

# We never go out of style! How to create a style guide for electronic medical records (eMR).

## INTRODUCTION

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation. It serves people and communities in 21 states from coast to coast with 88 hospitals, and 126 continuing care facilities, home health and hospice programs, and PACE center locations that provide more than 2.5 million visits annually. The organization was formed in May 2013, when Trinity Health and Catholic Health East officially came together to strengthen their shared mission, increase excellence in care and advance transformative efforts with our unified voice.

With the expansion of the Trinity Health organization, there was also the addition of multiple electronic medical records (eMRs). The clinical leadership recognized the need to develop processes to both design the eMRs in a way to support clinical practice and initiatives but to also migrate to a single approach for that design. The long term goal is to develop a Trinity Health Model eMR that would be implemented across 51 of the Trinity Health hospitals.

- I. PURPOSE
- II. GUIDING PRINCIPLES
- III. CLINICAL TERMINOLOGY
- IV. ANATOMY (SPELLED AND ABBREVIATED) RESPONSES (UNDESCRIPTIVE/ALPHABETIC)
- V. MEASUREMENTS
- VI. CLINICAL SALES
- VII. FINDINGS (CENED POWERBAND)
- VIII. PHYSICIAN (CENTRUM/INTERACTIVITY)
- IX. FLOWCHART/ALGORITHM
- X. LINKS/TABS/QUIN DOCUMENTATION
- XI. HIGHLIGHT DISPLAY TABS (CENTRUM VIEWER/MANAGE, CLINICAL LEADER, DATABASE CASE COMPASS, TALKING SHEETS)
- XII. INTERACTIVITY/PLAN CARE (PACS)
- XIII. PARENTHESIS
- XIV. FLAGGING (PAC/PACKAGE LOCATION DOCUMENTATION (DEEM) INSTRUCTIONS)
- XV. APPEND

1. The Current Model design will be adopted by Trinity Health unless the design does not fully support the services and complexity of care provided by the Trinity Health Regional Health Measures (RHM).
2. Trinity Health System Care Organization Team, Special Interest Group (SIG) and Council are responsible to validate the design of clinical content, system formatting and appearance and work those processes within the EMR (Appendix A. List of Trinity Health optimization teams and councils).
3. Where specific RHM or facility content requirements differ, conditional logic using RHM or facility codes will be incorporated e.g. RHM does not provide peritoneal services.
4. The EMR clinical system design must meet both national and state clinical practice and regulatory requirements e.g. Joint Commission [JC], Meaningful and New York State Nursing Professional Practice Act.
5. Where the state/local regulations required specific builds that could not be accommodated in the enterprise design, the development of state/local specific designs are necessary. The EMR system design and content should promote clinical practice at the top of professional licensure or certification. The change history for modifications from Current Model must be archived in a retrievable manner to support the retrospective review required to support quality improvement and legal cases.
6. The EMR clinical content will be reviewed on a regular basis to ensure Trinity Health's ability to meet the expected clinical standards and regulations.
  1. I/OCC and evidence sources will be reviewed every 3 years
  2. All Writers (flow) links are updated quarterly
  3. I/OCC quarterly reports will need to be reviewed in annual alignment with TIG clinical practice
7. Forms and flow sheets will be reviewed for content currency optimization opportunities every 5 years.
8. All federal regulations and standards change within TIC and CMS, the EMR will require review/revisions to ensure adherence to the regulatory changes to support the EMR.
9. During the sessions for new content development, reviews of existing content will also be conducted at that time. (Appendix B. Content Review Schedule).

## PROCESS

Our journey started with the idea that a style guide would assist us in maintaining the standards that we thought would be essential. Although the need to develop a style guide is noted in many references for optimizing the eMR, when it was time to develop the guide there were few to be found and those that were found were so specific to the eMR vendor that they were not valuable. Trinity Health clinical and nursing informatics colleagues collaborated using their informatics knowledge, a review of the clinical practice standards and their past experiences in eMR development.

## RESULTS

The document developed represents the Trinity Health System style guideline for the electronic medical record. The concepts within this style guide are intended to promote excellence in clinical practice by the incorporation of evidenced based content and consistency in the definition of clinical terminology, system design, and work flow within the Trinity Health eMR. The scope of this guide is focused on nursing and clinical support professionals that document in the eMR.

- A. Clinicians use flow sheets to record repeat and ongoing assessments especially those that are tracked or re-evaluated over a period of time to determine the patient's progress.
- B. Review of system (RIS) assessments are organized from 'local to list' to support consistent patient evaluation.
- C. Treatment assessments that require findings from the RIS assessments to 'tell the story' will be updated with the most recent assessment response e.g. type of airway from respiratory assessment pulls forward to outlining assessment.
- D. Clinicians should be able to add more assessments to the predefined list as needed to document comprehensive and complex patient care. E.g. interop or procedure.
- E. Avoid the routine duplication of assessments in other sections of the information was documented the RIS assessments. E.g. do not require documentation of oxygen saturation percentage in both the RIS assessments and the Respiratory Interventions.
- F. Equipment and monitor alarms settings and checks should default to the parameters that are in sync with the TIG guidelines developed to support patient safety. (Appendix F. Cardiology and Monitoring guidelines)