Using Nursing Order Sets to Advance Evidence-Based Practice in Home Care

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Presentation Overview

- Pilot Project Background
- Bayshore’s Experience
- Lessons Learned
Background

- Professional Association of Registered Nurses in Ontario, Canada representing registered nurses, nurse practitioners and nursing students.
- The strong, credible voice leading the nursing profession to influence and promote healthy public policy, and clinical excellence.

Best Practice Guidelines

- 42 Clinical Practice Guidelines
- 10 Healthy Work Environment Guidelines

Nursing Order Sets
Key Features of a Nursing Order Set (NOS)

1) Clear, concise nursing interventions that mirror the nursing workflow.

Prevention of Falls and Fall Injuries Nursing Order Set

- **Clear, concise nursing interventions that mirror the nursing workflow.**

<table>
<thead>
<tr>
<th>Prevention of Falls and Fall Injuries Nursing Order Set</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Morse Fall Risk Item</strong></td>
</tr>
<tr>
<td>History of falling</td>
</tr>
<tr>
<td>(Immediate or within past 3 months)</td>
</tr>
<tr>
<td>Yes or No</td>
</tr>
<tr>
<td>Scale</td>
</tr>
<tr>
<td>0 or 25</td>
</tr>
<tr>
<td>Score</td>
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<tr>
<td>25</td>
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<tr>
<td>Secondary diagnosis</td>
</tr>
<tr>
<td>Yes or No</td>
</tr>
<tr>
<td>Scale</td>
</tr>
<tr>
<td>0 or 15</td>
</tr>
<tr>
<td>Score</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>Ambulatory aid</td>
</tr>
<tr>
<td>Yes or No</td>
</tr>
<tr>
<td>Scale</td>
</tr>
<tr>
<td>0 or 15</td>
</tr>
<tr>
<td>Score</td>
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<tr>
<td>0</td>
</tr>
<tr>
<td>IV/IV Access</td>
</tr>
<tr>
<td>Yes or No</td>
</tr>
<tr>
<td>Scale</td>
</tr>
<tr>
<td>0 or 20</td>
</tr>
<tr>
<td>Score</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>Gait/Transferring</td>
</tr>
<tr>
<td>Yes or No</td>
</tr>
<tr>
<td>Scale</td>
</tr>
<tr>
<td>0 or 30</td>
</tr>
<tr>
<td>Score</td>
</tr>
<tr>
<td>0</td>
</tr>
<tr>
<td>Mental status</td>
</tr>
<tr>
<td>Yes or No</td>
</tr>
<tr>
<td>Scale</td>
</tr>
<tr>
<td>0 or 15</td>
</tr>
<tr>
<td>Score</td>
</tr>
<tr>
<td>0</td>
</tr>
</tbody>
</table>

**Total Morse Fall Scale**

- **Score**: 50

**Interpretation of Morse Fall Scale Scores**

- High fall risk (45 and higher)
- Moderate fall risk (25-44)
- Low fall risk (0-24)

**Implementation**

- **Note**: If the following intervention is selected, the nurse must also select the client-specific fall prevention strategies to be implemented from the list of interventions below.

  - **Implement Targeted Multifactorial Fall Prevention Program (10040211)**
  - The following interventions should be implemented for clients at risk for falls, as indicated:
    - Monitor medication profile routinely to reduce fall risk (10037537)
    - Maintain increased surveillance for environmental and equipment hazards (10024706)
    - Facilitate referral to Occupational Therapist (10026415)
Key Features of a Nursing Order Set (NOS)

1) Clear, concise nursing interventions aligned with evidence-based/practice recommendations.
Best Practice Spotlight Organization®

Organizations partner with RNAO to implement multiple clinical BPGs over a 3-Year period and attain the BPSO Designation

- Application process and formal partnership with RNAO
- Specific requirements re:
  - Systematic BPG implementation
  - Infrastructure
  - Reporting
  - Knowledge exchange
  - Sustainability planning
  - Measuring outcomes through use of standard indicators

- **BPSO** identified as a **top innovative strategy** for knowledge transfer by the Health Council of Canada

73 National & International BPSOs
(43 in Ontario)
NOS Pilot Project Dec 2013 - Aug 2014

Project Goal

Funded by eHealth Ontario to demonstrate the feasibility and impact of technology-enabled BPG implementation using nursing order sets.

