Stories of How Nurse Innovations and Leadership Shine During a Pandemic

September 30, 2020
Executive Summary

The Scottsdale Institute virtually convened 27 Chief Nursing Information Officers (CNIOs) and other nursing leaders from 20 member organizations for an annual Summit on September 30, 2020. Participants represented large academic medical centers, multi-regional health systems, rural hospitals and other facilities from across the U.S. These executives came together to share their use cases on innovation and leadership through the COVID-19 pandemic. The event was sponsored and moderated by Nuance Communications, Inc.

Despite the gravity of our current situation, the 2020 Summit provided an opportunity to acknowledge a broad range of positive outcomes driven by nurse leaders, nurse informaticists and caregivers who have genuinely given their all during an unprecedented time of crisis. Eight presentations throughout the day featured inspiring stories of innovations in the areas of bedside care delivery, communications, workflow and EHR documentation, as well as key lessons learned so nurses can sustain the gains and continue to transform how they work.

SUMMIT OBJECTIVES

» Understand how nurses are making adjustments so we can learn from each other
» Gain insights into how the pandemic has affected our work—and how we overcome challenges
» Understand how care delivery models, workflows and EHR documentation have changed
» Work in a spirit of collaboration
SUMMIT PARTICIPANTS

Lea Ann Arnold, DNP, MS, RN, Director of Nursing Informatics, Northwestern Medicine

Gretchen Brown, MSN, RN, NEA-BC, EDAC, Associate Chief Nursing Informatics Officer, Stanford Medicine

Paul Buttes, MSN, RN, VP, IT Clinical Applications, Baptist Health

Jean Davis, MSN, MBA, HCM, RN, Sr. Director Nursing Informatics, Banner Health

Danyale Davis, BSN, RN, PCCN, BRMP, Business Relationship Manager, Sentara Healthcare

Lori Dunivan, MS, BSN, RN, VP & Regional Nursing Informatics Officer, Northern Light Health

Jodi Erpelding, Program Director, Clinical Informatics, Banner Health

Jennifer Fogel, RN-BC, BSN, MSN, VP & Regional Nursing Informatics Officer, Northern Light Health

Becky Fox, MSN, RN-BC, VP & Chief Nursing Informatics Officer, Atrium Health

Trish Gallagher, RN, MSHS, CPHQ, CPHIMS, Sr. Director, Clinical Informatics, Ascension

April Giard, DNP, APN, NEA-BC, VP & Chief Information Officer, Northern Light Health

Nicole Gitney, RN, Director of Nursing Informatics, BayCare Health System

Sherri Hess, MS-IS, BSN, RN-BC, FHIMSS, Chief Nursing Informatics Officer, Banner Health

Lynn Hollar, RN, Director, Clinical Informatics, Ascension

Diane Humbrecht, DNP, RN-BC, Chief Nursing Informatics Officer, Virginia Mason Medical Center

Seraphine Kapsandoy, PhD, RN, Chief Clinical Information Officer & AVP, Intermountain Healthcare

Tamera Larsen-Engelkes, MSN, RN, NE-BC, Clinical Information Officer, Avera Health

Candice Larson, MSN, RN-BC, ITILv3, CNIO, HonorHealth

Jennifer Martin, DNP, RN, NEA-BC, Sr. Director Clinical Informatics, Carilion Clinic

Genemarie McGee, Corporate VP & System CNO, Sentara Healthcare

Carleen Penoza, MHSA, BSN, RN, Chief Nursing Informatics Officer, Michigan Medicine

Amy Rosa, DNP, MSMI, RN, VP & Chief Nursing Information Officer, SCL Health

Susan Stafford, DNP, MBA, MPA, RN-BC, NEA-BC, Assistant Professor, Clinical, The University of Texas System

Donna Summers, MSN, RN-BC, CNIO, Henry Ford Health System

Mary Swenson, RN, MBA, Director Nursing Services, Clinical Content, Mass General Brigham

Paula Theriault, RN VP, Regional Nursing Informatics Officer, Northern Light Health

Nancy Yates, MS, RN RN-BC, System CNIO, Centura Health

CONVENER

Scottsdale Institute: Janet Guptill, Executive Director, Cynthia Schroers, Janice Wurz, Nancy Navarette, Chuck Appleby, Ricki Levitan, Gordon Rohweder

SPONSOR

Nuance Communications, Inc.
Moderator: Jessica Hatala, Nursing Solutions Strategist
Writer: Beth DeLisi-Baird
Stories of How Nurse Innovations and Leadership Shine During a Pandemic

As COVID-19 continues to disrupt U.S. healthcare organizations, the topics of COVID surges, clinician burnout, lack of PPE, strained resources and added costs for hospitals are most commonly highlighted in the news and discussed around nurse stations alike.

