How the VA VISN 2 Nursing Informatics (NI) Workgroup is improving electronic template notes for clinical documentation!

A new template change process proposed to streamline process at WNY

There are several steps, each one crucial and projected time frame is listed:

The process clock starts as the forms are completed The Clinical Nurses Leads (CNLs) / staff nurses believe a change is needed for an existing template note or a new template note or note is needed, or a change is needed on a VISN wide template note. They gather to discuss. For WNY template notes they research that a similar note does not already exist in the CPRS Template drawer. They call their counterparts at other facilities and discuss the changes they are considering to gain their opinions. They decide an item is needed and the requesters complete the required V2 Subcommittees forms and email to the HIMS Mgr and cc the Informatics Nurse.

- 1-3 days The nurses bring the desire changes and printed screen prints of such to the monthly meeting of the WNY NI Workgroup and presents the desired changes. The WNY NI Workgroup discusses the proposed changes in detail gaining the recommendations and support of the HIMS Mgr. This group consisting of the CNLs as available, other nurses affected by the template the WNY HIMS Manager and Informatics Nurse. This information is discussed by emails prior to the meeting and a vote button once the scheduled meeting is more than a week away.

- 1 day Once a form proposal is ready for the VISN 2 NI Committee review, the WNY Informatics Nurse will request to the V2 NI Chair put this item on the agenda for the next V2 Nursing Informatics Workgroup monthly meeting for presentation/discussion by the requesters seeking approval. The requesters agree to be present for the meeting and present why the item is needed and desirable. And at the same time -

- 1-2 days for work up and 3 days for review One of the WNY CACs will work up a proposal and place it in the Testing Folder of the live account. Within 3 days after placement a review of it should be made by the nurses requesting the changes and if functioning per design is validated, notification by those nurses back to the CACs of such and then-

- 1 day The HIMS Manager will be requested to place the topic on the next meeting of the WNY HIMS Forms Committee for approval. If however a VISN wide template change is just a FYI no approval is needed as this approval is done by the VISN HIMS Forms Committee. If the WNY HIMS Forms Committee disapproves it is back to square 1, if approved the request then-

- 1 day When the approval by the HIMS Forms committee meeting is given, the HIS/CAC will place the template in the PENDING HIMS folder. Completed V2 Forms Subcommittees Request that the requestor has completed Checklist for Requestor tab and the appropriate secondary sub has been completed after WNY forms has reviewed will need to be sent to VISN 2 Forms Subcommittee. Once approved by this group then-

- 1 day CACs will advise Nursing of the approval and the WNY Nursing Education Nurses will ensure the nurses have been trained on how to use the new template or revised note. Only standalone templates are placed in template folders. Otherwise the template is only linked to the note title once approved by the one of the WNY CACs.

What does the future hold?

Ensuring that our electronic documentation at each facility in VISN 2 is evidence based in format and using standardized nursing terminology for data report generation

Recent Accomplishments of the Standing Workgroup:

Review of the new VISN wide template Note standards making all fields in sections entered required

Electronic Documentation Template Notes we have updated in the last year includes:

- Advanced Directives,
- Bladder Assessment,
- Care Plans,
- CIWA Note,
- CLC (Community Living Center) Notes such as the LTC (Long Term Care) Aromatherapy Note for CLC units,
- RN Monthly Reassessment Template Note improvements desired by our Bath facility, and the Nursing Weekly note, side rails assessments
- Dialysis template note,
- Discharge Instructions Note,
- Dysphagia Screen Tool,
- Frailty Tool for Risk Assessment,
- Home Oxygen Safety Risk Assessment,
- Initial Pain Assessment – a reminder dialog template,
- Non verbal behavioral expressions of pain,
- Nurses Reassessment Note,
- Nursing Assistant Note proposal that became a Nurses Note for both LPNs and Aides use desired by the Albany facility,
- Nursing Discharge Patient Education RN Reassessment Note including the elopement section,
- Observation Patient Discharge Documentation PACU,
- Peritoneal Dialysis Reassessment Note,
- Restraint Note,
- Shift Note including saline trap and water level in chest tube appliance documentation,
- Time Out Procedure Note used in OR across the VISN

Future templates currently planned so far are:

- Admission Assessment upgrade
- Care Planning upgrade
- Nursing Device/Insertion Treatment note

We created and use a SharePoint with access by all members of the group

What you find there is:

- Agendas/ Members of the Workgroup/Work Accomplished sorted by year/ year/ Templates improved/New Templates Created/ Minutes of Meetings/ Mission Statement/ Workgroup Charter/ Flowcharts/ folder for each facility to track accomplishments, etc…

Our links include:

- NI Scope of Practice
- VA National NI Share Point
- VANOD (VA Nursing Outcomes Databases), a Nursing Informatics Endeavor
- NIIFA the VA Nursing Informatics Field Alliance (VA wide)
- VANOD SharePoint site for Historical Documents Archived at WNY by Jen Batt
The five VA VISN 2 facilities are

1. **Buffalo & Batavia** which is located 35 miles east of Buffalo and together the two are the VA Western New York Healthcare System
2. **Bath** located near Ithaca
3. **Canandaigua** located between Rochester and Ithaca
4. **Syracuse**
5. **Albany**

### Multipronged Approach

- Each facility has a NI work group
- Each of the facilities has a HIMS Forms Committee
- The VISN has a Forms Subcommittee of the VISN HIMS Committee
- Each works in hand and with hand offs to the others
- It begins at the grass roots level where nurses on the units decide that a change or new template note is needed for better documentation
- Better documentation means better patient care, for example the discharge instructions to the patients