**Primary Care**
- Breastfeeding Support
- Minimal Intervention
- Smoking Cessation
- Hypertension Management

**Home Health**
- Assessment & Management of Foot Ulcers for People with Diabetes
- Prevention of Falls & Fall Injuries
- Assessment/Management of Stage I – IV Pressure Ulcers

**Acute Care**
- Assessment/Management of Stage I – IV Pressure Ulcers
- Prevention of Falls & Fall Injuries
- Hypertension Management

* Best Practice Spotlight Organization®
Nursing Order Sets in Home Care

Pilot Project
Background

Bayshore’s Experience

Lessons Learned
Bayshore HealthCare is a family of more than 10,000 staff members.

Over 100 Bayshore Locations
- 60 Home Care Offices
- 10 Pharmacies
- 40 Community Care Clinics

Every year we take care of more than 100,000 Canadians.

Bayshore caregivers spend over 5,000,000 hours per year.
Implementing Best Practice Guidelines

Launched in 2011, Epsilon™ is Bayshore’s proprietary electronic client management system/health record.
Our Journey...
NOS Deployment in Epsilon™

Nurses

UCPs
Best Practice in falls prevention tells us...

- Assess- on admission, after a fall or change in status, assess medications to reduce fall risk
- Care plan- with interprofessional team; targeted and multifactorial plan
- Implement- targeted, multifactorial program
  - Obtain referrals (OT, PT)
  - Teach clients/families
- Evaluate effectiveness of plan
Enter NOS

Resource tool to facilitate taking evidence-based practice and putting it in the hands of frontline clinicians

<table>
<thead>
<tr>
<th>Prevention of Falls and Fall Injuries in the Older Adult Nursing Order Set</th>
<th>PR#</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Associated Document for Practice Recommendations (PR)</td>
<td></td>
</tr>
<tr>
<td>The interventions displayed in bold font are supported by the strongest evidence</td>
<td></td>
</tr>
</tbody>
</table>

**Assessment**
- [x] Assess fall risk on admission
- [x] Associated Documents: Risk Factors and Associated Odds of Falling and Fall Risk Assessment Tools
- [x] Assess fall risk after a fall or change in medical status
- [x] Associated Document: Post-Fall Assessment Procedures
- [x] Assess medication profile on admission to reduce fall risk

**Planning**
- [ ] Collaborate with interprofessional team to develop plan of care with targeted, multifactorial interventions to prevent/reduce fall risk and fall injuries

**Implementation**
- [ ] Implement Targeted Multifactorial Fall Prevention Program
  - Note: If the above intervention is selected, the nurse must also select the client-specific fall prevention strategies to be implemented from the list of interventions on Multi-Factorial Fall Prevention Program Nursing Order Set
  - Monitor medication profile routinely to reduce fall risk
  - Maintain increased surveillance for environmental and equipment hazards
  - Obtain referral to Occupational therapist
  - Obtain referral to Physical therapist
  - Teach client about Targeted Fall Prevention Program
  - Teach family about Targeted Fall Prevention Program

**Evaluation**
- [ ] Evaluate effectiveness of Targeted Fall Prevention Program
Screen for falls

Morse Falls Scale

- History of falling
- Secondary diagnosis
- Ambulatory aids
- IV or IV access
- Gait / transfering
- Mental status

- √ No further assessment required
- ≤ 24 – Low risk
- ≥ 25 – Mod/High risk, prompted for further assessment using BEEEACH
Assess – targeted, multi-factorial
Epsilon and NOS

