

Use of “Super Users” to Support an Electronic Health Record

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Beth Israel Deaconess Medical Center

Introduction/Problem

In 2008, BIDMC implemented a new electronic health record (EHR) for the critical care units. Nursing staff members were recruited and trained to act as “Super Users” to support the implementation of the new application. The medical center adopted LEAN methodology, making it apparent that the maintenance of the EHR required oversight and input from the end users to support workflow. In 2010, the MetaVision Workgroup was established consisting of existing “Super Users” and recruiting new representatives from each of the critical care specialties. The workgroup meets six times a year to review EHR formatting, reduce redundancy, bring forward requests for improvement, and support the workflow and education of bedside staff.

Aim/Goal

- Simplify and standardize our collaborative electronic documentation system
- Create a more efficient system by:
 - Restructuring and reorganizing
 - Decreasing redundancy
 - Re-educating staff in order to optimize clinical time at the bedside while meeting regulatory requirements.

The Team

- Veronica Kelley, BSN, RN
- Robert Lombardo, BS, RN, CCRN
- Cara McDonough, BSN, RN
- Karen Smith, BSN, RN
- Carrie Steyer, BSN, RN
- Sharon O’Donoghue, MS, RN
- Emily Raymond, BSN, RN
- Laura Ritter-Cox, MSN, RN-BC
- Brooke Webb, BSN, RN

The Interventions

- Surveyed staff to identify areas in need of improvement related to nursing care plans and made recommendations regarding Nursing Care Plans based upon the survey results
- Redesigned the Nursing Progress Note to incorporate standardized customizable Care Plans
- Developed a Frequently Asked Question Section within MetaVision
- Tested a new database structure for a system service pack upgrade
- Provided Downtime support to staff during implementation of database upgrade/Service Pack implementation
- Reconstructed the Medication Section entirely to make it more user friendly
- Reconstructed Invasive Lines Assessment Section for simplicity and ease of use
- Restructured the Functional Health Pattern Assessment
- Reviewed and simplified Tool Tips
- Monitored the progress of reducing Unsigned Notes

Results/Progress to Date

- Tested a service pack upgrade and supported its implementation
- Reviewed and updated the forms for documenting Invasive Lines and Tubes
- Developed tutorials and FAQ tab to support staff
- Continuous review of entire flow sheets, forms and notes to assess current state of our documentation system (i.e. Mobility documentation, Foley catheter documentation, dyspnea assessment, CAM-ICU, Nursing Care Plans, Tool Tips, etc.)
- Reviewed and simplified documentation guideline
- Reorganized flowsheet layout to facilitate quicker documentation for the nursing staff placing frequently used sections first
- Continuous monitoring of unsigned notes

For more information, contact:

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Lessons Learned

- Workflow must be considered when changes to flowsheets are requested and implemented
- Minimize unnecessary documentation and reduce redundancy
- Constant review and monitoring is required to identify user “workarounds” to reduce documentation time
- Users need frequent re-education on the functionalities within MetaVision
- Continuous monitoring and evaluation MetaVision’s interactions with other applications and decision support systems, if needed
- Documentation should reflect patient assessment which is sometimes complex and incomplete
- Documentation should reflect standards of care
- MetaVision should not drive practice

Next Steps

- Continue to standardize documentation using LEAN methodology to improve efficiency
- Re-educate staff on charting by exception
- Continue to develop tutorials and FAQs for support staff
- Plan and develop orientation program for new staff
- Continue to evaluate progress with unsigned notes

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