However, we recognize that nurses and caregivers across the continuum of care are innovating in real-time, raising the standards of care, leveraging new technologies and tools and implementing new operating procedures. These are the stories that took center stage during this year’s Scottsdale Institute CNIO Virtual Summit.

These narratives were supported by the results of a recent Scottsdale Institute Summit survey of Chief Nursing and Medical Information Officers that reflected a desire for more powerful informatics and healthcare technology to support a world now coexisting with COVID-19. For example, most respondents to the survey mentioned they had three goals for implementing voice-recognition technologies into their workflows: 1) to improve the efficiency and accuracy of clinician documentation; 2) to decrease the administrative burden that documentation can exacerbate; and 3) to improve the quality of care through enhanced decision support. Still, survey respondents highlighted a range of barriers to adoption that remain for these and other enabling technologies. Thus it was important to bring together nurse leaders to share insights into how nurse innovation and leadership can survive, and thrive during a crisis.

“I appreciate the collaboration with such an awesome group. The key is sharing.”
– Sherri Hess, CNIO | Banner Health

“I learned how similar our situations and experiences were. I love to see and share example governance structures that are working well at other sites. Great summit presentations!!”
– Candice Larson, CNIO | Honor Health

“I’m amazed by the similarities of experiences even though we didn’t have time to collaborate a lot during the crisis. I loved hearing about all the technologies that were tried.”
– Carleen Penoza, CNIO | Michigan Medicine
BEDSIDE CARE DELIVERY INNOVATION

Bedside care is so important. Its importance goes well beyond care delivery and documentation, and it extends to providing the emotional support patients and their families need for their recovery. During the pandemic, however, everything we know about bedside care delivery had to change.

Mary Swenson, RN, Director, Nursing Services, Clinical Content, Mass General Brigham, shared her experience of innovating bedside care delivery while standing up the Epic EHR for Boston Hope, a temporary field hospital that opened in April at the Boston Convention and Exhibition Center. To prepare for opening this field hospital, the Mass General Brigham (MGB) team needed a solution to enable as much documentation as possible at the bedside as one way to alleviate demand for the few nursing workstations that would be available. Also, because the Boston Hope nursing staff were almost entirely new hires, it was paramount to have a simple, mobile documentation device with all of the EHR features, including e-learning support, built-in communication and onboard interpretive services. Much work was done to simplify and streamline assessments to reduce the burden of documentation, including, for example, the adoption of disaster documentation within the nursing workflow.

“The gravity of the pandemic forced us to bring out the best in caring for patients. What we learned was this: embracing the future accelerates adoption. All of our application teams came together very quickly—it was all hands on deck—and we got it done.”
– Mary Swenson, Director, Nursing Services, Clinical Content | Mass General Brigham (MGB)

“We were on a similar path to what we're calling ‘crisis documentation.’ We came to a consensus quickly that disaster does bring us all together, and we spent less time lamenting what we were giving up. But the most significant effort for us was around the policy: when to turn it on, who makes that decision. That took longer to determine, but we did develop a policy to guide this.”
– Amy Rosa, DNP, VP & CNIO | SCL Health

Borrowing from their long-standing tradition of operating agilely through weekly Kaizen continuous-improvement sessions, Seattle’s Virginia Mason created a command center to provide a much-needed rapid change in the earliest days of the pandemic. Diane Humbrecht, DNP, CNIO, Virginia Mason, shared how the organization’s first case—in Kirkland, Wash.—prompted teams to take a careful, systematic approach to
provide employees with the tools they needed to go into patient rooms and care for them as safely as possible. By quickly putting together a database of needs and supplies, including staff, PPE and ventilators, all Virginia Mason sites had visibility and access for sharing resources as effectively as possible. Enabled by the EHR’s communication boards, it was also possible to see which patients were on which floors, who was waiting for tests, who had tested positive and where extra precautions were required. This early work prepared Virginia Mason for a significant surge at another site, where additional innovations played a key role in enabling patient-family-caregiver communication, minimizing the risk of exposure and establishing telehealth.

