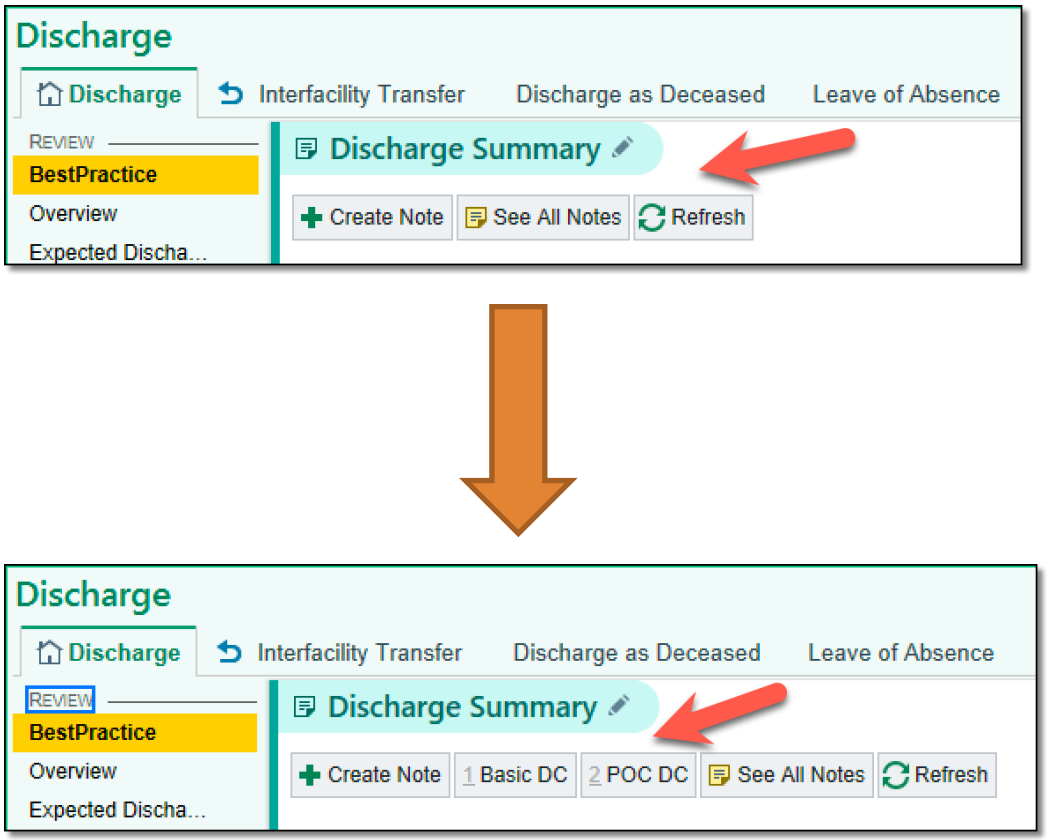
Navigator Speed Buttons for Standard Summative Documentation



SideBar Support

- Inpatient SideBar index and associated displays overhauled as part of DQI and implemented with soft-launch.
- Includes a tools for generating DQI standard summative documentation with a single click (opens correct editor to correct template ready to go).
- Templates pull from all standardized documentation objects.
- Dramatic decrease in information burden to create key summative documents.