Prevention of Falls and Fall Injuries in the Older Adult Nursing Order Set

See Associated Document for Practice Recommendations (PR)
The interventions displayed in bold font are supported by the strongest evidence

Assessment
- Assess fall risk on admission
- Assess fall risk after a fall or change in medical status
- Assess medication profile on admission to reduce fall risk

Planning
- Collaborate with interprofessional team to develop plan of care with targeted, multifactorial interventions to prevent/reduce fall risk and fall injuries

Implementation
- Implement Targeted Multifactorial Fall Prevention
- Monitor medication profile routinely to reduce risk
- Maintain increased surveillance for environmental
- Obtain referral to Occupational therapist
- Obtain referral to Physical therapist
- Teach client about Targeted Fall Prevention Program
- Teach family about Targeted Fall Prevention Program

Evaluation
- Evaluate effectiveness of Targeted Fall Prevention Program

Intervention
- Nurse will assess fall risk on admission
- Nurse will assess fall risk after a fall (Post fall investigation procedures)
- Nurse will assess fall risk after a change in medical status
- Nurse will assess medication profile on admission to reduce fall risk
- Nurse will monitor medication profile routinely to reduce fall risk
- Caregiver will maintain increased surveillance for environmental and equipment hazards
- Caregiver will collaborate with interprofessional team to develop plan of care with targeted, multifactorial interventions to prevent/reduce fall risk and fall injuries
Care pathway updated by nurse

- Check “done” on interventions when completed
Tools to do the job

Client information

Post Falls tool
## UCP – on Procura Mobile

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Callme Code</th>
<th>Ref. Num.</th>
<th>Billing Duration</th>
<th>Payroll Duration</th>
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</thead>
<tbody>
<tr>
<td>SAFETY2</td>
<td>FALLS PREVENTION - BEHAVIOUR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFETY3</td>
<td>FALLS PREVENTION - EDUCATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SAFETY4</td>
<td>FALLS PREVENTION - EQUIPMENT</td>
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<td></td>
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<tr>
<td>SAFETY5</td>
<td>FALLS PREVENTION - ENVIRONMENT</td>
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<td>SAFETY6</td>
<td>FALLS PREVENTION - ACTIVITY</td>
<td></td>
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<td>SAFETY7</td>
<td>FALLS PREVENTION - CLOTHING</td>
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<tr>
<td>SAFETY8</td>
<td>FALLS PREVENTION - HEALTH</td>
<td></td>
<td></td>
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<table>
<thead>
<tr>
<th>Service Code</th>
<th>Service Description</th>
<th>Activity Code</th>
<th>Activity Description</th>
<th>Frequency</th>
<th>Billing Duration</th>
<th>Payroll Duration</th>
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</thead>
<tbody>
<tr>
<td>HS</td>
<td>HOME SUPPORT</td>
<td>SAFETY5</td>
<td>FALLS PREVENTION - ENVIRONMENT</td>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>HS</td>
<td>HOME SUPPORT</td>
<td>SAFETY8</td>
<td>FALLS PREVENTION - HEALTH</td>
<td>Other</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Detailed Description**

- Remind client/assist client in keeping pathways well lit when mobilizing
- Remind client/assist client in keeping pathways dear i.e. tripping hazards are removed (scatter rugs, cords)
- Remind client to determine location of pet prior to mobilizing
- Advocate for step edges to be marked with contrasting non-skid tape for stairs
- Advocate for needed home repairs that are tripping hazards
Clinical Manager - For Procura Mobile

Appointment Details
Candy, John
5/25/2014 07:00-08:00
1111 Smarties Way, AGINCOURT
1234

Care Plan Information
90 - HOUSEKEEPING (60 min)
91 - CHILD CARE (60 min)
92 - PERSONAL CARE (60 min)
DC - DENTAL CARE-HS (60 min)
SAFETY - SAFETY CHECK-HS (60 min)
SAFETY2 - FALLS PREVENTION - BEHAVIOUR - Encourage client to complete Self Assessment if they don't believe they are at risk for falls. Discuss need for change in behaviour to minimize reduce falls risk. Allow the client to verbalize their fear of falling. Remind client to move slowly when changing positions, to do "ankle pumps" prior to standing after being immobile for long periods, not to climb to reach things, to use assistive devices, to remove readers when getting up to walk, to limit fluid intake and toilet before going to bed, to disclose falls or near falls, to request...
What we learned...

