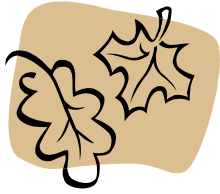


## Order Sets Project Newsletter



October 2009, Issue 16

### Over 100 order sets now in use!

We reached a milestone this fall – over 100 order sets have now been approved through the GBHN Order Set Committee and are now in use. Congratulations to everyone and thank you for your hard work getting us here!

### New PowerPlans design released

In response to feedback from staff, there have been extensive design changes to the order sets and the pathways in CareNet. Previous issues in the Order Set PowerPlan with duplicate orders as well as difficulty in entering order details have been dealt with in this new design. The Clinical Pathway PowerPlan has been completely revamped – it is much shorter, with no duplication from the order set and it links to other parts of the chart. It serves as the nursing care plan in CareNet.

We would ask that staff begin to use this new format of the PowerPlans for both the Order Set and the Pathway. Initial training has been completed with Superusers, with positive feedback.

Andrea Rawn ([andrea.rawn@sw.ccac-ont.ca](mailto:andrea.rawn@sw.ccac-ont.ca)), the Education/Utilization Coordinator, will be contacting all sites in the coming weeks to arrange for any further education required on these new PowerPlans.

In the coming month, the team will work to redesign the PowerPlans for Acute Coronary Syndromes, watch for communications regarding the release dates coming soon.

Please contact Jessica Meleskie ([jessica.meleskie@sw.ccac-ont.ca](mailto:jessica.meleskie@sw.ccac-ont.ca)), or Susan Downs ([sdowns@gbhs.on.ca](mailto:sdowns@gbhs.on.ca)), with any feedback regarding the PowerPlans.

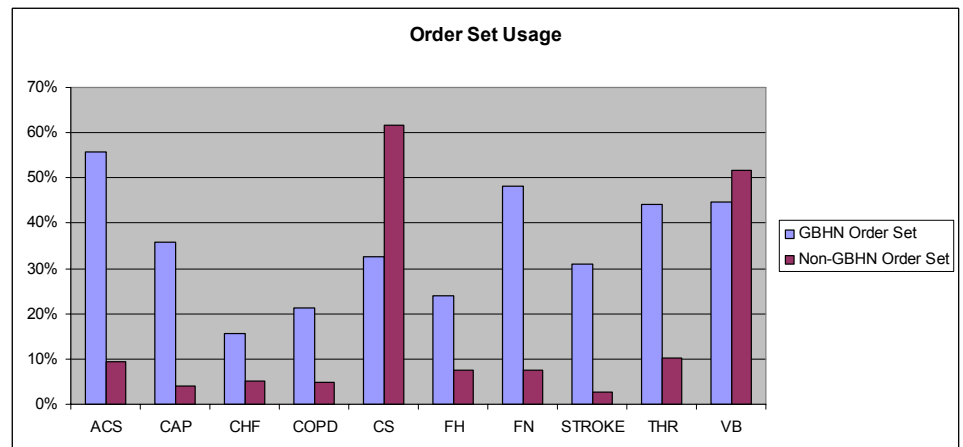
### Order Set Audit

In Winter/Spring 2009, the Evidence-Based Care Program performed a chart audit on 10 of the 90 order sets in use for the time period 2008/9. Over 1800 charts were reviewed across all sites in the Network. The diagnoses chosen were the highest volume/problem areas across the Network sites.

### Order Set Usage

Usage of the GBHN order sets audited averaged 36% across all sites in the Network, which was similar to a 2007 audit, which averaged 35%. This was extremely variable across the 11 sites – with a range of 9% to 63%. The audit also noted order sets that were used for a diagnosis, but were not GBHN order sets. It was also noted that across sites and diagnoses, many older versions of order sets (pre-GBHN project) and corporate order sets are still being used. If these “other” order sets are added to the GBHN Order Set usage, usage across all sites improves to 49%, with a range of 11% to 82% across sites.