“When you’re focused, and need to get things done, it’s amazing what you can accomplish in a short period of time. And we were able to accomplish a lot, like many organizations.”
– Diane Humbrecht, DNP, CNIO | Virginia Mason

“We looked toward the disaster navigator to ease the documentation for the nurses who rotated into the ICU to assist due to staffing shortage. It is more streamlined, decreasing the education required for nurses to get up and running.”
– Gretchen Brown, Associate Chief Nursing Informatics Officer | Stanford Medicine

“A lot of work went into collaborating with other disciplines outside of nursing. Providers and pharmacy asked if nursing were to shift to disaster documentation, how does that affect the provider? And how would pharmacy shift with med delivery? Based on questions like these, we optimized our processes as much as possible.”
– Danyale Davis, Business Relationship Manager | Sentara Healthcare

COMMUNICATIONS

In addition to inspiring innovations happening at the bedside, nurses worked to forge connections and communications between patients, clinicians and family members.

As the pandemic forced changes to visitor policies (indeed suspending them altogether in many cases), Atrium Health’s CNIO Becky Fox understood that meaningful connections between patients and their loved ones were utterly essential. But the organization needed to enable these communications without adding to
the clinical team’s already burgeoning workload. Ultimately, appointing a team of dedicated Connection Nurses became the answer. Connection Nurses, armed with an array of tablets and videoconferencing equipment, facilitated about 115 connections per week at the peak of the pandemic—connections that allowed patients to pray or perform other cultural rituals with their families, share important updates about their progress and receive comfort when they needed it most. One of Atrium Health’s clinical informatics coordinators said, “This is some of the most meaningful work I’ve ever done as a nurse. This is the kind of caring that we do best—when we are focused on both the patients and their families.”

“We used tablets with FaceTime and Zoom [to facilitate communication]. We also used them for family conferencing. Our patient experience team really led this effort. Our Press Ganey survey scores went up significantly higher in nurse communication.”
– Donna Summers, CNIO | Henry Ford Health System

“One of the things we did was to develop a platform to communicate with all of our patients whose elective and surgical procedures had been canceled and use that to help alleviate fears about when they could reschedule again. It was a different population of patients, but we wanted to ensure they had communication during uncertain times.”
– Trish Gallagher, Senior Director, Patient and Caregiver Portfolio | Ascension

Michigan Medicine took on a similar initiative to overcome the communication barriers that COVID-19 isolation created—barriers to effective communication among clinicians, clinicians to patients and families, and between patients and their families. After trying various technologies ranging from everyday options like baby monitors to iPhones with FaceTime, the team at Michigan Medicine ultimately landed on walkie-talkies. One device remained in the patient room and another remained outside it; this approach improved communication for all stakeholders, and it also helped the organization conserve valuable PPE. These initiatives continue to expand beyond their initial use in COVID units and are leading into full unified-communications projects rolling out this fall.
WORKFLOW AND EHR DOCUMENTATION

Nurses across the U.S. have led the charge in underscoring the valuable role that the profession plays and keeping the joy of the nursing role at the forefront. Part of that effort means helping to alleviate the administrative burden on nurses, particularly during COVID-19 patient surges. EHR workflows and documentation are one area ripe for leadership and reinvention.

Ascension recognizes the central role that nurses fulfill in the future of healthcare. Its Nursing Center of Excellence is working continuously to help deliver high-quality, compassionate care while also learning from the experiences and disruptions of the COVID-19 pandemic. A priority area for this organization has been to reduce nursing documentation in the acute-care space. By focusing on policies, partnering with regulatory experts and leveraging agile operational approaches, Ascension is well on its way toward transforming nursing documentation with a three-phased approach: 1) reduce documentation via essential clinical datasets; 2) integrate voice to enhance the nurse experience; and 3) implement mobile data entry to create efficiencies. As of today, the two largest Cerner domains are completed, and intake questions on adult admissions have been reduced by 56 percent, with some variances across specialties.

“Something I loved about the approach we took was the simplicity of the solutions. Many in healthcare have grown to be technology snobs, to the point that something as simple as a walkie-talkie or baby monitor might feel primitive in our advanced IT world. But they really were elegant answers to complex problems.”
– Carleen Penoza, CNIO | Michigan Medicine

“The connections are so important. I think, though, that the next biggest challenge will not be the technology, but how it all works together seamlessly.”
– Becky Fox, VP & CNIO | Atrium Health

“We need to continue to think about ways to communicate with all areas, not just the ICU or COVID areas, even after the pandemic. Keeping at the forefront that many things we implemented during our crisis can continue to serve us moving forward.”
– Jodi Erpelding, Program Director, Clinical Informatics | Banner Health
The standardized content will be pushed across EHR platforms over the next four months as Phase 1.