- Pilot Project Background
- Bayshore’s Experience
- Outcomes & Lessons Learned
Measuring “falls” outcomes?

**NQuIRE Falls indicators**

- Based on NQuIRE indicators Bayshore has identified 3 measures of Falls best practice

1. % of clients admitted to service that have been screened for being at risk for falls
2. % of clients identified as being at risk for falls who had a more fulsome targeted, multifactorial assessment using BEEEACH
3. % of clients in need of a care plan for identified risk for falls having care plan for falls initiated.
Indicators – Evaluation  n = 35

- # of clients screened for falls risk
  number of files reviewed
  - 12 = 34%
  - 35

- # of clients with more fulsome assessment of falls
  - 6 = 100%
  - 6

- # of clients with positive screen for falls

- # clients with a care plan for falls
  # of clients where care plan for falls was indicated
  - 2 = 40%
  - 5
Lessons Learned, using NOS

- NOS facilitates BPG implementation
- Use the parts (guidelines, NOS statements) that are appropriate for your setting
- Powerful tool that supports getting evidenced-based practice to the point of care
- Take advantage of Associated Documents
- Change Management
  - Consider how to embed and implement
Lessons Learned, re EMR

• EHR has to consider nurse’s workflow or even the most validated tools won’t work
• Take advantage of automated workflows and dependencies
• Nurses’ “love hate relationship” with documentation – to the point of duplication, or using long narrative notes
• Nurses will find “‘workarounds’
  – Pay attention, some are great, some are risky
• Need for further strategies to increase use and sustainability
General Lessons Learned

• Use technology but don’t forget the human context in education
  – Stories resonate and can be as powerful as technology

• Change Management considerations
  – New learning re Best Practice Guidelines
  – New learning re Electronic Health Record

• Just because it’s part of policy and programming doesn’t mean it happens in practice
In Closing...

- Nursing order sets advance evidence-based practice by simplifying BPG implementations.
- Nursing order sets are vendor-neutral and are adaptable to all clinical contexts and work environments:
  - Electronic
  - Paper-based
  - Hybrid
# Nursing Order Sets Available

<table>
<thead>
<tr>
<th>Category</th>
<th>BPGs with Nursing Order Sets</th>
</tr>
</thead>
</table>
| Chronic Diseases        | • Risk Assessment and Prevention of Pressure Ulcers  
                          | • Assessment and Management of Stage I to IV Pressure Ulcers  
                          | • Ostomy Care and Management  
                          | • Strategies to Support Self-Management in Chronic Conditions with Clients  
                          | • Decision Support for Adults Living with Chronic Kidney Disease  
                          | • Reducing Foot Complications for People with Diabetes  
                          | • Assessment and Management of Foot Ulcers for People with Diabetes  
                          | • Assessment and Management of Pain  
                          | • Management of Hypertension  
                          | • Stroke Assessment |
| Women & Children        | • Breastfeeding               |
| Addictions & Mental Health | • Smoking Cessation           |
| Elder Care              | • Prevention of Falls and Fall Injuries in the Older Adult  
                          | • Screening for Delirium, Dementia & Depression in Older Adults  
                          | • Oral Health Nursing Assessment and Interventions |
| General                 | • Client-Centred Care  
                          | • Assessment and Device Selection for Vascular Access  
                          | • Care and Maintenance to Reduce Vascular Access Complications |
Bayshore HealthCare & RNAO
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