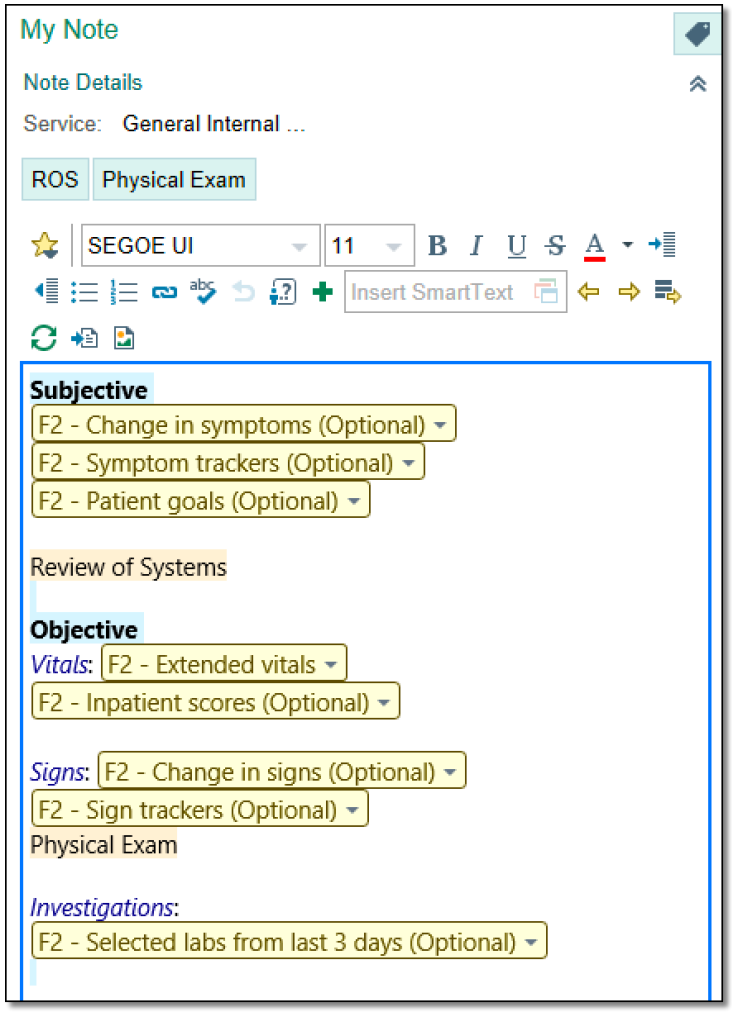
Navigator Speed Buttons for Standard Summative Documentation



Speed Buttons

- Admission, Discharge, Transfer navigators have sections facilitating completion of required summative documentation.
- Speed Buttons can be configured to automatically initiate a standardized template.
- Users can create their own buttons if they know the template to specify.
- Used to instant initiation of specialty-specific variants of the provincial documentation standard templates.

Subjective-Objective Note Simplify



Subjective Objective Note

- Part of Problem Oriented Charting workflow.
- DQI creates “choose-your-journey” default Subjective Objective Note template that allowed users to select from a number of pick-lists for how much detail to include.
- Defaults allow for typical, simple, notes to be rapidly generated (navigate through F2 or by clicking and selecting) and, if not relevant, can be ignored and automatically suppressed.
- More complex notes supported by user selecting just the data/tests that are relevant.
- Prose content and style reminds users to follow “documentation by exception”.
- Result highlights what is new or important and avoids copy-paste progress notes.

New Build

- Workflow enhancements
  - New Sidebar: illustrates “interactive charting”
- Problem Oriented Charting
  - New POC elements: hospital course, progress note, problem overviews remove drives for copy-paste
- Interactive
  - New summative documentation templates “reward” adoption of new workflows with much less work
  - Prose documentation “emerges” as user interacts with embedded links and in-context popup data-entry

Documentation Norms

"Note Bloat" Remedies

- ✓ Programmatic Approach
- ✓ Oversight – priority, sponsorship, advocacy & authority
- ✓ Norms – principles, styles, references, best practice examples
- ✓ Compliance – audit, feedback, trending
- ➢ Documentation Tools & Templates Overhaul
- ❑ Training – anticipatory, base, continuing
- ➢ Intervention – strategy and evaluation framework

Documentation Improvement Supports

Parallel Activities

Derive Norms-informed Style Guide

- Target audience: embedded personalization jockeys producing SmartPhrases, etc.
- Consistent with decision support and safety style guides.
- Specific to level of use of fonts, emphasis, colours, abnormality symbols, etc.