“Our Nursing Center of Excellence is getting its innovation from the bedside nurses and taking its cues from them to drive the strategy. The nursing documentation we’re working on is the tip of the iceberg. We know we have even more opportunities. And for what’s been done so far, our nurses are very excited. We’ve had excellent feedback.”
– Trish Gallagher, Senior Director, Patient and Caregiver Portfolio | Ascension

“Nurses are change agents and lead the way. I’m impressed by the pace of innovation and similarities across the nation.”
– Lori Dunivan, VP & Regional Nursing Informatics Officer | Northern Light Health

“We are looking into voice technologies while determining what nurses really need and how such technology can reduce the documentation burden.”
– Seraphine Kapsandoy, PhD, Chief Clinical Information Officer & AVP | Intermountain Healthcare

“Now with advancements in natural language processing, hopefully, narratives will come back into nursing practice.”
– Susan Stafford, DNP, Assistant Professor, Clinical | UT Health

“A crisis can be an opportunity to learn and evolve,” summarizes the approach at Centura Health and many other healthcare organizations across the U.S. After establishing an incident command center and IT task force at the peak of the pandemic, Nancy Yates, VP & CNIO, Centura Health, noted that her organization took the opportunity to focus on and rapidly deliver a range of initiatives needed to care for patients as effectively as possible. From telehealth and surge planning to add occupancy, the team was open to all possibilities to deliver a strong standard of care amidst extraordinary challenges. One of the goals of Project Simplify, as it was known, was to reduce the burden of documentation and thus the amount of time nurses would spend charting. The team began by reviewing what was required and determining how much was redundant, captured in other areas or by other caregivers, or charted more often than necessary. A thorough investigation led to a more streamlined approach, and the teams elected...
to make these changes permanent. Centura Health’s EHR workflow analyzer revealed a significant change to the user experience and nursing efficiency: before these changes, it took 158 clicks to complete required shift documentation; today, it takes just 24 clicks, and the team has improved the time spent in documentation by 23 minutes for every 12-hour shift.

“The key lesson was that we could make decisions quickly, with buy-in and engagement from our regulatory leaders. We’re extremely excited about what we did and the importance of it. We aren’t going back, and our intention is to continue to decrease the burden of documentation while balancing financials and productivity.”
– Nancy Yates, VP & Chief Nursing Informatics Officer | Centura Health

“If we look at our data, we see improvement in our physical assessment documentation that is the direct result of using conditional logic to drive critical thinking and documentation need. The changes have also eliminated noise and helped nurses identify important patient information not previously documented. Our documentation is better than before. Even if it looks like it might be more information, we’ve made it easier, and we’re prompting them to document more. This is all about reducing documentation burden for nurses and doing all we can increase their time at the bedside.”
– Jen Fogel, VP & Regional Nursing Informatics Officer | Northern Light Health

“We need the governance to hold the gains when we decrease documentation burden.”
– Jean Davis, Sr. Director Nursing Informatics | Banner Health

“We created documentation for a disaster but did not have to use it. We focused on modifying the timeframe for documenting but not changing the actual assessment. We have implemented the Essential Clinical Dataset for Admission and Physical Assessment, so the team didn’t feel we needed to reduce items in the actual assessments.”
– Nicole Gitney, Director of Nursing Informatics | BayCare Health System
SUSTAINING THE GAIN AND TRANSFORMING THE WAY WE WORK

The COVID-19 pandemic brought—and continues to bring—nurses to the forefront of leadership and innovation, working agilely and cross-collaborating to care for patients and each other. So much good work has been done over these past six months that the way the Scottsdale Institute closed the Summit was to examine how we can “sustain the gain” and continue to push forward to the Next Normal.

Northwestern Medicine revealed precisely how this crisis created clarity and focus on the most important work. The team developed intentional workgroups, information hubs and playbooks and supported teams across clinical workstreams to reinforce the message that they were all in this together. Looking ahead, Northwestern Medicine will continue to streamline training, decrease documentation burden, promote wellness, advance automation and predictive modeling and expand telehealth and usage of mobile tools.

“We fostered a climate of forgiveness, empowering people to make the decision that felt right in the moment and to ask for forgiveness later. The biggest thing is to stay agile.”

– Lea Ann Arnold, DNP, Director of Nursing Informatics | Northwestern Medicine

“Data is very powerful!”

– Lynn Hollar, Director, Clinical Informatics | Ascension

“Nurses continue to be resilient and adapt to changing environments quickly. We have all faced challenges this year, and it’s amazing how close we all were with our solutions.”

