



Changing Culture, Changing Practice, & “Getting Through My Day”

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Kaiser Permanente Colorado

- Integrated health care delivery system
- Operated by Kaiser Foundation Health Plan of Colorado and the Colorado Permanente Medical Group
- Since 1969 – Colorado’s oldest and largest group practice
- 476,558 members in six county Denver/Boulder area and Colorado Springs
- More than 4800 Health Plan employees
- 17 medical offices and three behavioral health offices
- Exempla Good Samaritan, Exempla Saint Joseph
- The Children’s Hospital

Kaiser Permanente & KP HealthConnect

- April 2004 initial launch in the Hawaii region
- October 2004 Colorado region go live
- Outpatient & inpatient electronic medical record
- Outpatient scheduling registration and billing
- Inpatient pharmacy billing & admission discharge & transfer
- Member access on kp.org

How Did We Get Started

- Did what we thought was right
- Didn't know what we didn't know
- What we built wasn't working

Nursing Guideline Work at Kaiser Permanente

- Advice/triage, nurse visit, practice and procedure
- Guideline by committee
- Evidence based
- Multidisciplinary

Agreements

- Use SmartSets
- Imbed Guideline into SmartSet
- Use After Visit Summary (AVS)
- And Patient Instructions (PI)
- Minimum Documentation Standards

Minimum Documentation Standards for Telehealth Nursing

- Demographics
 - Today's call back number
 - Name and title of advice nurse

Minimum Documentation Standards for Telehealth Nursing

- Nursing assessment
 - Chief complaint
 - Signs and symptoms related to chief complaint
 - Assessed for emergent/urgent signs and symptoms
 - Onset and duration/pattern
 - Medical/surgical history reviewed
 - Allergies and current medication

Minimum Documentation Standards for Telehealth Nursing

- Planning and implementation
 - Appropriate advice given
 - Guideline(s) used for triage, assessment, and advice
 - Emergent signs and symptoms reviewed with caller
 - Advised to call back if signs and symptoms persist or worse

Minimum Documentation Standards for Telehealth Nursing

- Evaluation
 - Planned follow-up
 - Caller's agreement documented

Process

- Guideline - develop, review, revise
- SmartSet build and quality check
- Test and release
- Distribute and educate
- Track usage
- Provide feedback

Nursing Guideline SmartSet

- To Provider Section
 - Data Collection
 - Emergent Triage Text
 - Emergent Triage List
 - Additional Data Collection
 - Semi Urgent
 - Non Urgent

Nursing Guideline SmartSet

- Diagnosis
- Orders
 - Medications
 - Labs
 - Radiology
- Plan
- Advice – patient instructions (PI)
- Disposition

Why Use SmartSets

- Timely, accurate, and complete flow of Information through the KPHC system
- Minimize risk
- Retreivable data

Feedback

- Everything we need is on one page
- It's one stop shopping
- Focused documentation
- Finally something that will help us

Feedback

- Flows with the patient call and gives some flexibility, doesn't box you in
- Faster and better documentation from point of view of documentation standards
- Better and more useable for MD review & cosign

Feedback

- Consistency in documentation across sites and departments
- Guideline is the SmartSet
- Able to use them throughout the system

What Have We Learned?

- They seem difficult at first
- Nurses don't know about them
- Nurses don't know how to use them
- Tool for systematic triage and documentation
- Integration, integration, integration
- Always making improvements
- Universal language for nurses at KP

SmartSet Usage Report Sample

	Jan	Feb	March	April	May	June	July
--total telephone enc for dept--	799	786	902	881	867	852	852
ADULT PHONE AND VISIT SINUSITIS NGL CO			2	1	5		
ADULT PHONE COUGH NGL CO							1
ADULT PHONE EYE PROBLEMS NO TRAUMA NGL CO						1	1
ADULT PHONE URINARY SYMPTOMS NGL CO					1	1	7
ADULT PHONE VOMITING NGL CO							3
PEDS PHONE EYE PROBLEMS NO TRAUMA NGL CO	1						
PEDS PHONE FEVER NGL CO			1	1			
PHONE GENERIC NGL CO			1	4			
UTI FEMALE NGL NSG CO	1	5	1		1		

Translation Research

- Inducing and exhorting do not always work
- Sustainability requires explicit support
- Affect of organizational culture, capacities, and infrastructure

Barriers to Translating Research into Practice

- Workload
- Conflicting goals and priorities
- Experiential knowledge vs. Empirical knowledge
- Organizational support
- Communication
- Complexities of organizational change

Barriers to Translating Research into Practice

- Negative viewpoints about research or change
- Explosion of knowledge and technology
- Organizational system limitations
- Organization support
- Time
- Lack of resources

One-third of the time, even uncontroversial evidence-based recommendations are not followed

Translating Research into Practice

“The process of implementing and using research findings must be institutionalized so that EBP and related implementation efforts become part of both the organization’s and the individual clinician’s daily ‘way of doing business’.”

Cheryl Stetler (2003)

Changing Practice

- No single intervention will work
- Developers or “owners” aren’t the best sales people
- It’s an iterative process
- Get buy-in from the users

Next Steps

- Build the Nursing-IT infrastructure
- Essential skills checklist
- Department specific assessment and training
- Manage the expectation
- Lead the Way

Thank You

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