

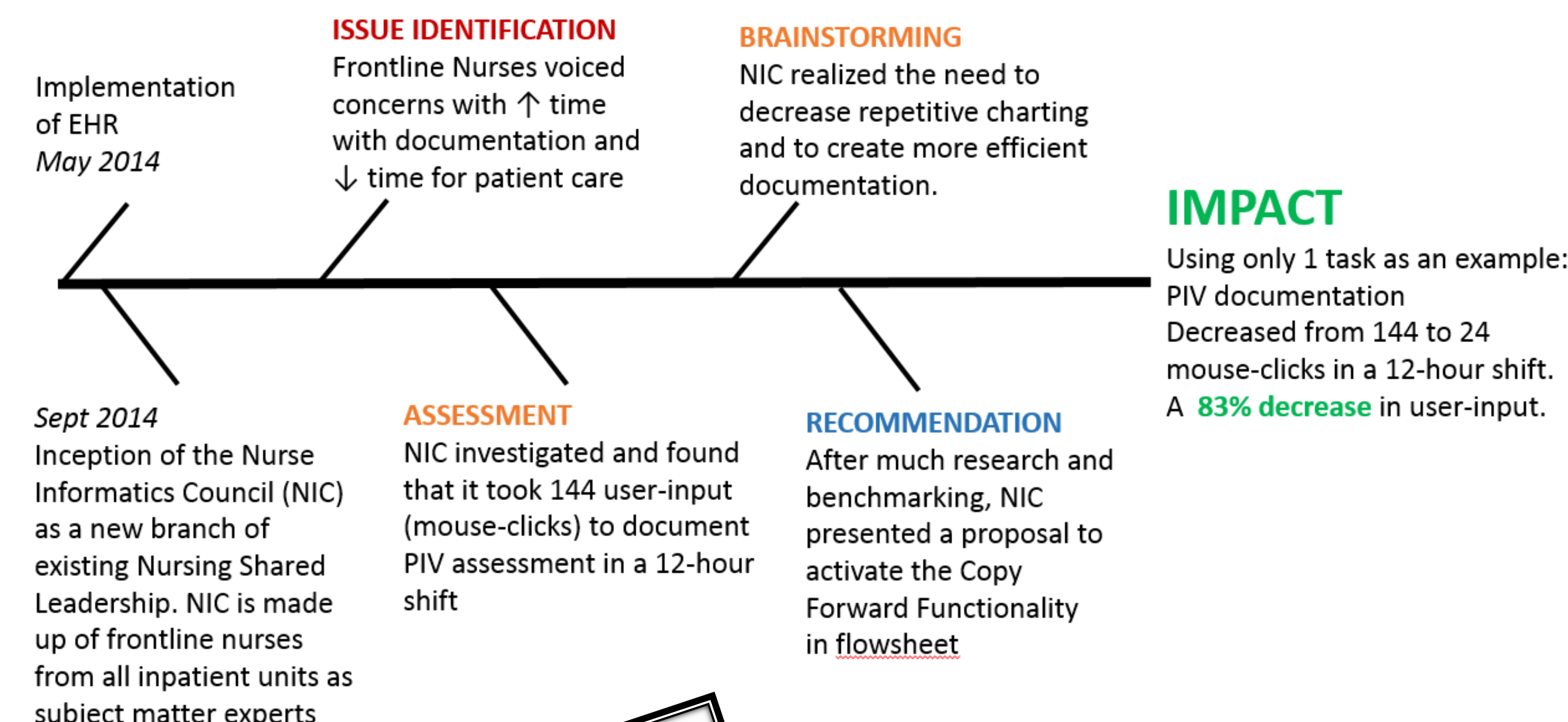
“Copy Forward” – A Success Story of the Nurse Informatics Council

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Background

Lucile Packard Children's Hospital (LPCH) Stanford located in Palo Alto, CA is a 302-bed hospital caring for pediatrics and obstetrics patients. The hospital is nationally ranked and provides “comprehensive services and extensive expertise in key obstetric and pediatric fields: brain and behavior, cancer, heart, pregnancy and newborn, pulmonary, and transplant.” LPCH strives to provide extraordinary care to their patients by offering evidence-based, family-centered care and groundbreaking research and innovations in patient care.

Introduction



Best Practice Approach

A taskforce consist of three Nurse Informaticists (NIs) and a Clinical Informatics Manager collaborated on the Copy Forward Project.

Initial assessment:

1. Benchmarking by interviewing LPCH nurses and traveler RNs who have worked at other hospitals using the same EHR
2. Review hospital policies and procedures related to frequency of nursing assessment and documentation

Guidelines:

Formulated the inclusion and exclusion criteria and presented to the NIC for approval before reviewing individual flowsheet rows for recommendation.