– Paul Buttes, VP, IT Clinical Applications | Baptist Health

Banner Health’s Arizona facilities were among the hardest-hit by COVID in May 2020, at one point becoming the globe’s “hot spot.” Despite that, the organization’s senior leaders remained visible, connecting with staff and keeping everyone abreast of what was happening throughout the organization. The latter was accomplished by town-hall events that provided situational awareness for everyone and reminders to take care of themselves and their families. Like Northwestern Medicine, the team
recognized early on that it was important to pivot away from the established annual initiatives and toward a few key priorities: asserting strong senior leadership visibility; conserving PPE; alleviating burdens on clinical staff and—most importantly—keeping employees safe while saving as many lives as possible.

“It’s interesting in a crisis how quickly people can come together, how quickly you can get things done. Now we can’t lose the momentum but need to continue doing the things that make our caregivers feel better, and that means moving forward with our technologies too.”
— Sherri Hess, CNIO | Banner Health

“This wasn’t just about having a couple of hard weeks at work. This was affecting our team’s families and our need to keep those families safe while caring for patients. We set up hotels for staff who felt like they couldn’t go home. We partnered with childcare providers to help with kids at home or doing remote schooling.”
— Jean Davis, Sr. Director Nursing Informatics | Banner Health

“We’re taking care of nurses, to enable them to be empowered caregivers, for themselves, as well as their patients.”
— Jessica Hatala, Nursing Solutions Strategist | Nuance
Final Thoughts

Throughout the day’s conversations, several key takeaways emerged:

» Participants are committed to ensuring we hold the line of workflow and documentation improvements, and we need enforcement/governance models to keep those gains.

» Organizations approached the crisis by acting first and experimenting, then reflecting and revising, and finally examining what was learned and how to sustain it.

» Metrics and data-driven decision-making are paramount. It was essential to capture what had been done, what worked, what didn’t, measure it and learn from it.

As we look to the future of healthcare, we recognize and value the importance of working together and continuing this and other dialogues. The challenges faced by organizations participating in this Summit were powerful and impacted the entire healthcare ecosystem. Moving forward together isn’t just about this or future pandemics. We can become a catalyst for nursing transformation and elevate the work we do every day.

“It illustrates how it can be easier to act your way into a new way of thinking than to think your way into a new way of acting. Sometimes you just have to do it and learn from it.”
– Janet Guptill, Executive Director | Scottsdale Institute

“It’s not just the year of the nurse. It’s the decade of the nurse.”
– Becky Fox, VP & CNIO | Atrium Health

“My key takeaway was the universal theme of the documentation burden. MGB has undertaken a data-driven analysis looking for opportunities to reduce unnecessary documentation. I would love to connect further with all of my SI colleagues.”
– Mary Swenson, Director, Nursing Services, Clinical Content | Mass General Brigham (MGB)

“I am always re-energized by these events—learning from others, validating processes, and using the data to drive and monitor change.”
– Jen Fogel, VP & Regional Nursing Informatics Officer | Northern Light Health
About the sponsors

The Scottsdale Institute (SI) is a not-for-profit membership organization of 60 prominent, advanced, not-for-profit health systems and academic medical centers whose mission is to improve healthcare quality, efficiency and personal experience through IT-enabled transformation.

Our North Star is thought leadership guided by SI’s Three Pillars of Collaboration, Education and Networking. We convene intimate, informal and collegial forums for senior healthcare executives, including but not limited to CEOs, CMOs, CIOs, CMIOs and CNIOs, to share knowledge, best practices and lessons learned. Our goal: Gather the right people to discuss the right topics at the right moment.

For more information, visit www.scottsdaleinstitute.org.

Nuance Communications, Inc. (NASDAQ: NUAN) is a technology pioneer with market leadership in conversational AI and ambient intelligence. A full-service partner trusted by 90 percent of US hospitals and 85 percent of the Fortune 100 across the globe, we create intuitive solutions that amplify people’s ability to help others.

Nuance healthcare solutions capture, improve, and communicate over 300 million patient stories each year, helping more than 550,000 clinicians at 10,000 healthcare organizations worldwide drive meaningful clinical and financial outcomes. Delivering a more complete and accurate view of patient care, Nuance’s ambient clinical intelligence, clinical speech recognition, CAPD, CDI, coding, quality, and radiology solutions provide a more intelligent approach to clinical documentation—freeing clinicians to spend more time caring for patients.

For more information, visit nuance.com/healthcare