

# Nursing EHR Satisfaction Data: Action for Satisfaction!

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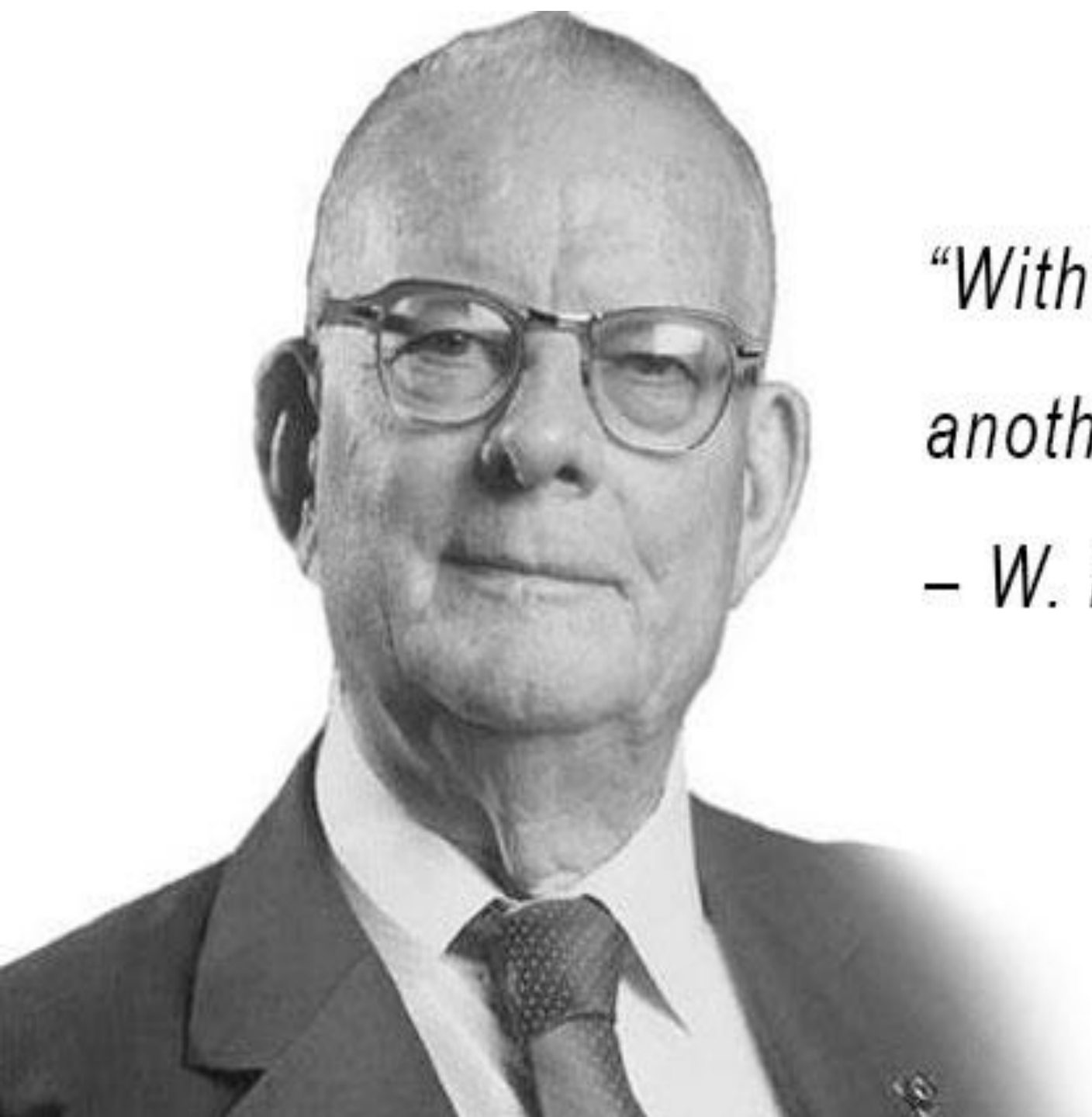
February 21, 2020

# Today, we'll discuss...



# Afterwards, you'll be able to...

- ☐ Verbalize the benefits of having sharable, comparable EHR data for nurses
- ☐ Define the 3 important qualities found in most high performing organizations
- ☐ Understand how to interpret a Whisker Plot
- ☐ List at least 3 best practices or tactics for improving nurse satisfaction



*“Without data, you’re just  
another person with an opinion.”*

*– W. Edwards Deming*

# KLAS Research & Arch Collaborative

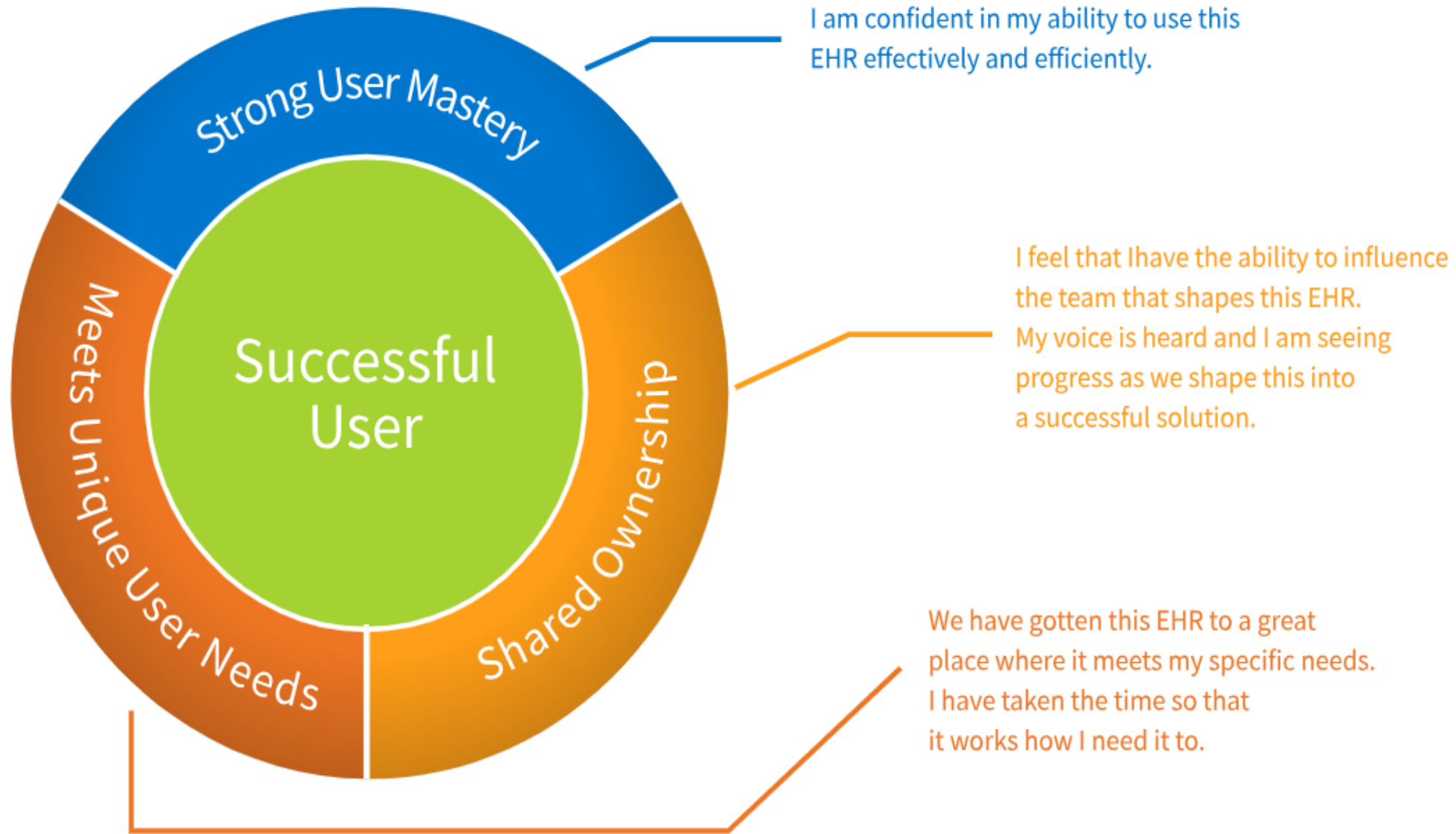
- KLAS began in 1996 focused on evaluating healthcare vendor products
- Arch Collaborative launched in 2017
  - Goal is to measure, benchmark & identify best practices for the EHR
  - Surveyed over 200 organization and over 100,000 clinicians
  - Focus on physicians & nurses

***KLAS Research is a healthcare IT data and insights company  
providing the industry with accurate, honest, and impartial research  
on the software and services used by providers and payers worldwide***

