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## Standardizing Work Flow

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## Be a Continuous Learning Organization

Make systems thinking the norm

Seek the input of primary care physicians/providers in initiatives that impact their residents or the systems of care in the facility



Change Package

[https://www.lsqin.org/wp-content/uploads/2015/03/C2\\_Change\\_Package\\_20170425\\_508.pdf](https://www.lsqin.org/wp-content/uploads/2015/03/C2_Change_Package_20170425_508.pdf)



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# Agenda

- Introduction
- Background
  - Problem
  - Current State – Community and Provider Perspective
- Objectives and Expected Outcomes
- New Order Processing Workflow
  - Standard Provider Processes
  - Standard Community Staff Processes
  - Standard Order Locations
  - Standards for Order Urgency
- Order Form

# Introduction

Collaborative project



## Metro Alliance of Geriatric Providers

We are a group of geriatric primary care organizations serving residents in long term care, transitional care, assisted living and other senior living communities. Our purpose is to create common, evidence-based approaches to care from our collective wisdom and practices.

### Contributing Organizations:

Health Partners, Allina Health, Bluestone Physician Group, LTC professionals, Fairview, Health East, Twin Cities Physicians, Optage, Consultative physicians, University of Minnesota Physicians, Integrated Care by Medica, HCMC, Genevive, Care Choice, Stratis Health, University of Minnesota DNP program

# Background

Patient complexity and acuity has increased in the SNF.

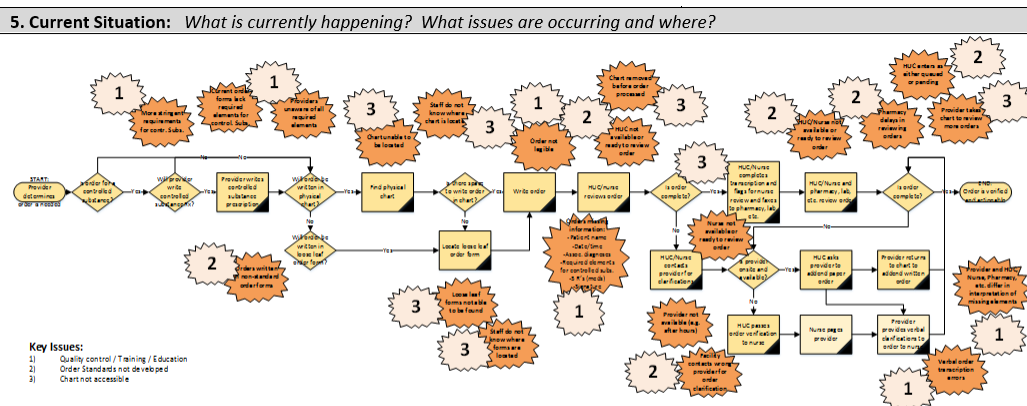
Volume of short-stay patients has increased.

The presence of onsite providers has also increased in response to patient needs. Volume of orders being written onsite have increased.

Time spent by onsite providers writing orders, and onsite staff processing orders.

In a time study during week, the Langton Place SNF processed 1,400 orders per week, 282 written by onsite providers.

# Current State Process 'Fly-Over'



## Current State - Community Perspective

- Orders are often written incompletely, or lack required elements.
- Unnecessary amount of time spent by staff on order clarification.
- Patient care is delayed when order processing is delayed.
- Approximately 7% of orders required clarification during a 1 week time frame.
- Orders are written on inconsistent forms in inconsistent places (in chart, loose leaf).
- This was estimated to contribute to 5-20 hours of staff/nursing inefficiency over a given week.
- It is challenging to identify and prioritize urgent orders.

## Current State - Onsite Providers Perspective

- Providers are often interrupted during order writing process.
- It can be challenging to immediately identify areas that have not been fully written.
- It is challenging to flag and communicate urgent orders.
- It can be challenging to remember and consistently include all required elements for orders (i.e., a diagnosis, DEA, and quantity for controlled substances).
- Order forms or charts are often difficult to locate, and are variable from community to community.

