Nursing EHR Satisfaction Data: Action for Satisfaction!

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Today, we’ll discuss...

KLAS Research & the Arch Collaborative

Understanding the Data

Creating an Action Plan
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!

Successful User

- Strong User Mastery
  - I am confident in my ability to use this EHR effectively and efficiently.

- Meets Unique User Needs
  - I feel that I have the ability to influence the team that shapes this EHR. My voice is heard and I am seeing progress as we shape this into a successful solution.

- Shared Ownership
  - We have gotten this EHR to a great place where it meets my specific needs. I have taken the time so that it works how I need it to.
Net Promoter Score (range -100% to 100%)
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
Whisker Plot

- This whisker shows the lowest value
- This line shows the lower quartile
- This line shows the median
- This line shows the upper quartile
- This whisker shows the highest value

The width of the box shows the interquartile range
Overall EMR Satisfaction
Nurses only (n=18,298)

UCLA

Very satisfied
Satisfied
Dissatisfied
Very dissatisfied

All Organizations (n=59)

Epic Deployments (n=36)

Academic Health Systems (n=14)

0%  Percent Satisfied or Very Satisfied  100%

92nd Percentile
89th Percentile
93rd Percentile
Agreement That EMR Enables Quality Care

Nurses only (n=17,824)

UCLA

- Strongly agree: 508
- Agree: 798
- Indifferent: 238
- Disagree: 82

All Organizations (n=56)

- 86th Percentile

Epic Deployments (n=39)

- 82nd Percentile

Academic Health Systems (n=14)

- 86th Percentile

Percent That Agree or Strongly Agree
Agreement That EMR Enables Efficiency
Nurses only (n=17,900)

UCLA

Strongly agree: 493
Agree: 749
Indifferent: 236
Disagree: 150

All Organizations (n=56)
Percent That Agree or Strongly Agree

Epic Deployments (n=39)

Academic Health Systems (n=14)

93rd Percentile
90th Percentile
86th Percentile

0% 100%
Agreement That EMR Is Reliable
Nurses only (n=17,857)

UCLA

All Organizations (n=56)

Epic Deployments (n=39)

Academic Health Systems (n=14)

Percent That Agree or Strongly Agree

86th Percentile

79th Percentile

93rd Percentile
Agreement That EMR Is Easy to Learn
Nurses only (n=17,837)

UCLA

All Organizations (n=55)

Epic Deployments (n=39)

Academic Health Systems (n=13)

Percent That Agree or Strongly Agree
Agreement That EMR Keeps Patients Safe
Nurses only (n=14,619)

UCLA

All Organizations (n=49)

Epic Deployments (n=39)

Academic Health Systems (n=13)

0% 90th Percentile

92nd Percentile

Percent That Agree or Strongly Agree

100%
Agreement That EMR Vendor Has Designed a High-Quality EMR

Nurses only (n=18,152)

**UCLA**

- Strongly agree: 326
- Agree: 1038
- Indifferent: 270

**All Organizations (n=58)**

- 88th Percentile: 90%
- 83rd Percentile: 80%

**Epic Deployments (n=41)**

- 93rd Percentile: 95%

**Academic Health Systems (n=14)**

- Percent That Agree or Strongly Agree: 100%

UCLA Health
Information Technology

ISS | OHIA | DGIT
Agreement That Organization Leadership/IT Has Implemented and Supports EMR Well
Nurses only (n=17,185)

UCLA

All Organizations (n=57)

Epic Deployments (n=41)

Academic Health Systems (n=14)

0% 96th Percentile

95th Percentile

86th Percentile

100% Percent That Agree or Strongly Agree
Benchmarked Net EMR Experience—By Agreement That Organization Leadership/IT Has Implemented and Supports EMR Well

Nurses only

- Strongly agree (n=361/1536)
- Agree (n=1014/7584)
- Indifferent (n=220/3522)
- Disagree (n=63/2008)
- Strongly disagree (n=25/798)

UCLA
Collaborative Average

- 80% 90%
- 62% 81%
- 20% 42%
- -7% 15%
- -74% -43%
Agreement That User Has Learned EMR Well
Nurses only (n=18,131)

UCLA

- Strongly agree: 419
- Agree: 1052
- Indifferent: 173

All Organizations (n=58)

- 90th Percentile

Epic Deployments (n=41)

- 88th Percentile

Academic Health Systems (n=14)

- 86th Percentile

Percent That Agree or Strongly Agree

0% 100%
Benchmarked Net EMR Experience—By Agreement That User Has Learned EMR Well

Nurses only

- Strongly agree (n=407/2267)
  - UCLA: 64%
  - Collaborative Average: 85%

- Agree (n=1051/10486)
  - UCLA: 51%
  - Collaborative Average: 79%

- Indifferent (n=172/2901)
  - UCLA: 9%
  - Collaborative Average: 36%

- Disagree (n=24/600)
  - UCLA: -15%
  - Collaborative Average: 30%

- Strongly disagree (n=20/146)
  - UCLA: -96%
  - Collaborative Average: -62%
Benchmarked Net EMR Experience—By Nursing Focus Area
Nurses only