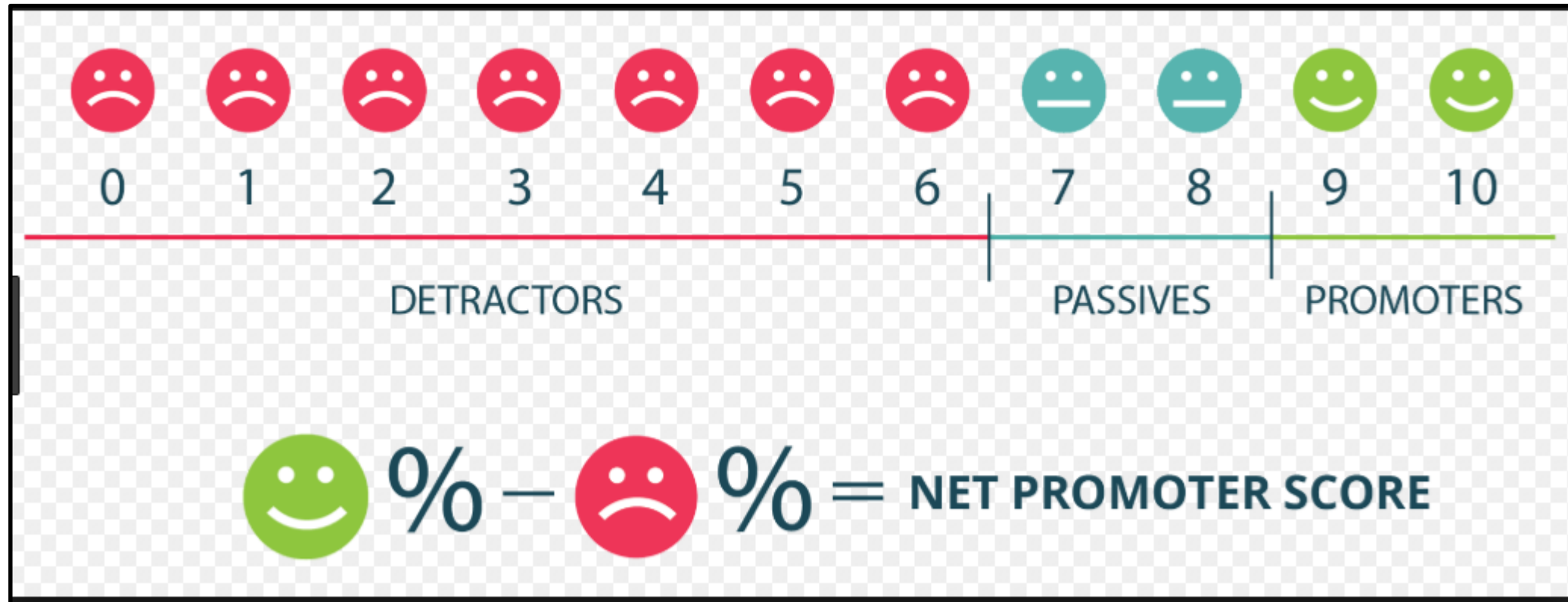
# Here's how it works...

- ❑ Review standard KLAS survey & adapt to organization
  - ❑ RN & MD versions available
- ❑ Organization sends survey to users
  - ❑ Email to users with link to survey
  - ❑ Prizes offered to increase participation
  - ❑ Survey open for 3 weeks; weekly reminders sent
- ❑ KLAS collects & analyzes survey results
- ❑ KLAS benchmarks results & provides data to the organization
  - ❑ >100 graphs to review
  - ❑ Free text comments

# The Secret Sauce!

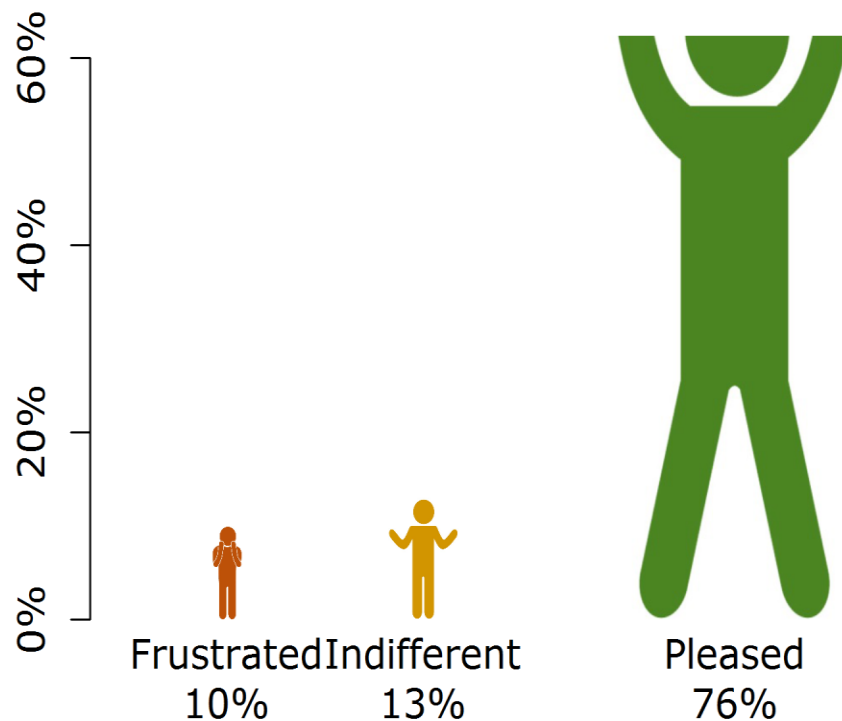


# Net Promoter Score (range -100% to 100%)





# Net EMR Experience



UCLA  
Net EMR Experience:  
**66%**  
Collaborative  
90th Percentile for Providers  
93rd Percentile for Nursing

The Net EMR Experience score is calculated by subtracting the percentage of negative user feedback from the percentage of positive user feedback. Scores range from -100% (all negative) to +100% (all positive).

# Net EMR Experience

Nurses only

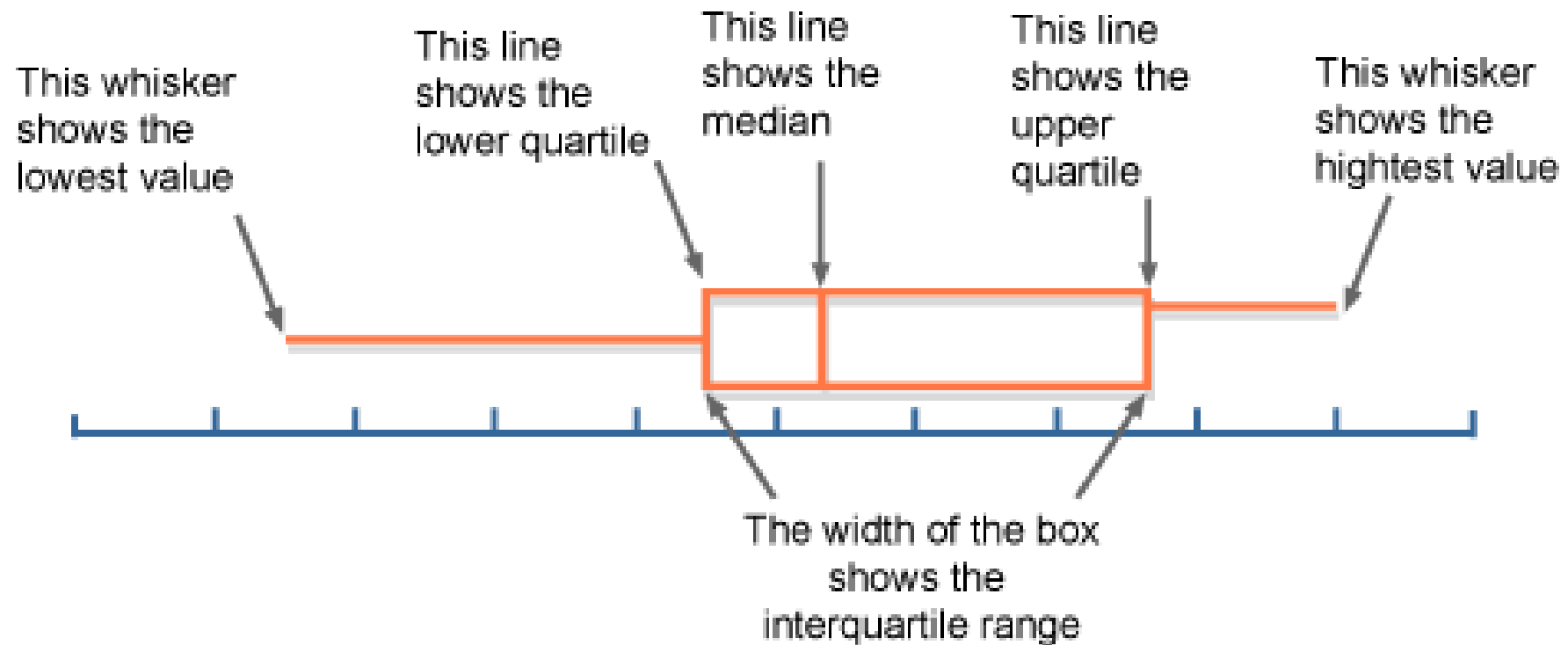
UCLA (n=1686)