Inclusion criteria:

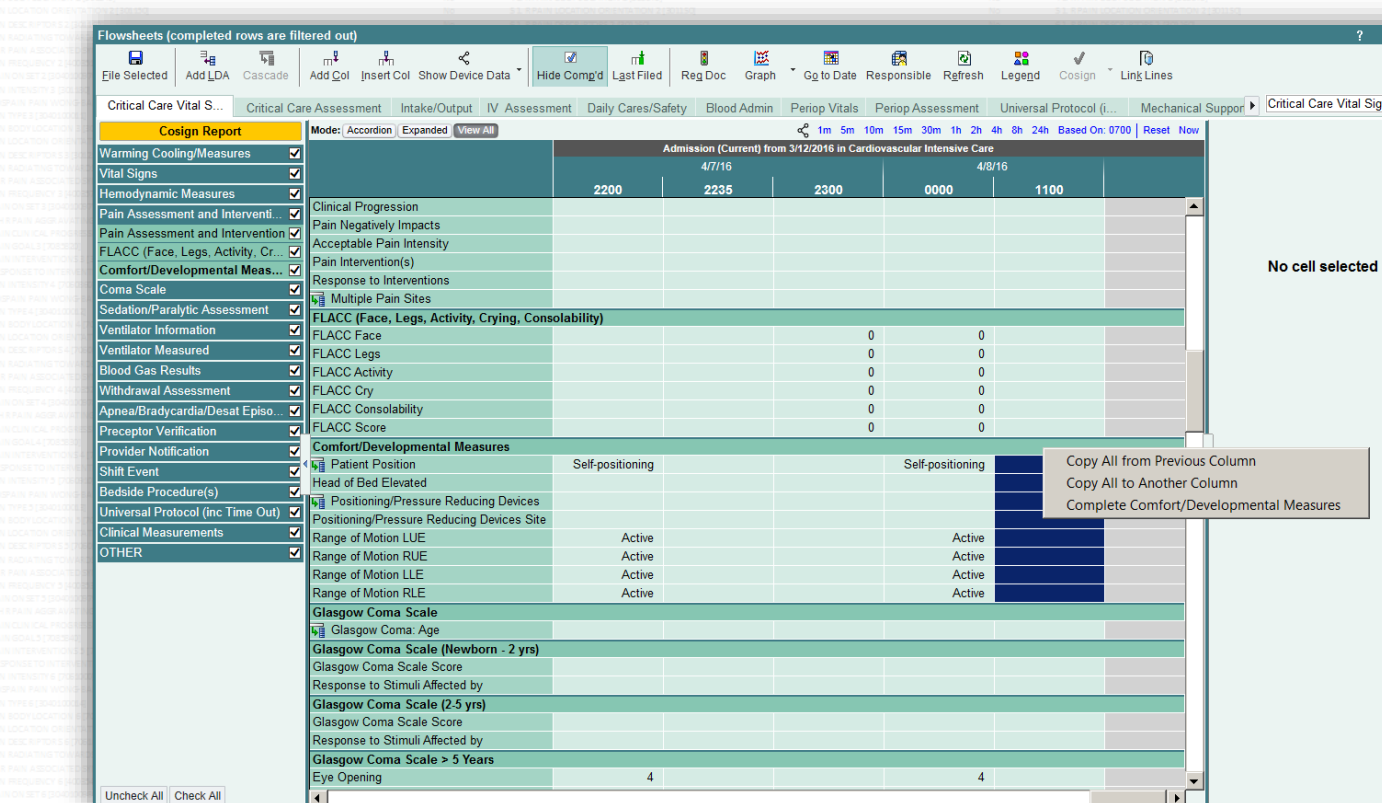
- Documentation based on orders details (e.x. set temp for a thermoregulating device, basal rate for a PCA)
- Consistent assessment (e.x. lines, wounds, and drains dressing status)
- Basic head to toe assessment

Exclusion criteria:

- Volume or measure related information
- Biomedical device integration data
- Signs and symptoms that require intervention
- Events and provider notification details
- All freetext rows

Implementation

1. Training the trainers – teaching other NIs from each unit about the guidelines and standards of copy forward
2. NIs trained other frontline nurses on their units via varies channels: huddles, posters, staff meetings, one-on-one sessions and screen-saver on all the hospital computers



Evaluation and Next Steps

NIs reached out to frontline nurses and received nothing but positive feedbacks. Below are some of the individual nursing accounts which have proven that the copy forward project has been beneficial and successful.

