Creating One Source of Truth for Clinical Procedures

Dianne Morgan, BSN, RN, CPAN; Ann Alway, MS, RN, CNRN; Michelle Jones, BSN, RN, CPN; Jessica Reese, BSN, RN, CMSRN; Katie Kammann, BSN, RN, CBN; Wendi Lahodny, BSN, RN, ONC; Nancy Dunn, MS, RN; Sarah Wolfe, MSN, RN-BC; Pam Hanenberg, RNC-OB; Kristy McIntosh, MS, BSN, RN; Harriett Martin, RN; Jordan Reed, BSN, RN; Lillian Andres; Whitney D'Aboy, MBA

Problem

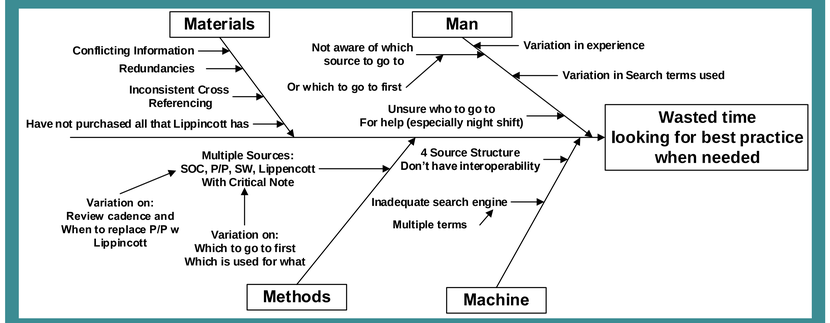
There are multiple sources available to find clinical information, without a clear definition for which source to use.

What Should Be Happening

Front line staff should be able to quickly determine the best practice for a clinical procedure 100% of the time in two minutes or less.

What is Actually Happening

There are multiple sources of information: Lippincott, Unit Standards of Care (SOC), Standard Work (SW), and Policies, Procedures and Protocols (PPP.) Front line staff are unsure where to find what they are looking for, or there is conflicting information between sources. For central line searches, it takes an average of 3.57 minutes to find the information requested.



Gap

1.57 minutes (answer not found in 9 scenarios).

Impact of Gap

Patient safety, staff satisfaction, productivity (finance), patient experience.

Root Cause

Lack of a standard.

Hypothesis

If we create a standard for one source of truth for clinical information, then clinicians will find the information they need in two minutes or less.

Tests of Change

TOC 1:

Collect baseline data on three central line scenarios:
- How to draw blood from a central line
- Daily cares/assessment of a central line
- Medication administration/flushing a central line

TOC 2:

Assimilate all sources of information for central lines. Add a critical note into Lippincott to call attention to Salem Health specifics and cross reference PPP.

Central venous access catheter flushing and locking

Revised: April 15, 2016

Critical Notes!

At Salem Health:

- **Place order for "central line flush panel" in Epic.**
- **Order is Flush with 10ml of SALINE every 8 hrs and 20ml Saline prn after blood draws -*never heparin.***
- **Document: sample collection on Patient Summary Report, Flush administration on the MAR, line patency status on IV Assessment Flowsheet.**

See Salem Health Policy Title:

- **Central Venous Access Device / Central Line.**

TOC 3:

Develop SW for searching for clinical procedures and answers to clinical questions.

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STANDARD WORK: Searching for Clinical Procedures

Purpose: Provide frontline staff with an efficient method to search for clinical procedures.

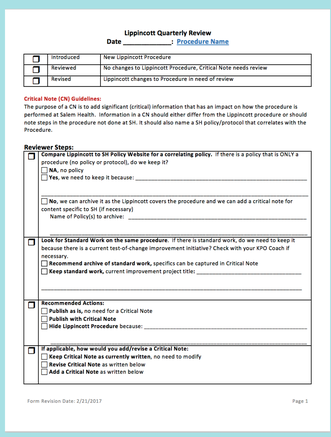
Inputs: Lippincott, Policies and Procedures, Computer access

TOC 4:

Develop a CBT to educate staff about the new standard and process for searching for clinical procedures.

TOC 5:

Develop a SW for Lippincott reviews to sustain the new standard.