73.2

-100.0

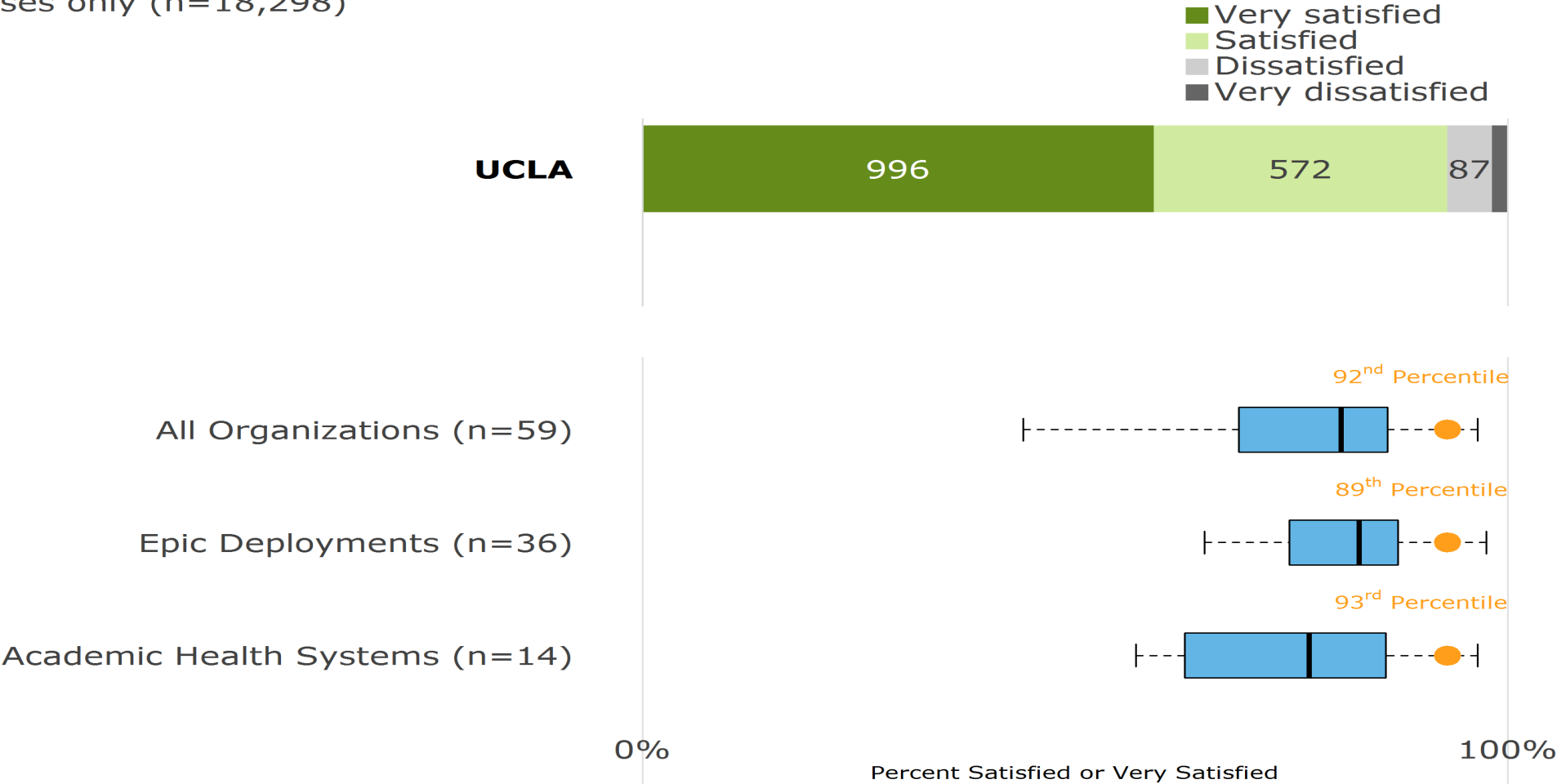
100.0

# Whisker Plot



Overall EMR Satisfaction

Nurses only (n=18,298)

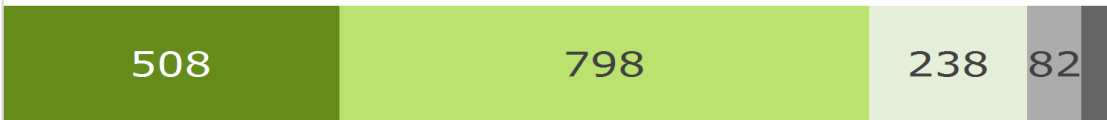


# Agreement That EMR Enables Quality Care

Nurses only (n=17,824)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

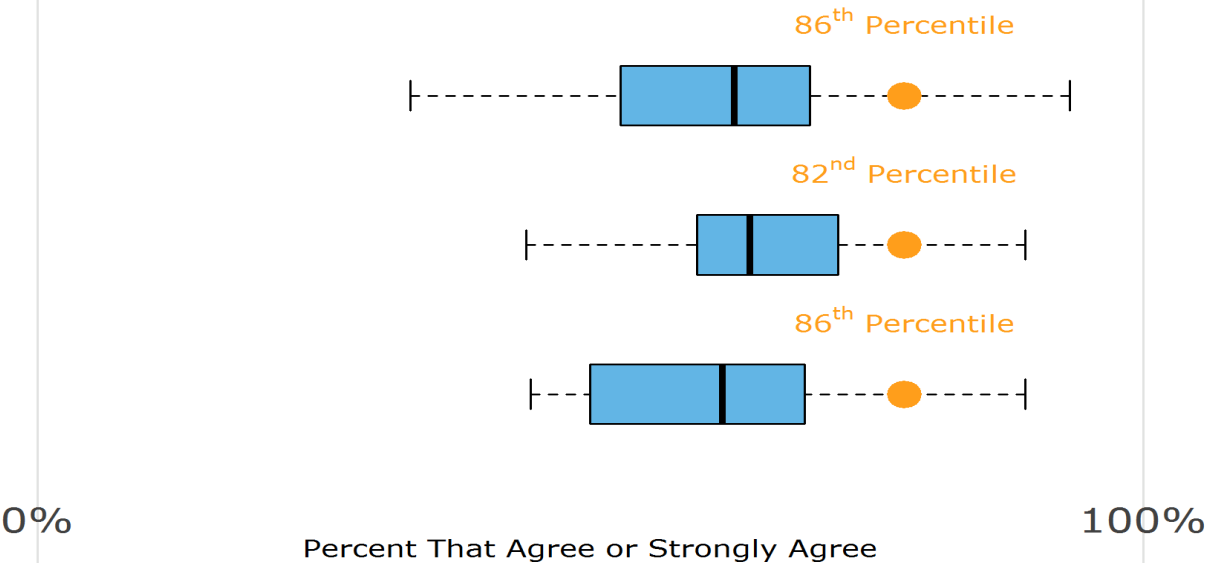
UCLA



All Organizations (n=56)

Epic Deployments (n=39)

Academic Health Systems (n=14)

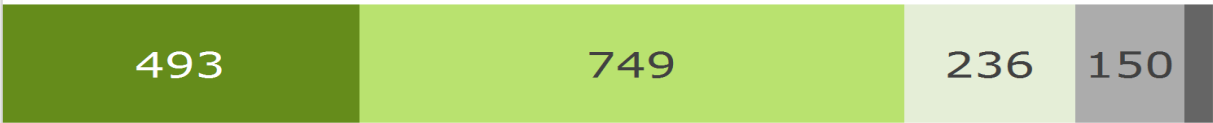


# Agreement That EMR Enables Efficiency

Nurses only (n=17,900)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

UCLA



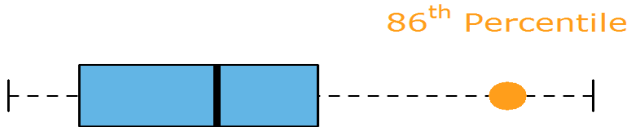
All Organizations (n=56)



Epic Deployments (n=39)



Academic Health Systems (n=14)



0%

Percent That Agree or Strongly Agree

100%

# Agreement That EMR Is Reliable

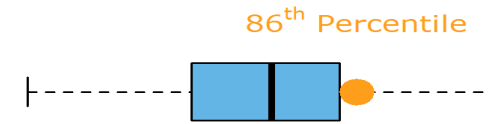
Nurses only (n=17,857)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

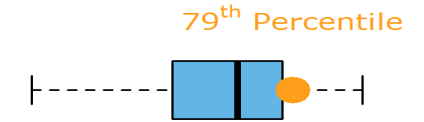
**UCLA**



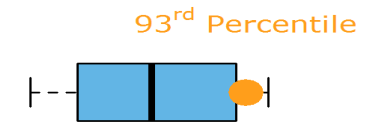
All Organizations (n=56)



Epic Deployments (n=39)



Academic Health Systems (n=14)



0%

Percent That Agree or Strongly Agree

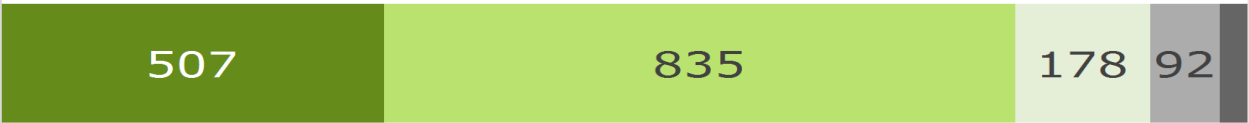
100%

# Agreement That EMR Is Easy to Learn

Nurses only (n=17,837)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

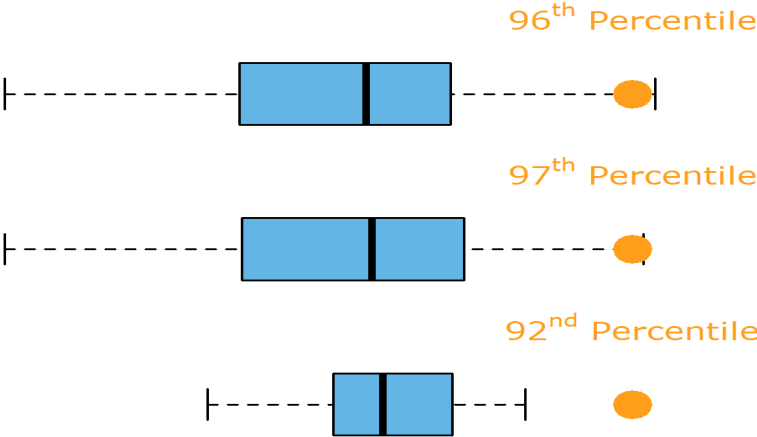
UCLA



All Organizations (n=55)

Epic Deployments (n=39)

Academic Health Systems (n=13)



0%

Percent That Agree or Strongly Agree

100%

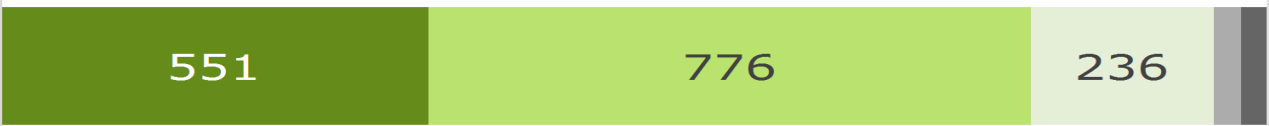


# Agreement That EMR Keeps Patients Safe

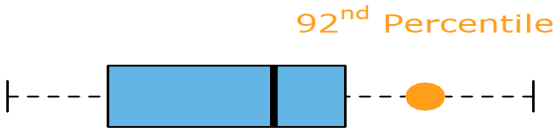
Nurses only (n=14,619)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