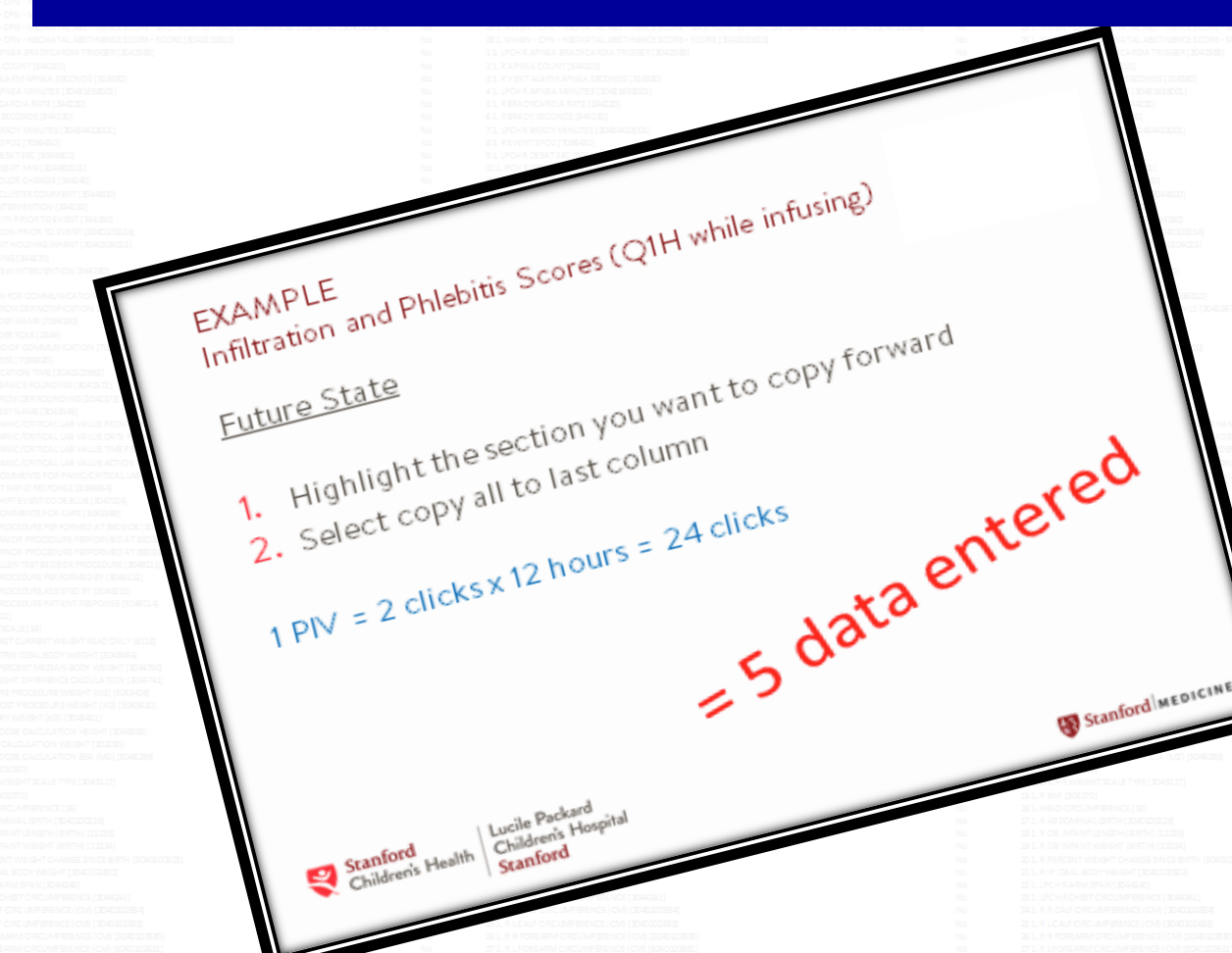
- “It’s a time-saver. I love it!”
- “This is especially helpful when I’m trying to catch up with charting!”
- “When will you activate copy forward for ventricular assist device and ECMO flowsheet templates?”

The next step is to evaluate other specialty flowsheet templates for copy forward. These templates are dialysis, mechanical support, and OB.

Reference

Poissant, L., Pereira, J., Tamblyn, R., and Kawasumi, Y. (2005). The impact of electronic health records on time efficiency of physicians and nurses: A systematic review. J Am Med Inform Assoc 12(5): 505–516.

Acknowledgement



Deep dives:

The three NIs from the taskforce evaluated **3992 flowsheet** rows from 9 flowsheet templates

Proposal: **181 flowsheet** rows for copy forward; recommending only **Copy Forward own documentation and validate information before signing.**

Approval:

Presented and discussed the guidelines and final recommendations to the NIC, Clinical Workflow Committee, Patient Care Managers Forum, and the Patient Care Directors for formal approval.