Lippincott Quarterly Review

Date _____; Procedure Name

☐	Introduced	New Lippincott Procedure
☐	Reviewed	No changes to Lippincott Procedure, Critical Note needs review
☐	Revised	Lippincott changes to Procedure in need of review

Critical Note (CN) Guidelines:

The purpose of a CN is to add significant (critical!) information that has an impact on how the procedure is performed at Salem Health. Information in a CN should either differ from the Lippincott procedure or should note steps in the procedure not done at SH. It should also name a SH policy/protocol that correlates with the Procedure.

Reviewer Steps:

☐ **Compare Lippincott to SH Policy Website for a correlating policy.** If there is a policy that is ONLY a procedure (no policy or protocol), do we keep it?
- ☐ **NA**, no policy
- ☐ **Yes**, we need to keep it because: _____

☐ **No**, we can archive it as the Lippincott covers the procedure and we can add a critical note for content specific to SH (if necessary)
- Name of Policy(s) to archive: _____

☐ **Look for Standard Work on the same procedure.** If there is standard work, do we need to keep it because there is a current test-of-change improvement initiative? Check with your KPO Coach if necessary.
- ☐ **Recommend archive of standard work**, specifics can be captured in Critical Note
- ☐ **Keep standard work,** current improvement project title: _____

☐ **Recommended Actions:**
- ☐ **Publish as is**, no need for a Critical Note
- ☐ **Publish with Critical Note**
- ☐ **Hide Lippincott Procedure** because: _____

☐ **If applicable, how would you add/revise a Critical Note:**
- ☐ **Keep Critical Note as currently written,** no need to modify
- ☐ **Revise Critical Note** as written below
- ☐ **Add a Critical Note** as written below

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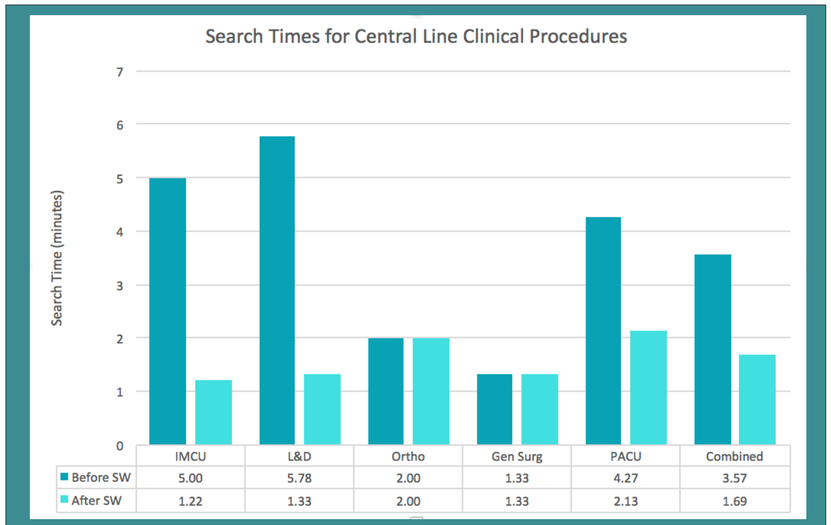

	IMCU	L&D	Ortho	Gen Surg	PACU	Combined
Before SW	5.00	5.78	2.00	1.33	4.27	3.57
After SW	1.22	1.33	2.00	1.33	2.13	1.69

Sources for Central Line Clinical Information

Before	After
4 policies	2 policies
10 Lippincott procedures (0 critical notes)	10 Lippincott procedures (10 critical notes)
10 Standard Work	0 Standard Work

50% Reduction!

Keys to Success:

- SW for searching for clinical procedures was well received by staff
- Adding critical note to Lippincott to capture what was previously in multiple sources (SW or PPP)
- Creating SW for Lippincott reviews
- Creating a Clinical Procedures Sub-Council within Practice Council to more effectively and efficiently review Lippincott procedures

Lessons Learned:

- Using the most effective search term can be highly variable and lead to variable results
- Lippincott is more up-to-date than PPP (cadence for updating is more frequent)
- SW is crucial to reduce variation in practice
- Cross referencing is key to assuring current knowledge

For more information, contact:

Katie Kammann, BSN, RN, CBN
Katherine.Kammann@salemhealth.org