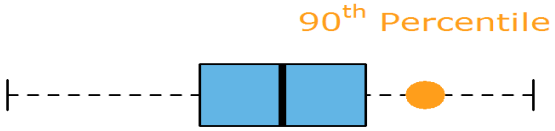
UCLA



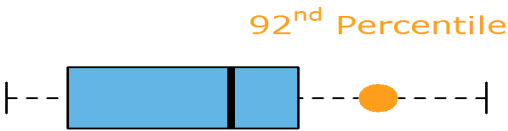
All Organizations (n=49)



Epic Deployments (n=39)



Academic Health Systems (n=13)



0%

Percent That Agree or Strongly Agree

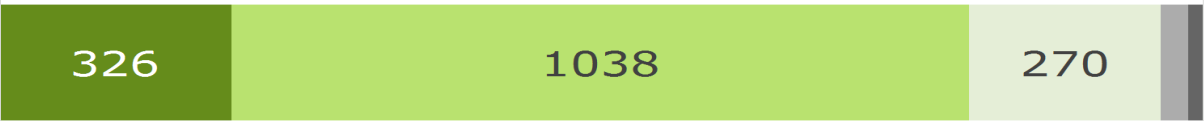
100%

# Agreement That EMR Vendor Has Designed a High-Quality EMR

Nurses only (n=18,152)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

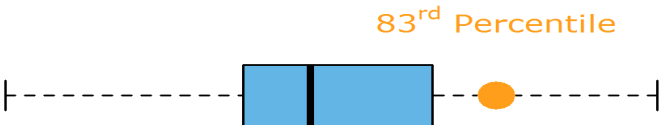
UCLA



All Organizations (n=58)



Epic Deployments (n=41)



Academic Health Systems (n=14)



0%

Percent That Agree or Strongly Agree

100%

# Agreement That Organization Leadership/IT Has Implemented and Supports EMR Well

Nurses only (n=17,185)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

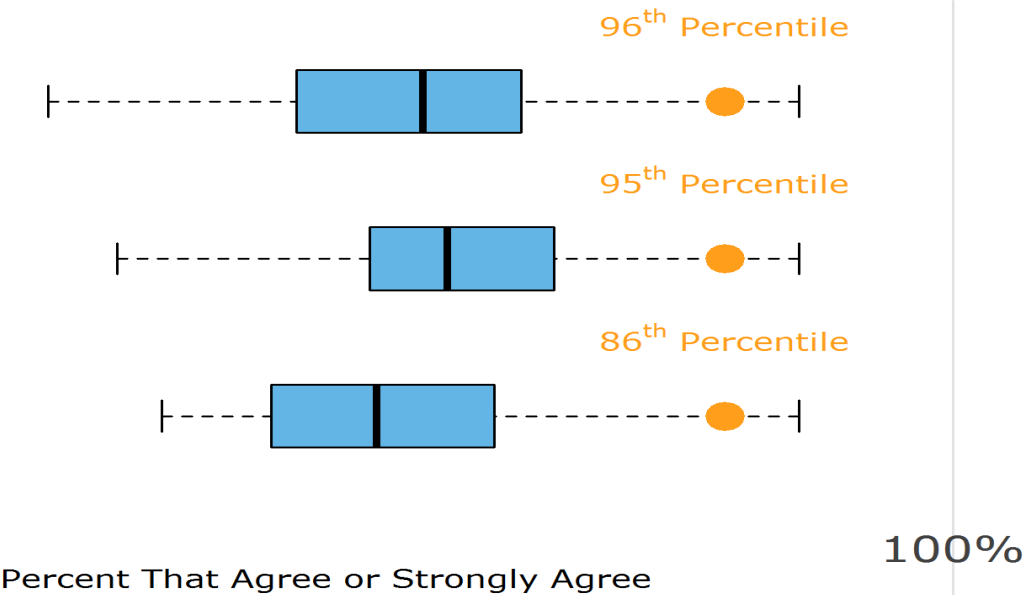
UCLA



All Organizations (n=57)

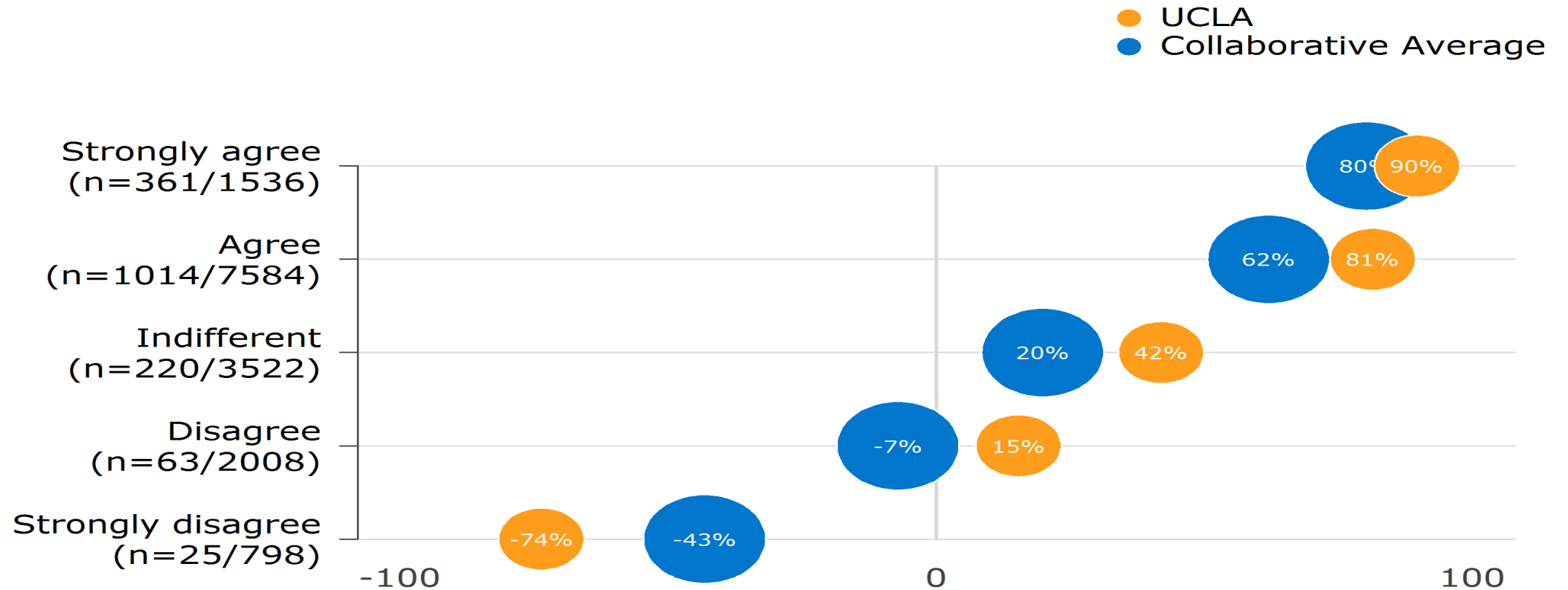
Epic Deployments (n=41)

Academic Health Systems (n=14)



# Benchmarked Net EMR Experience—By Agreement That Organization Leadership/IT Has Implemented and Supports EMR Well

Nurses only

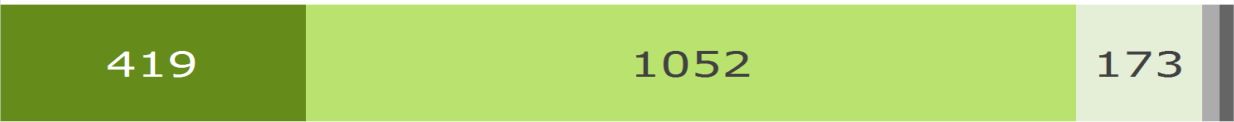


# Agreement That User Has Learned EMR Well

Nurses only (n=18,131)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

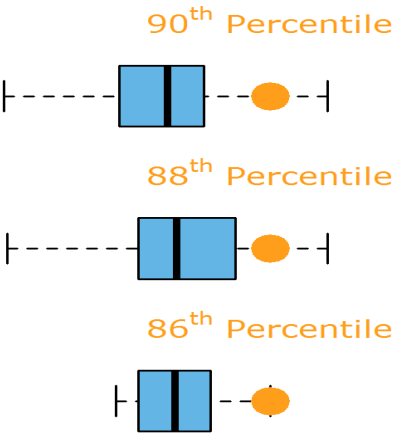
UCLA



All Organizations (n=58)

Epic Deployments (n=41)

Academic Health Systems (n=14)