## Key Issues Identified

### Quality control / Training / Education:

- No std. form, location, or urgency coding system for forms
- Handwriting is illegible
- No imperative to centralize training content and delivery

### Order standards not developed:

- Unclear value add of std. form
- Facility historically designed for verbal orders
- No accountability for non-compliance
- Not priority to develop the data to quantify impacts

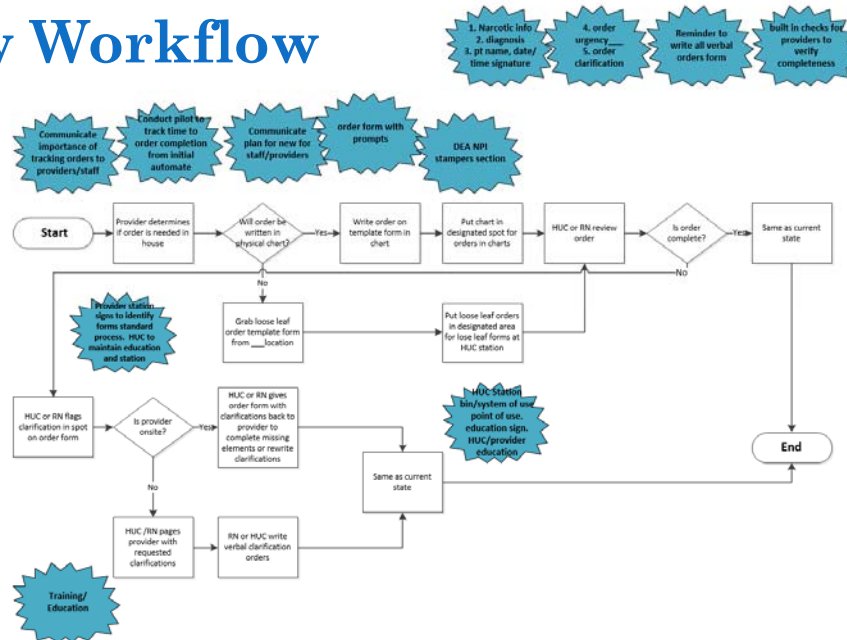
### Chart not accessible:

- Multiple people need simultaneous access to chart
- Communication about order follow up/completion not expected

## Objectives

- Standard order form
  - Drive consistency in order writing accuracy of transcription
  - Reduce clarifications
- Standard process for orders
  - Reduce wasted time in order writing with finding order forms, or charts.
  - Improve timeliness of order processing to improve timeliness of patient care
  - Improve response time for urgent and STAT orders

# New Workflow



# Standard Provider Processes

- 1. All orders written by a provider will be written on the Provider Orders form.
- 2. All sections of the form will be completed, as applicable.
  - Orders include all necessary diagnoses on initial completion
- 3. If a STAT order is needed, the provider will check the STAT box in that individual order/s.
- 4. Medications that have more than one schedule (for example a routine order and a PRN order) will be written as separate orders.
- 5. Any specialized direction that would be attached to a specific drug will have that noted in the "Additional Directions" section. (For example a diuretic at a specified time, etc.)
- 6. Any medication that requires a stop date should have that designated on the order form in the "End Date" section (For example an antibiotic or Prednisone, etc.).
- 7. Controlled Substances classified as III, IV and V may have refills indicated on the form; Controlled II Substances cannot be refilled.

## Standard Community Staff Processes

- HUC/Nursing staff will check the routine and STAT order boxes throughout the day.
- HUC/Nursing staff will process orders as received:
  - STAT orders will have a goal transcription time of one hour from time the order received.
  - Routine orders will be processed within 4 hours.
  - All orders will be transcribed into PCC (PointClickCare) for ongoing care and treatment of the resident.
- Once the order is transcribed, HUC/Nursing staff will note and follow facility process for scanning the Provider Orders form into PCC.