Optimize Building Blocks

- SmartLinks - ~50-75 needed (mostly derivatives, some new, some conditional)
- SmartLists - ~20 advanced SmartLists with embedded SmartLinks and SmartText
- SmartPhrases - ~20 building blocks that can be selectively pulled for specific needs

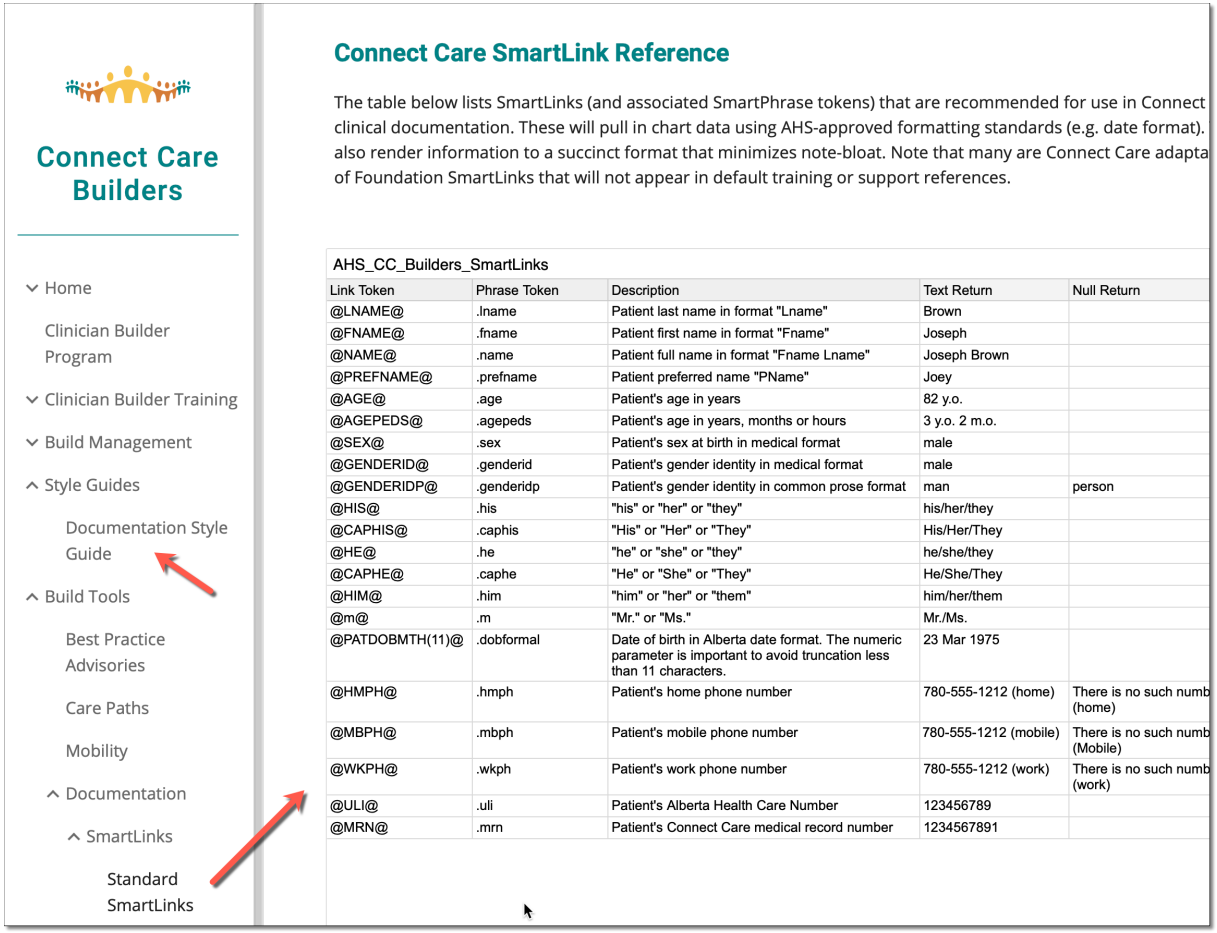
Provincially Standardized Templates

- Provincial summative documentation (SmartText) templates
- Render specialty-adapted variants

Spotlight Best Practice Examples

- Annotated examples illustrating how best to use advanced automation templates in conjunction with charting best practices, including problem-oriented charting.