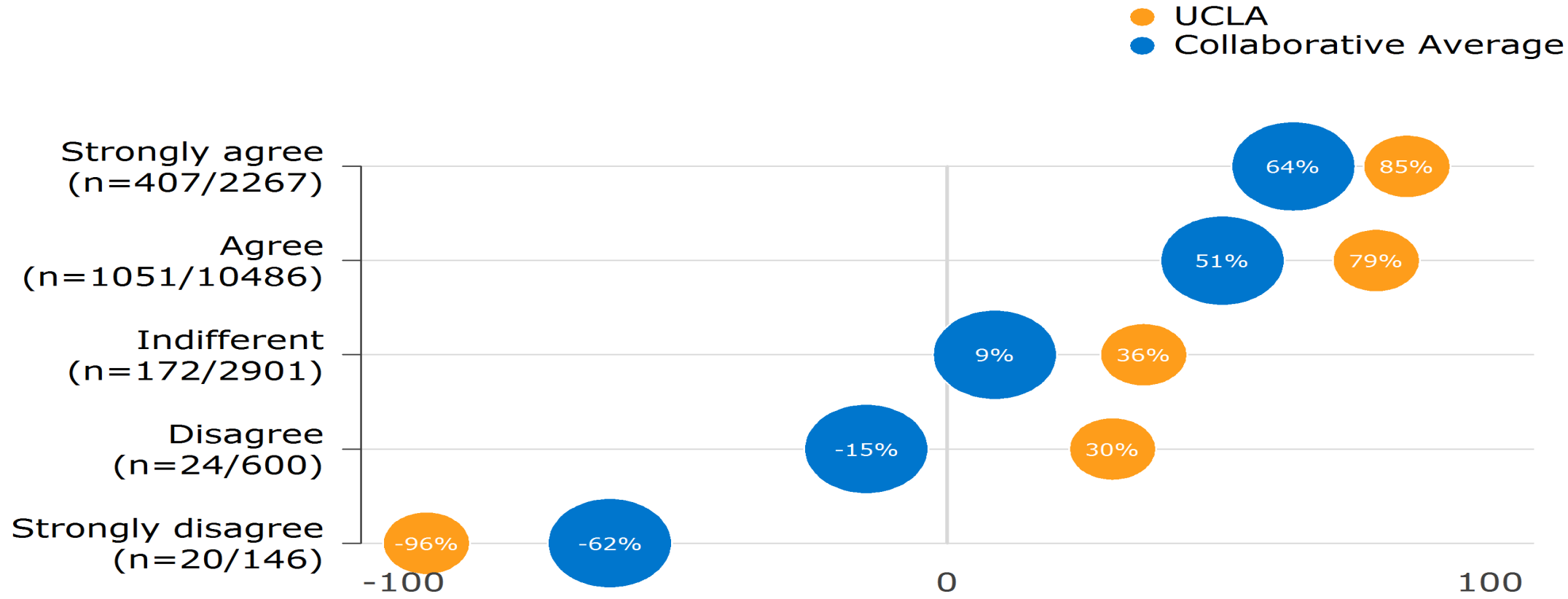
0%

Percent That Agree or Strongly Agree

100%

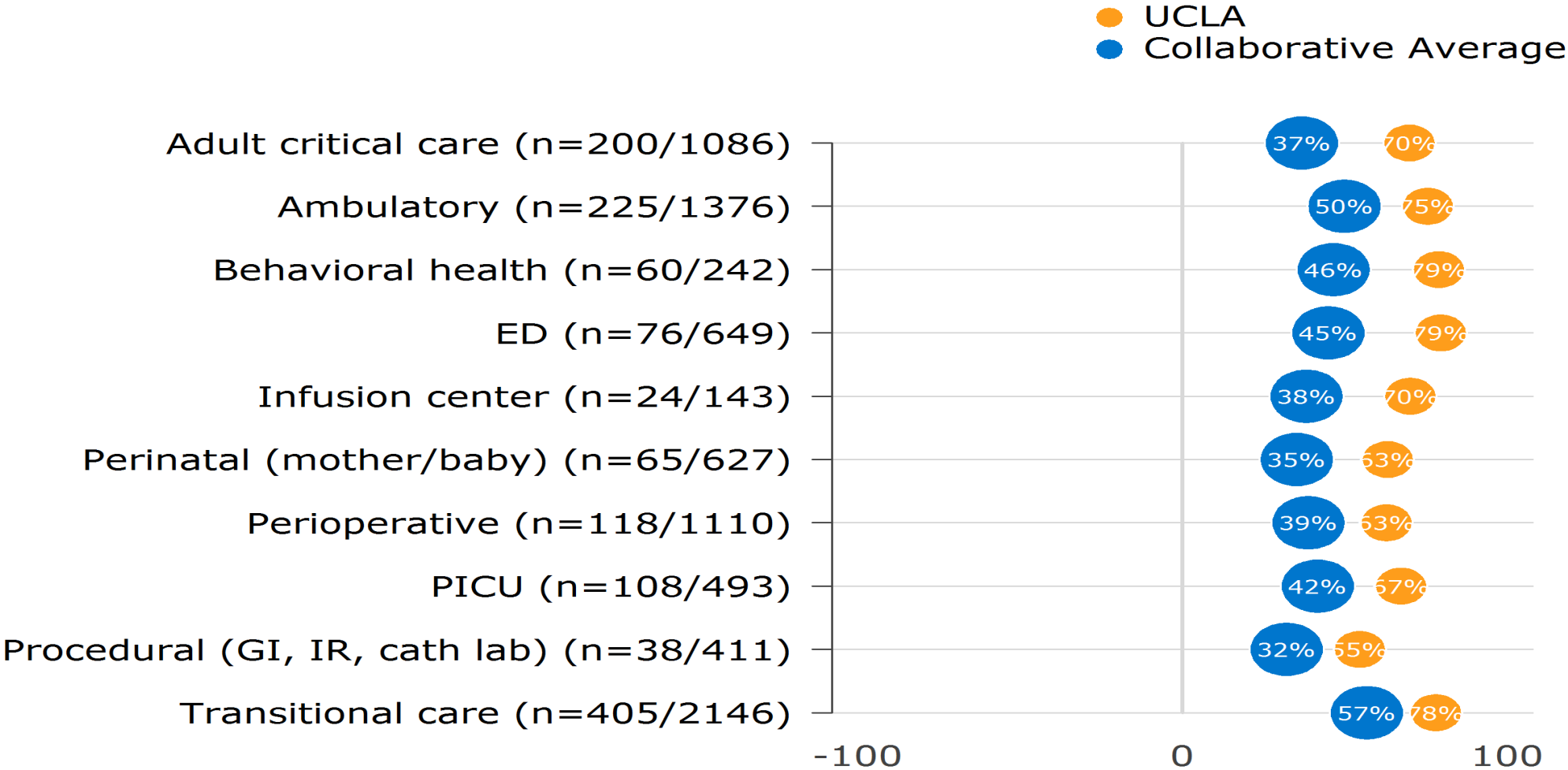
# Benchmarked Net EMR Experience—By Agreement That User Has Learned EMR Well