## Standard Order Locations

- The Provider Order forms will be located in a wall pocket at the designated provider space and on each nursing station.
- Facility HUC's will be responsible for ensuring that forms are stocked weekly.
- A 3 tiered wall pocket will be available on each nursing station:
  - Bottom tier for blank order forms
  - Middle tier for completed order forms that are routine
  - Top tier for completed order forms that include STAT

# Standards for Order Urgency

Orders include a time and date on initial completion

STAT orders processed within 1 hour

Routine orders processed within 4 hours

Processed = completed order writing, transcription and verification

**Provider Orders**

Patient: \_\_\_\_\_  
DOB: \_\_\_\_\_

**Medication** \*All previous orders of the same medication will be discontinued\*

Order 1: \_\_\_\_\_  STAT  
 Route: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Additional Directions: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 For a controlled substance: DEA: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

Order 2: \_\_\_\_\_  STAT  
 Route: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Additional Directions: \_\_\_\_\_  
 End Date: \_\_\_\_\_  
 For a controlled substance: DEA: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

Order 3: May be used for special dose tapering (include dose, route and frequency)  STAT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_ End Date: \_\_\_\_\_  
 For a controlled substance: DEA: \_\_\_\_\_ Quantity: \_\_\_\_\_ Refills: \_\_\_\_\_

|                                                   |                                            |
|---------------------------------------------------|--------------------------------------------|
| <b>Lab</b>                                        | <b>Imaging</b>                             |
| Order: _____ <input type="checkbox"/> STAT        | Order: _____ <input type="checkbox"/> STAT |
| Date: _____ <input type="checkbox"/> Next lab day | Date: _____                                |
| Diagnosis: _____                                  | Diagnosis: _____                           |

**Other Order (Therapy, Diet, Wound Care, Code Status, etc.)**

Order: \_\_\_\_\_  STAT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 \*If new orders should be added once signed\*

Noted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Noted: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Clarification needed, Order: \_\_\_\_\_



#### Provider Order Work Flow Process

- A standard work flow process including a standard provider order form will be implemented for all orders written on site by a provider.
  - The Provider Order forms will be located in a wall pocket at the designated provider space and on each nursing station.
  - Facility HUC's will be responsible for ensuring that forms are stocked weekly.
- All orders written by a provider will be written on the Provider Orders form.
- All sections of the form will be completed, as applicable.
- If a STAT order is needed, the provider will check the STAT box in that individual order/s.
- Medications that have more than one schedule (for example a routine order and a PRN order) will be written as separate orders.
- Any specialized direction that would be attached to a specific drug will have that noted in the "Additional Directions" section. (For example a diuretic at a specified time, etc.)
- Any medication that requires a stop date should have that designated on the order form in the "End Date" section (For example an antibiotic or Prednisone, etc.)
- Controlled Substances classified as III, IV and V may have refills indicated on the form; Controlled II Substances cannot be refilled.
- Providers will place completed order sheets in the designated location on each unit (separating any STAT, as needed).
  - A 3 tiered wall pocket will be available on each nursing station
    - Bottom tier for blank order forms
    - Middle tier for completed order forms that are routine
    - Top tier for completed order forms that include STAT
- If orders require clarification or change, a new order sheet will be started.
- HUC/Nursing staff will check the routine and STAT order boxes throughout the day.
- HUC/Nursing staff will process orders as received:
  - STAT orders will have a goal transcription time of one hour from time the order received.
  - Routine orders will be processed within 4 hours
  - All orders will be transcribed into PCC ([PointClickCare](#)) for ongoing care and treatment of the resident
- Once the order is transcribed, HUC/Nursing staff will note and follow facility process for scanning the Provider Orders form into PCC.

This process and standards have been reviewed and endorsed by the Metro Alliance of Geriatric primary care providers- September 2017

# Questions?

Thank you!

# Questions: The National Nursing Home Quality Care Collaborative (NNHQCC)

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