

# Parkview Health Dramatically Cuts ICU Documentation Time and Costs While Improving Core Measure Compliance



Parkview Health is a not-for-profit, community-based health system serving northeast Indiana and more than 820,000 residents. As the region's largest employer with more than 7,000 employees, Parkview Health operates multiple hospitals and employs a network of primary care and specialty physicians.

## Addressing the challenges of critical care

As a certified level II trauma center, one of the goals of Parkview Health is to find a way to provide more complete and accurate information about the health system's sickest patients in order to help reduce complications and assist in better clinical outcomes. To facilitate attainment of this goal, Parkview needed a comprehensive critical care information system that better supported care management throughout the ICU process. After an analysis of available options, Picis Critical Care Manager, part of the CareSuite family of high-acuity solutions, was selected to automate ICU records and provide clinicians with the point-of-care information they need to discern cause-and-effect relationships in the patient's record and to help clinicians make better decisions.

In May 2004, Critical Care Manager went live in Parkview Hospital, a 575-bed facility located in Fort Wayne. The system was used to support critical care areas throughout the entire Parkview Health system, including adult cardiac/medical ICUs, recovery or post-anesthesia care units, and pediatric and neonatal ICUs; however, initially they continued to use several different methods for charting.

## Quick Profile

### Parkview Health

#### Institution profile:

Six hospitals with more than 150 ICU and critical care beds in northeast Indiana; 3,500 people using the Picis system.

#### Key business/clinical drivers:

Change the focus of nursing from critical care documentation to patient care. Improved productivity and core measure compliance were secondary goals.

#### Picis solution:

CareSuite® Critical Care Manager

#### Interoperability:

- GE Centricity
- SoftLab
- PatientKeeper™ handheld devices
- Streamline Health Access Anywhere

#### Results:

- Reduced nursing documentation time by 47 percent
- Reduced annual documentation costs by \$466,732
- Increased core measure compliance by more than 25 percent
- Eliminated fractured story of care
- Improved nurses' perceptions of documentation
- Decreased clinician's need to stay after shift to complete documentation



### ► Optimizing critical care records

In March 2008, Parkview Health undertook a project to optimize its critical care records. “We had a hybrid record and were using a variety of media to document care, including paper, Picis Critical Care Manager and the GE Centricity hospital information system,” says Sara Schneider, R.N. and Senior IS Analyst of Clinical Applications. The hybrid record resulted in inconsistencies in care and poor compliance with Joint Commission and CMS documentation standards, such as the Surgical Care Improvement Project (SCIP). “Clinicians felt that the documentation process took too long and was detracting from patient care,” says Schneider. “This was in direct contradiction of the mission and vision of Parkview Health to provide outstanding quality of care by using information and technology.”

After a thorough analysis of nursing documentation requirements, a multidisciplinary team determined that Picis' Critical Care Manager was the ideal platform for optimizing workflow in the ICUs as well as Parkview Health's critical care record. They moved all charting into Critical Care Manager where the new record took advantage of the system's protocols to individualize patient documentation, and used its tools to improve regulatory compliance. In addition, screen layouts were developed to display key patient information clearly and concisely. This enables caregivers to quickly review the impact of clinical decisions. “Before Critical Care Manager, users had to go to multiple systems to review the information to help make cause-and-effect decisions,” says Schneider.

### Unified records deliver measurable results

Studies were conducted before and nine months after Parkview Health began using Critical Care Manager for the entire critical care record. The results were impressive:

- With the hybrid record, documentation consumed 24.1 percent of the critical care nurses' working time. After Critical Care Manager was implemented, that was reduced to 13 percent, **resulting in a 47 percent decrease in documentation time.**
- After the new system and procedures were implemented, the cost of nursing documentation time was reduced by \$1,278 per day, resulting in **reduced documentation costs of \$466,732 per year.**
- Parkview has several core measures that need to be submitted to regulatory agencies, including SCIP data, and statistics on community-acquired pneumonia, congestive heart failure and acute myocardial infarction. The optimized critical care record **improved core measure compliance to 92 percent, an increase of more than 25 percent.**

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- Nursing perception and overall satisfaction with computerized documentation has improved dramatically. The percentage of nurses who believe that **documentation presents a complete picture of the patient's condition has nearly tripled** as has the number who feel that documentation presents an accurate depiction of the patient.

### More time for patient care

As a result of the critical-care optimization initiative, clinical staff spends less time on documentation yet produces superior records. This has allowed clinicians to focus more of their attention on patients and has increased staff satisfaction. For example:

- Clinicians have more time to spend with patients and families and on direct patient care.
- All clinical documentation is now patient-centric, providing an individualized story of care about each ICU patient.
- Online records are quickly accessible to providers so that they have the accurate patient information they need to assist in their decision making.
- The documentation process has improved dramatically, with post-shift documentation reduced or eliminated.

“By allowing our nursing personnel more time to perform bedside responsibilities, we are able to see improved outcomes, higher staff and patient satisfaction, and more thorough documentation,” reports Michael GeRue, Nursing Director of Critical Care.

### Future plans

Parkview Health is exploring new and innovative ways to use Picis Critical Care Manager to promote their quality initiatives including using analytics contained in the system to see how the hospital can further improve care.

“Care metrics are available for a number of things, such as patients with restraints and central lines, which can perhaps help us establish best-practice protocols,” says Schneider.

“We are also looking at Picis eView for Critical Care Manager™, a Web-based tool that can provide access to a patient's clinical record without requiring that the clinician be at the bedside,” Schneider continues. “Since it provides a bird's-eye view of the unit, we think we will be able to triage patients more quickly.” ■

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