Nurses only



# Benchmarked Net EMR Experience—By Nursing Focus Area

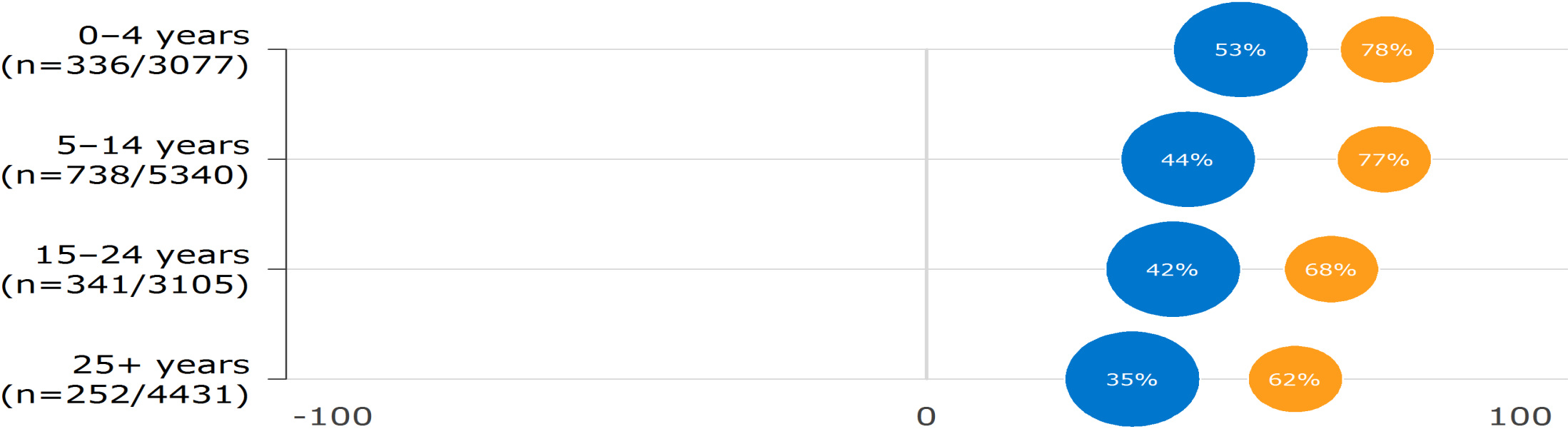
Nurses only



# Benchmarked Net EMR Experience—By Years Practicing Medicine

Nurses only

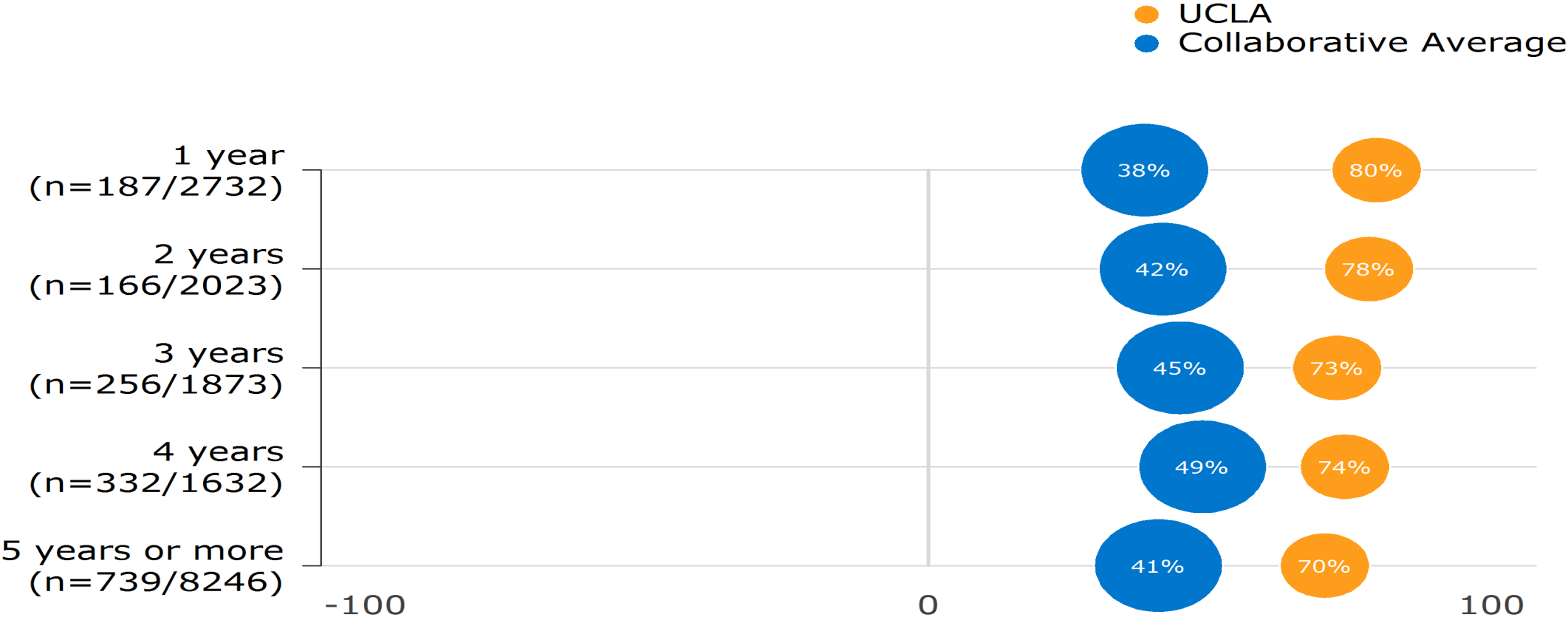
● UCLA  
● Collaborative Average





# Benchmarked Net EMR Experience—By Years Using EMR

Nurses only

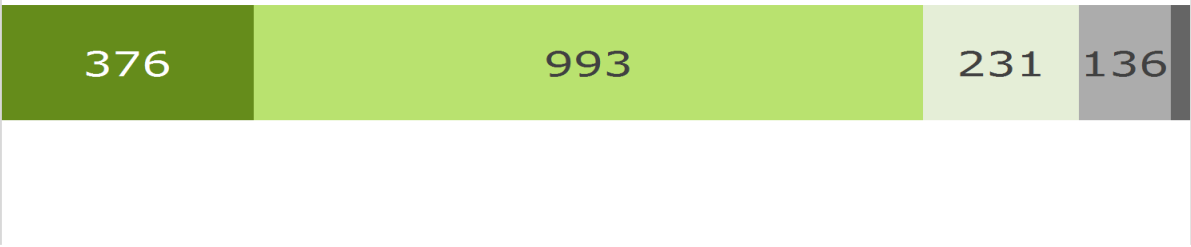


# Agreement That Initial EMR Training/Education Provided Strong Preparation

Nurses only (n=19,694)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

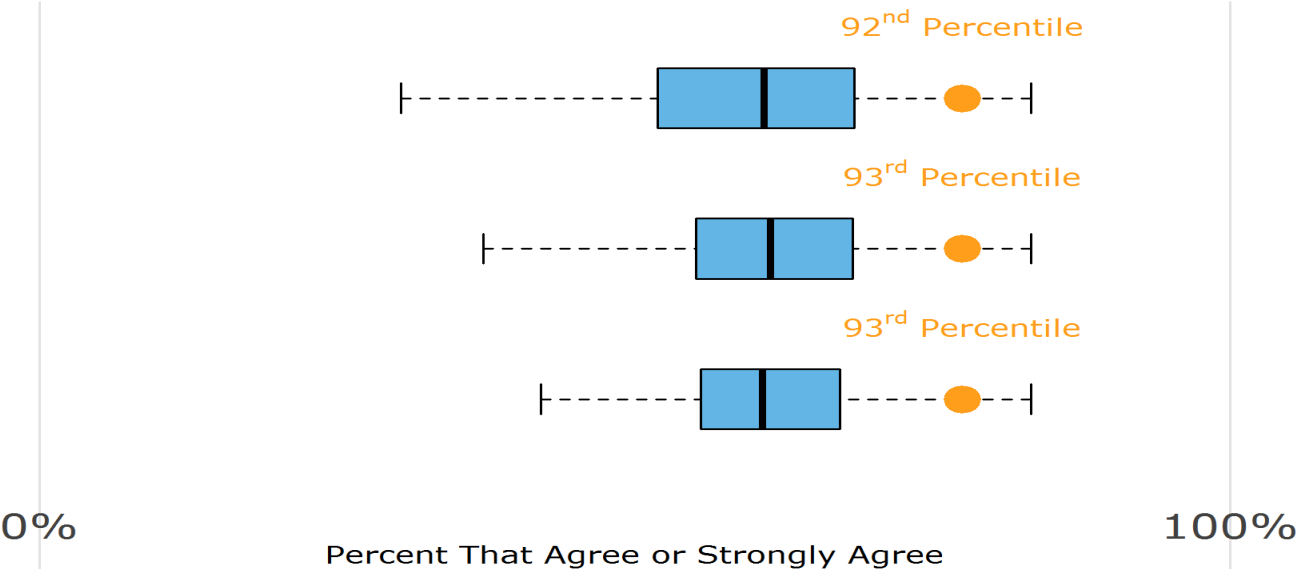
UCLA



All Organizations (n=59)

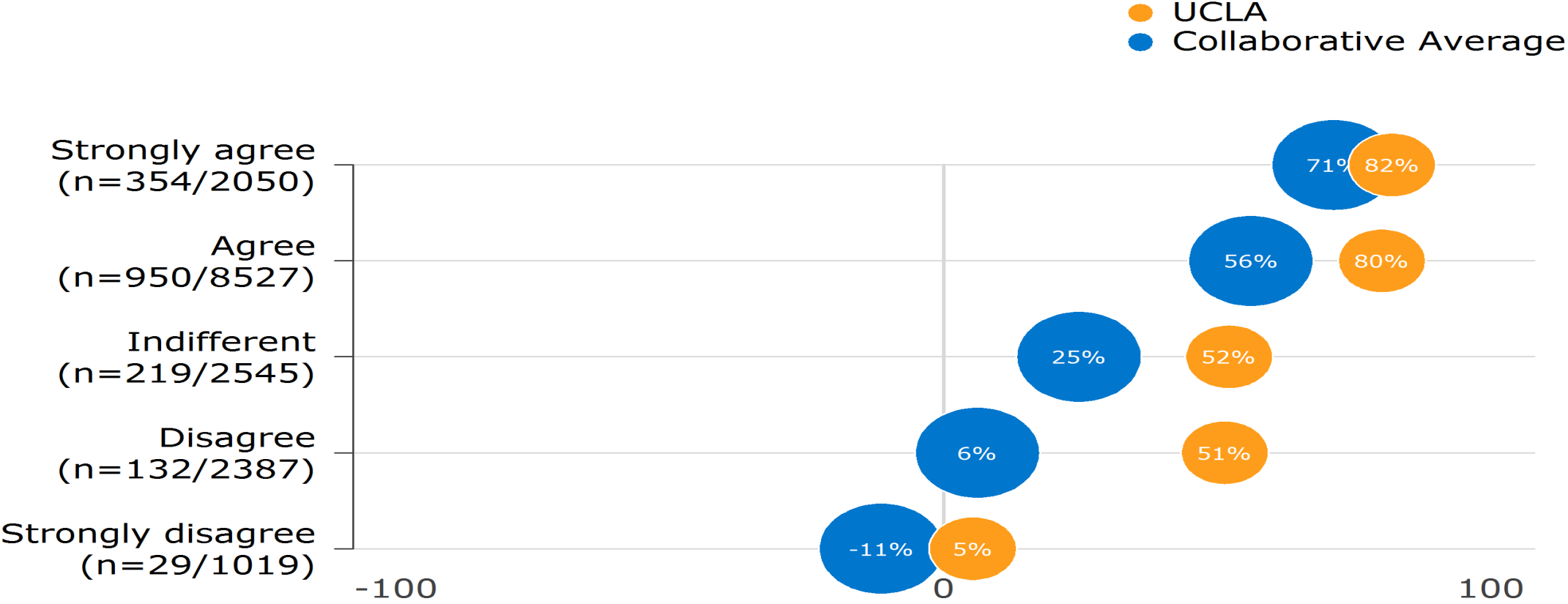
Epic Deployments (n=41)

Academic Health Systems (n=14)



# Benchmarked Net EMR Experience—By Agreement That Initial EMR Training/Education Provided Strong Preparation

Nurses only



# Agreement That Ongoing Training/Education Is Sufficient

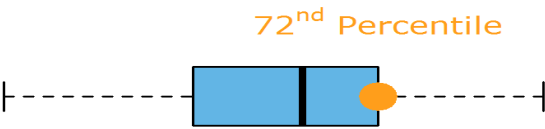
Nurses only (n=10,145)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree
- I have not received training

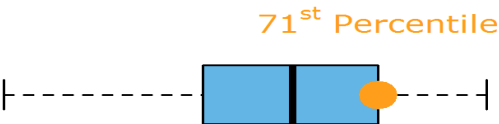
UCLA



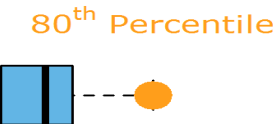
All Organizations (n=29)



Epic Deployments (n=21)



Academic Health Systems (n=5)



