Evidenced Based Clinical Documentation

The North Carolina Division's clinical informatics team has been working to align with HCA's documentation standards. HCA uses Evidenced Based Clinical Documentation (EBCD) which is evidence driven charting. Our charting system will remain the same but there will be changes in terminology and charting as we navigate this process.

Why?

- Alignment to HCA's charting standards
- Evidence driven charting
- Some variations in terminology and changes to conditional fields
- Only chart on what is necessary and NEVER chart on something that you didn't assess or complete
- Easier charting that leads you through the assessment

How will this effect bedside staff?

- When this change occurs the switch over will inactivate all current charting which will not permit further documentation.
- The information will remain in the flowsheet so staff will need to create a new dynamic group to capture current charting.

Central Venous Access EBCD: Go Live January 12, 2021

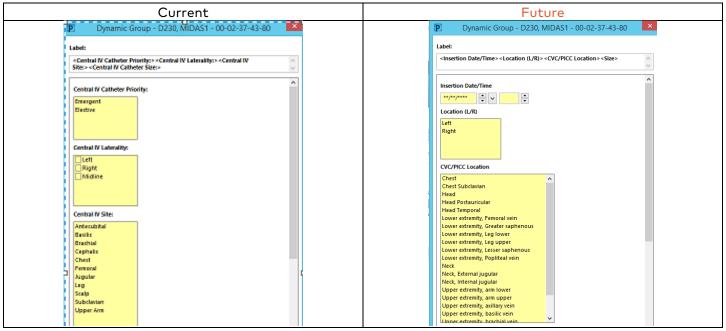
Important Updates:

- Dialysis Catheters and Midlines will be documented in the CVC/PICC/Midline Band
- Insertion time and date will be a field that is required within the dynamic group heading
- Addition of a band for Port documentation
- Activity charting changed to line status with options for Start, Monitor, Discontinue and Present on Arrival
- Removal of brand name items by using "evergreen" terminology (ex. Non Tunneled Dialysis Catheter instead of VasCath®)

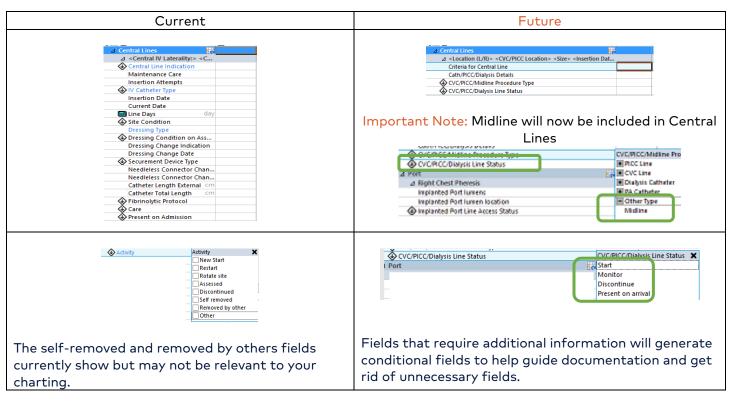




Central Venous Access EBCD (cont.)



As you click through your charting it will open fields that need to be charted related to your data. This will help avoid unnecessary charting and will help ensure that all relevant charting is completed.



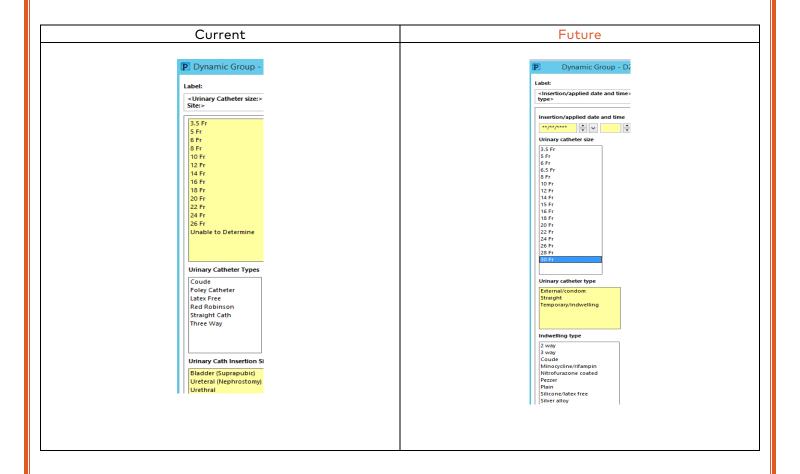




Urinary Device EBCD: Go Live January 12, 2021

Important Updates:

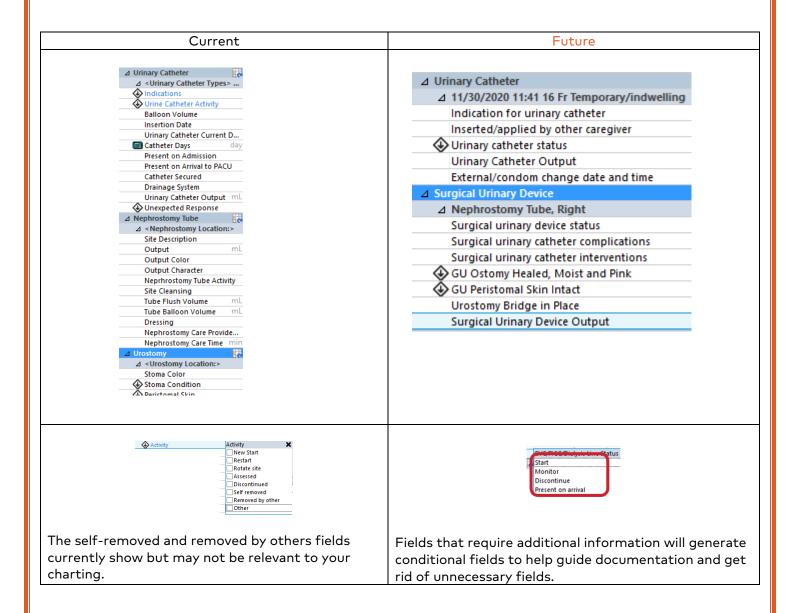
- Insertion time and date will be a field that is required within the dynamic group heading
- Activity charting changed to line status with options for Start, Monitor, Discontinue and Present on Arrival
- Addition of surgical urinary device band for nephrostomy, stent, suprapubic, ureterostomy and urostomy
- Removal of brand name items by using "evergreen" terminology (ex. Indwelling urinary catheter instead of Foley®)
- Removal of urostomy and nephrostomy tube band charting







As you click through your charting it will open fields that need to be charted related to your data. This will help avoid unnecessary charting and will help ensure that all relevant charting is completed.



New Order Sets

- Chronic Indwelling Catheter, Change
- Chronic Indwelling Catheter, Maintain
- Temporary Indwelling Catheter (Indwelling Catheter)

Indications are now required to be chosen by the provider so please ensure your documentation matches the provider order: assist in skin healing, chronic urinary retention, palliative care/hospice and prolonged immobilization.

**Foley removal protocol terminology change to indwelling urinary management protocol.







What? Continuing Learning Needs Assessment 2021

Who? All RNs in the Six (6) Acute Care Hospitals

Why? To develop the 2021 clinical education plan for each department

When? December 9th - January 10th

How? You can access the survey by:



Scanning the QR code

OR

Pasting the following link into your Chrome browser:

<u>SurveyMonkey.com/r/LNAMMH</u>