Usage of order sets across the 10 diagnoses also varied considerably. It is noted that ACS had the highest use, with 56% usage across Network sites, compared to 52% in 2007. The lowest used order set was CHF, at 15%, compared to 14% in 2007. As above, adding in the non-GBHN order sets into this calculation improves usage considerably and variably across diagnoses. The range improves, lowest being 21% for CHF, up to 96% for VB. This information will be used to



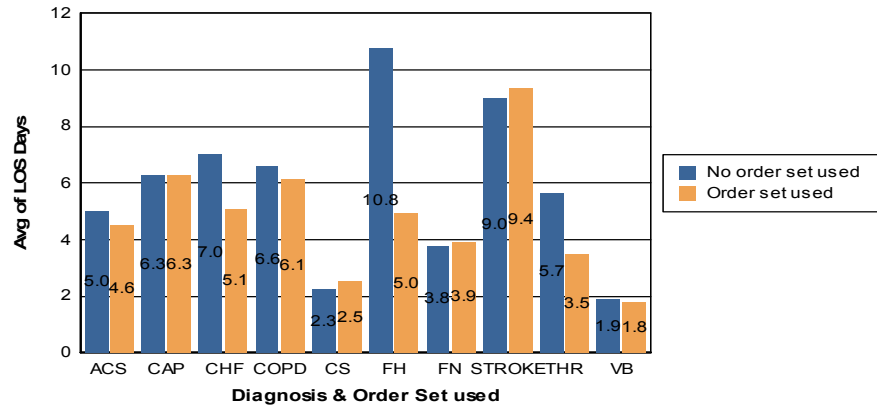
## Order Sets Project Newsletter

communicate to units using older sets to ensure they download the most recent version off the Order Set Website.

### Average Length of Stay

Average length of stay when GBHN order sets were used was 4.88 days. Average length of stay for use of a non standard order set or no order set was 5.84 days. This is a statistically significant decreased length of stay (regression analysis  $p < 0.05$ , controlled for age, sex, RIW and RIL).

**Avg of LOS Days / Diagnosis & Order Set used**



There is also a statistically significant difference LOS when any order set was used compared to no order set used. Use of any order set resulted in an average LOS of 4.52 days. The average LOS when no order set was used was 6.92 days.

This translates into an a decrease in potential days per patient, which can be extrapolated to a total of 398 days saved through using order sets across the Network.

There was also variation across diagnoses. Most of the surgical order sets showed a decrease in LOS, while the medical order sets were variable. Of the medical diagnoses, CHF showed the largest decrease when order sets were used.

Note: FH and THR data includes convalescence cases at the rural sites, where order sets were rarely used. This accounts for the large differences in LOS between order set use and non use.

### Quality of Care

Other quality of care indicators were also analyzed in this audit, and it was consistently found that comprehensiveness of ordering and best practices usage improved with the use of order sets.

The Network is pleased with the results found from this audit, and will use this information in a strategy to improve order set usage across its sites in the coming year.

### Order Set Committee

Jessica Meleskie	GBHN, Chair
Rhonda Ridgeway	Nursing, SBGHC
Lisa Laviolette	Nursing, GBHS
Maureen Peart	Nursing, GBHS
Sherrie Schope	Nursing, HDH
Trent Fookes	Pharmacy, GBHS
Dr. Randy Montag	HDH, Physician
Dr. Lisa Roth	SBGHC, Physician
Dr. Brendan Mulroy	GBHS, Physician
Dr. B. Rudrick	GBHS, Physician
Susan Downs	HIS, Clinical Documentation
Andrea Rawn	GBHN, Education/Utilization
Julia Metzger	GBHN, Admin. Assistant

### Ad Hoc Members

Dr. Eby	Chief of Staff, GBHS
Dr. Denyer	Chief of Staff, SBGHC
Dr. Basilij	Chief of Staff, HDH
Sue McCutcheon	VP of Clinical Services, GBHS