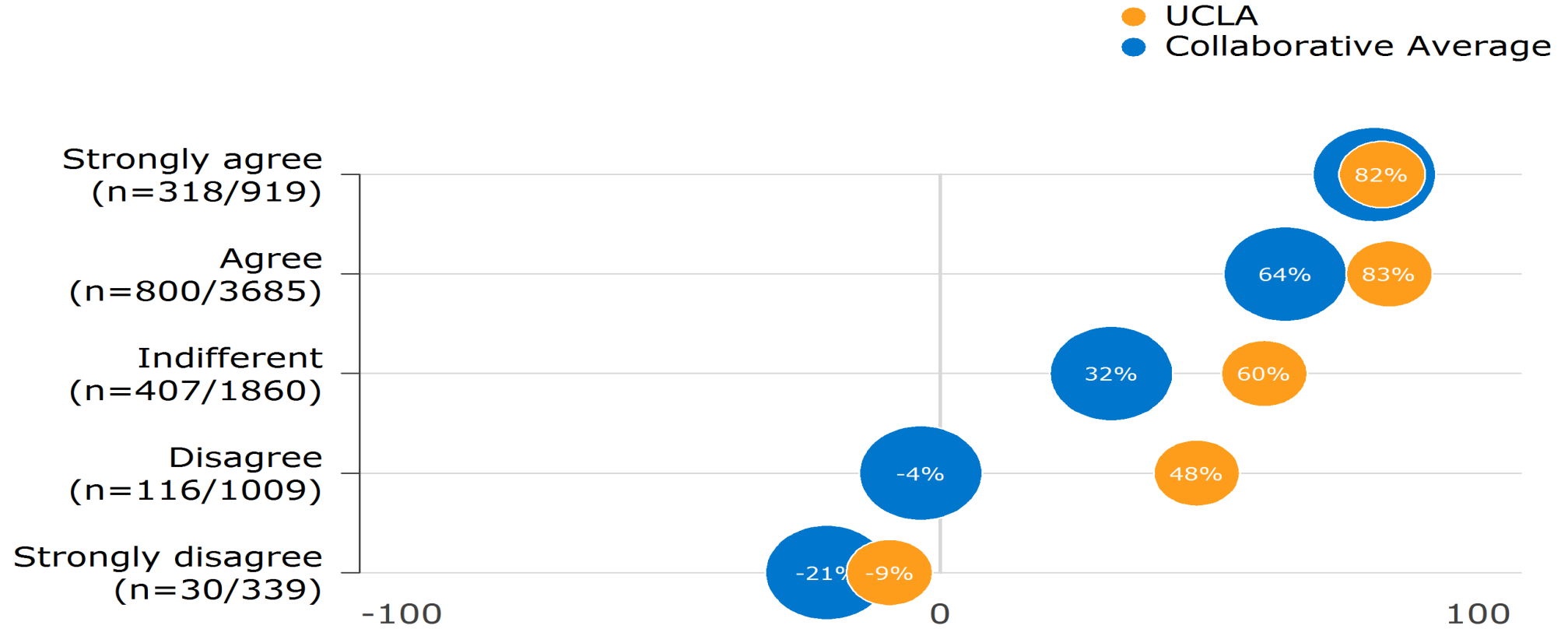
0%

Percent That Agree or Strongly Agree

100%

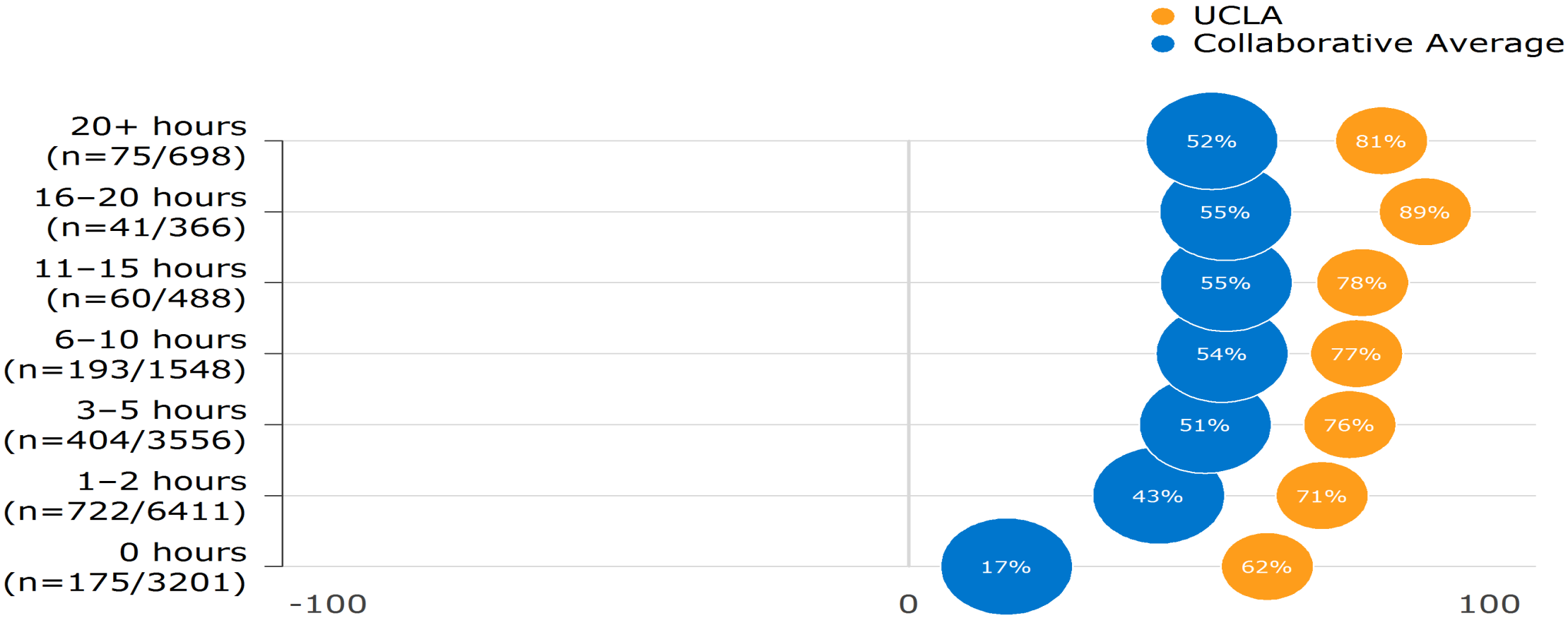
# Benchmarked Net EMR Experience—By Agreement That Ongoing Training/Education Is Sufficient

Nurses only



# Benchmarked Net EMR Experience—By Yearly Hours of Follow-Up Training/Education

Nurses only

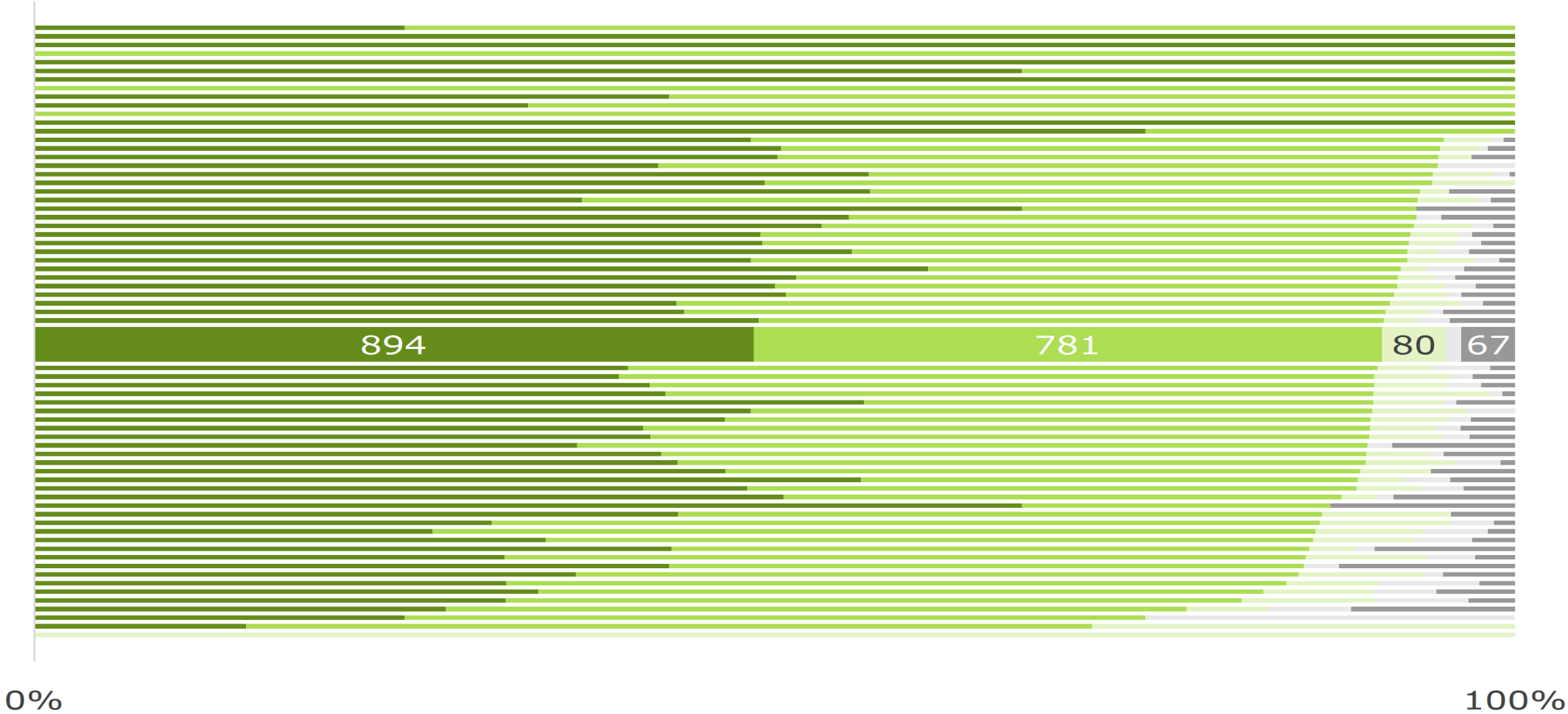


# Agreement That Work Is Fulfilling

Nurses only (n=16,305)

- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

UCLA

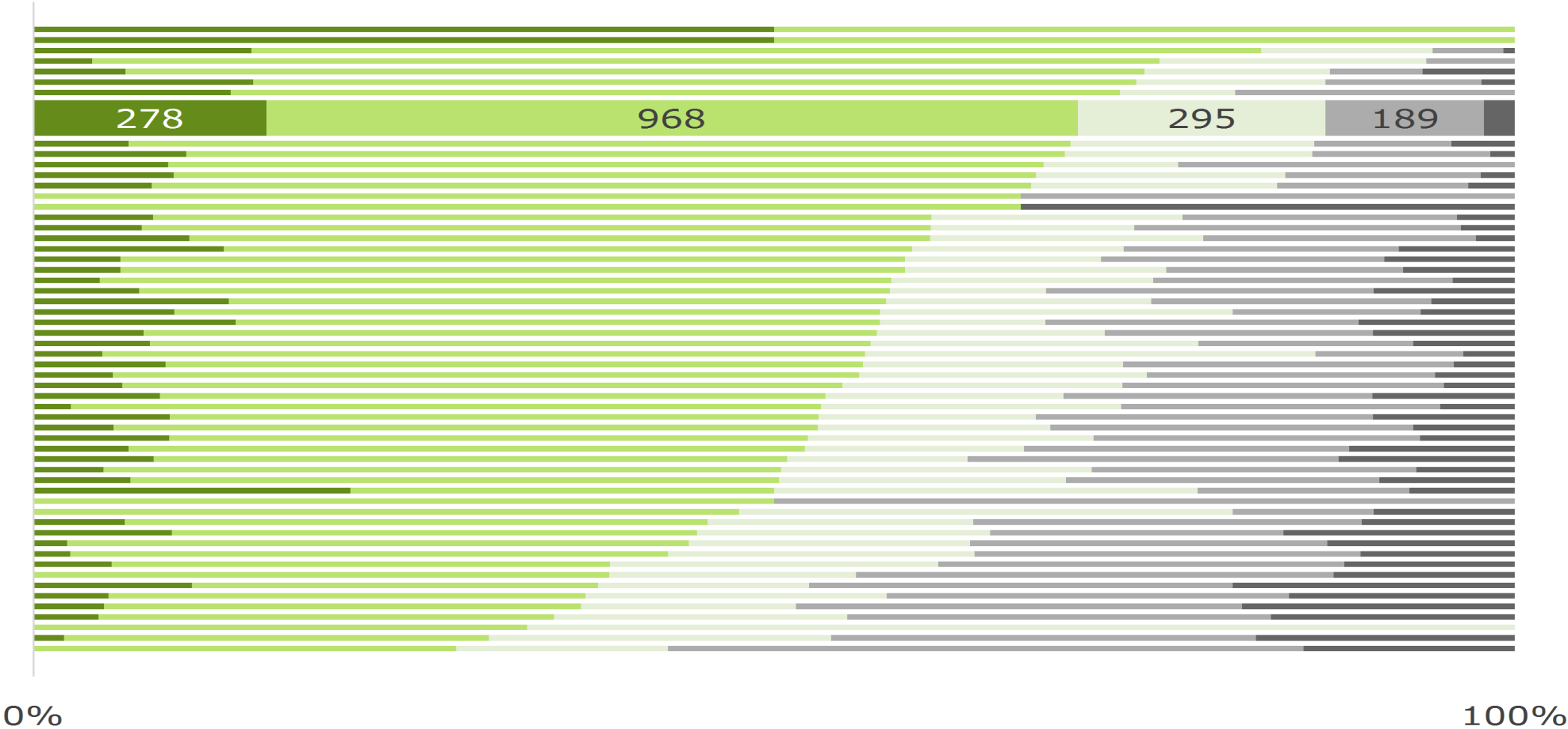


# Agreement That EMR Documentation Time Is Reasonable

Nurses only (n=14,703)

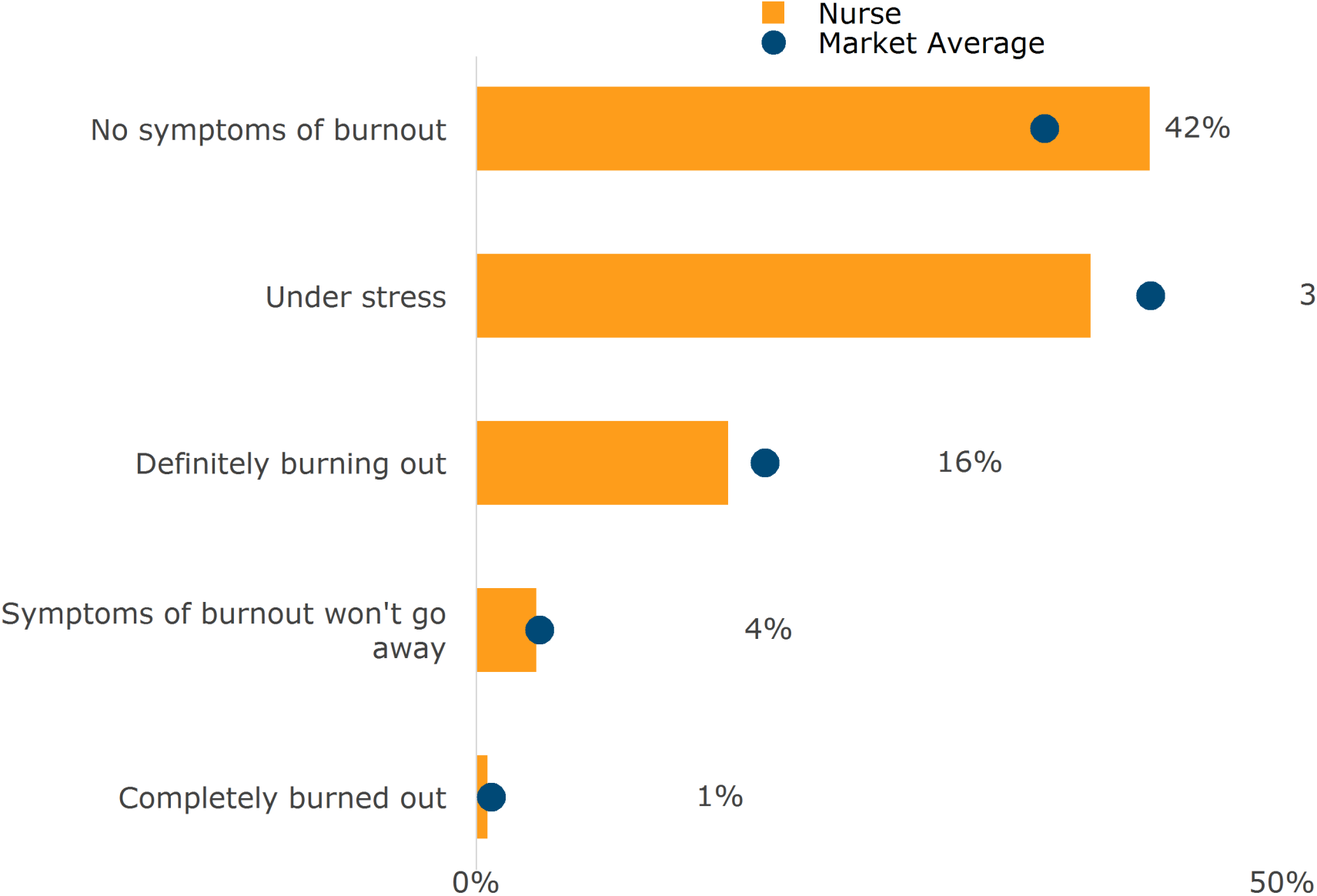
- Strongly agree
- Agree
- Indifferent
- Disagree
- Strongly disagree

UCLA





**Burnout Definition—Nurse**  
UCLA (n=1842)





# Action Planning

# Areas of Greatest Opportunity

- ☐ Training
  - ☐ New hire training
  - ☐ Ongoing training
- ☐ Burden of documentation
  - ☐ Redundancy
- ☐ Reliability
  - ☐ Refresh cycle was behind schedule
  - ☐ Unplanned outages

# Secret Sauce Components



# Retreat

- ☐ Gather the team for ½ day event
  - ☐ Nursing Informatics
  - ☐ Training & Adoption
  - ☐ Communications
  - ☐ Analysts (builders)
  - ☐ Key nursing leaders
- ☐ Goals:
  - ☐ Educate group on results
    - ☐ Celebrate success
    - ☐ Read free text comments!
  - ☐ Create action plan for coming year

# Activity #1: Understanding the Data

## Overview:

- Goal is to gain a deeper understanding of what our nurses want and think
- Comments come from both KLAS & IT satisfaction survey

## Process:

- Review assigned comments to identify themes and opportunities
- Consolidate & organize the information
- Share findings

# Activity #2: Action Planning

Use KLAS 'secret sauce' to **identify tactics** to improve:

- Ongoing training
- Burden of documentation
- Usability

Process:

- Identify a scribe
- Be creative! Think outside the box
- Brainstorm each theme
- Share

# Activity #3: Prioritization Exercise

- ❑ Determine high priority items – what will make the biggest impact?



# Action Plan: High Priority Items

- ☐ Enhance Super User program
- ☐ Enhance IT rounding program
- ☐ Refresh new hire training curriculum
- ☐ Begin structured refresher training program
- ☐ Reduce or eliminate redundant documentation
- ☐ Reduce clicks

# What have we done?

- ❑ Refresh new hire curriculum
  - ❑ Focus on workflow, not functionality
  - ❑ Assume basic EHR knowledge
- ❑ Reduce burden of documentation
  - ❑ Assembled group focused on reducing clicks
  - ❑ Began with admission assessment & moved into flowsheets
- ❑ Rounding program enhancements
  - ❑ Established participation for different teams
  - ❑ Round with a purpose – topics of the month!
- ❑ Call out to identify redundant documentation

# Redundant Documentation



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## Share Your Feedback: Win Prizes

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Dear Colleagues,

Help us make improvements! We have heard from some of you that we still have redundant documentation in CareConnect. Our Nursing Informatics Team requests your help in identifying where this is occurring so we can work to eliminate it.

### How to Participate

1. Provide examples by completing our optimization request form:  
[Optimization Request Form](#)
2. When asked for the short description, enter:  
**Stop Redundant Documentation!**
3. Please include as much information as possible in the Description Box. Attach screenshots by clicking on the paperclip in the top right hand corner.

n conclusion...



# Questions