- **Adult critical care (n=200/1086)**: UCLA 37%, Collaborative Average 70%
- **Ambulatory (n=225/1376)**: UCLA 50%, Collaborative Average 75%
- **Behavioral health (n=60/242)**: UCLA 46%, Collaborative Average 79%
- **ED (n=76/649)**: UCLA 45%, Collaborative Average 79%
- **Infusion center (n=24/143)**: UCLA 38%, Collaborative Average 70%
- **Perinatal (mother/baby) (n=65/627)**: UCLA 35%, Collaborative Average 63%
- **Perioperative (n=118/1110)**: UCLA 39%, Collaborative Average 63%
- **PICU (n=108/493)**: UCLA 42%, Collaborative Average 57%
- **Procedural (GI, IR, cath lab) (n=38/411)**: UCLA 32%, Collaborative Average 55%
- **Transitional care (n=405/2146)**: UCLA 57%, Collaborative Average 78%
Benchmarked Net EMR Experience—By Years Practicing Medicine

Nurses only

- 0–4 years (n=336/3077): UCLA 53%, Collaborative Average 78%
- 5–14 years (n=738/5340): UCLA 44%, Collaborative Average 77%
- 15–24 years (n=341/3105): UCLA 42%, Collaborative Average 68%
- 25+ years (n=252/4431): UCLA 35%, Collaborative Average 62%
Benchmarked Net EMR Experience—By Years Using EMR
Nurses only

- 1 year (n=187/2732): UCLA 38%, Collaborative Average 80%
- 2 years (n=166/2023): UCLA 42%, Collaborative Average 78%
- 3 years (n=256/1873): UCLA 45%, Collaborative Average 73%
- 4 years (n=332/1632): UCLA 49%, Collaborative Average 74%
- 5 years or more (n=739/8246): UCLA 41%, Collaborative Average 70%
Agreement That Initial EMR Training/Education Provided Strong Preparation

Nurses only (n=19,694)

- **UCLA**
  - Strongly agree: 376
  - Agree: 993
  - Indifferent: 231
  - Disagree: 136

- **All Organizations** (n=59)
- **Epic Deployments** (n=41)
- **Academic Health Systems** (n=14)

Percent That Agree or Strongly Agree
Benchmarked Net EMR Experience—By Agreement That Initial EMR Training/Education Provided Strong Preparation

Nurses only

- Strongly agree (n=354/2050) UCLA: 71%, Collaborative Average: 82%
- Agree (n=950/8527) UCLA: 56%, Collaborative Average: 80%
- Indifferent (n=219/2545) UCLA: 25%, Collaborative Average: 52%
- Disagree (n=132/2387) UCLA: 6%, Collaborative Average: 51%
- Strongly disagree (n=29/1019) UCLA: -11%, Collaborative Average: 5%
Agreement That Ongoing Training/Education Is Sufficient
Nurses only (n=10,145)

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<th>Agree</th>
<th>Indifferent</th>
<th>Disagree</th>
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<td></td>
<td>429</td>
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All Organizations (n=29)

Epic Deployments (n=21)

Academic Health Systems (n=5)

Percent That Agree or Strongly Agree

0% 100%
Benchmarked Net EMR Experience—By Yearly Hours of Follow-Up Training/Education
Nurses only

- 20+ hours (n=75/698)
- 16–20 hours (n=41/366)
- 11–15 hours (n=60/488)
- 6–10 hours (n=193/1548)
- 3–5 hours (n=404/3556)
- 1–2 hours (n=722/6411)
- 0 hours (n=175/3201)

UCLA
Collaborative Average

- 20+ hours: 52% (UCLA) vs. 81% (Collaborative Average)
- 16–20 hours: 55% (UCLA) vs. 89% (Collaborative Average)
- 11–15 hours: 55% (UCLA) vs. 78% (Collaborative Average)
- 6–10 hours: 54% (UCLA) vs. 77% (Collaborative Average)
- 3–5 hours: 51% (UCLA) vs. 76% (Collaborative Average)
- 1–2 hours: 43% (UCLA) vs. 71% (Collaborative Average)
- 0 hours: 17% (UCLA) vs. 62% (Collaborative Average)
Agreement That Work Is Fulfilling
Nurses only (n=16,305)

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

UCLA

894

781

80

67
Burnout Definition—Nurse
UCLA (n=1842)

- No symptoms of burnout: 42%
- Under stress: 3%
- Definitely burning out: 16%
- Symptoms of burnout won't go away: 4%
- Completely burned out: 1%
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

- Training
- Personalization
- Relationship with IT Staff

Satisfaction
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
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.
In conclusion...