Documentation Improvement Supports



Link Token	Phrase Token	Description	Text Return	Null Return
@LNAME@	.lname	Patient last name in format "Lname"	Brown	
@FNAME@	.fname	Patient first name in format "Fname"	Joseph	
@NAME@	.name	Patient full name in format "Fname Lname"	Joseph Brown	
@PREFNAME@	.prefname	Patient preferred name "PName"	Joey	
@AGE@	.age	Patient's age in years	82 y.o.	
@AGEPEDS@	.agepeds	Patient's age in years, months or hours	3 y.o. 2 m.o.	
@SEX@	.sex	Patient's sex at birth in medical format	male	
@GENDERID@	.genderid	Patient's gender identity in medical format	male	
@GENDERIDP@	.genderidp	Patient's gender identity in common prose format	man	person
@HIS@	.his	"his" or "her" or "they"	his/her/they	
@CAPHIS@	.caphis	"His" or "Her" or "They"	His/Her/They	
@HE@	.he	"he" or "she" or "they"	he/she/they	
@CAPHE@	.caphe	"He" or "She" or "They"	He/She/They	
@HIM@	.him	"him" or "her" or "them"	him/her/them	
@m@	.m	"Mr." or "Ms."	Mr./Ms.	
@PATDOBMTH(11)@	.dobformal	Date of birth in Alberta date format. The numeric parameter is important to avoid truncation less than 11 characters.	23 Mar 1975	
@HMPH@	.hmph	Patient's home phone number	780-555-1212 (home)	There is no such numb (home)
@MBPH@	.mbph	Patient's mobile phone number	780-555-1212 (mobile)	There is no such numb (Mobile)
@WKPH@	.wkph	Patient's work phone number	780-555-1212 (work)	There is no such numb (work)
@ULI@	.uli	Patient's Alberta Health Care Number	123456789	
@MRN@	.mrn	Patient's Connect Care medical record number	1234567891	

Documentation Improvement Intervention

Strategic Intervention

Define Scope

- Big-Bang re-set → Building Blocks
- Sequential by specialty → Audit, Feedback, Best Practice Models
- Precision intervention in problem specialties with key-influencers

Tools before Reform

- Optimize Building Blocks
- Re-assert Norms through Style Guides and Promoted Building Blocks
- Up-skill builders, power users, super users, key-personalizers
- Reform standard templates and publish Best Practice examples

Pandemic Opportunity

- Lead with focused set of high-quality COVID-19 summative documentation models and templates templates

DQI – Phase I Closure

- Prototype Stakeholder Review
  - Sources
  - Participants
  - Consensus recommendations
  - Points of divergence
- Prototypes → UAT → Soft Launch
  - Changes to headings, layout, columns
  - Strategies for adaptive documentation
  - Strategies for just-in-time support for minimum use norms
- Next Steps
  - Full launch Summer 2022, promotion, training, usage surveillance

Clinical Documentation Improvement

- Context
  - Anticipated issue… “note bloat”
- Documentation Quality
  - Contributing Causes
  - Programmatic Improvement
- Building Block Optimization
  - Making Smart-Stuff Intelligent
- Interactive Charting Supports
  - Progress and Summative new-generation documentation templates
- Discussion
  - Next steps and suggestions

Follow-up:

- Initiative connect-care.ca
- Norms norms.connect-care.ca
- Manual manual.connect-care.ca
- Builder builders.connect-care.ca

Better Health. Powered by Information.

Connect Care

Clinical Documentation Improvement Initiative

Rob Hayward
Clinical Documentation Committee
Clinical System Design Program

June 23, 2022

Alberta Health Services
Connect Care