

SCINN (South Carolina Informatics Nursing Network)

1/24/04

Meeting Location: Lexington Co. Public Library

Welcome and Introductions: 8 Attendees

John Welton – MUSC, College of Nursing (Vice President/President elect)

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Gloria Kellerhals – Westminster Group, Chester SC

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Laurie Zone-Smith – MUSC (Secretary)

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1. Minutes from Last Meeting:

Minutes approved.

2. Conferences and Activities/Announcements/Discussion:

Nursing Informatics and health informatics conferences

Please see <http://nursing.umaryland.edu/~snewbold/sknconf.htm>

HIIMMS – Pre-conference symposium on Nursing Informatics, reception for anyone interested in nursing informatics. 2/22-26/04 in Orlando.

Summer Institute in July 04’.

CERNER, Epic, McKesson and Eclypsis (big 4)

3. CEU Presentation: (If you would like CEUs please complete the form and attach a check for \$10.00 and give or mail to John Welton, MUSC College of Nursing, 99 Jonathan Lucas St., Charleston, SC 29425. Make check out to MUSC. Please include telephone number.)

Virginia Goldman RN,MBA virginia.goldman@mckesson.com

VP Nursing Informatics, CNO, McKesson Corp.

Past CNO Mt. Sinai Medical Center in Miami, FL

Topic: “Patient Safety and Nursing: Transforming the Work Environment through Information Technology”

Ms. Goldman also speaks on “Nursing Leadership Role and Responsibility”

Agenda:

- Introduction
- Critical Role of Nurses in Patient Safety
- Driving Forces for Change
- Ensuring Patient safety through information technology
 - Improve nurse efficiency
 - Ensure medication safety
 - Provide clinical decision support
 - Provide monitoring and evaluation

IOM report: Med errors (bar coding and CPOE – computer focus)
DHHS and AHRQ asked IOM to conduct study

Typical work environment is characterized by many serious threats to patient safety

Failure to follow management practices

Essential management practices:

- Balancing the tension between production efficiency and reliability (safety)
- Creating and sustaining trust
- Actively managing the process of change
- Involving workers in decision making pertaining to work design and workflow
- Using knowledge management practices to establish a “learning organization”

(here’s the system, you decide the workflow process and how you want to document it, need big picture process and interdisciplinary group process specifics- staff involvement)

Unsafe Workforce Deployment

- Wide variation in nurse staffing levels
- Methods to achieve safer staffing levels are not employed (held admissions to unit)
- Scale back orientation

Unsafe work and workspace design

- Long work hours
- Nursing work processes such as medication administration done manually
34% and med errors occur during administration
- Documentation requirements reduce the amount of time for monitoring and caring for their patients
13-28 % of hospital nurses’ time (various studies)
- Limited access to information systems
- Nurses performing non-nursing duties.

Organizational cultures

- Organizational cultures are often punitive and do not promote the reporting, analysis and prevention of errors

- Need assistance of state & federal oversight organizations (JCAHO)

IOM recommendations

- Multiple, mutually reinforcing changes are needed in all the identified areas
- Piecemeal approaches will not be successful
- Must be an ongoing process with continued research (we do it this way, why? How can we change process, information can help us now don't have to do retrospective audits.)

Healthcare's Driving Forces:

Financial Pressures

Shrinking reimbursement

Managed care

Resource optimization

Compliance scrutiny

Access to capital

Constituents

Privacy

Informed

Demand

Quality

Service

Technology

Internet

Standards

Personal Devices

Robotics

Medical Devices

Regulatory

HIPAA

HCFA

Patient Rights

Patient Safety

Outcomes

Reduce Medication Error

IOM report –

- Overwhelming cost to human life 7k deaths per year
- Number of serious ADES underestimated
- 700 bed hospital, increased LOS 1.9 days cost \$2.8million per year

Article: JAMA: Jan 1997 Cost of Medication errors

CEO IT Survey (AHA 2003, Environmental Assessment)

- Bar coding and drug-alert systems holds most promise for reducing errors
- Increased standardization or best practices
- Enhancements in education and training

- CPOE will be the most popular investment in the next 2 years. Choose champions (% of champions, 1:1 training, roll-out) (Orders forwarded to wireless phones, nurses)

CNO Agenda 2003 Advisory Board

“Patient safety scares dominate CNO agenda. Nursing leaders are acutely aware that safety lapses lead to patient harm and family distress, as well as having a major financial impact.”

It’s not all about technology (process re-design must occur)

Point of Care applications

- Improve nursing efficiency – relook at what nurses do, help them not to waste time.
- Integrates existing clinical information:
 - Departmental: Lab, Radiology, RX, transcription
 - Monitors and Ventilators
- Captures point of care information
 - Vital and fluids
 - Medication and IV administrations
 - Admission assessments and histories
 - Care plans, critical paths
 - Patient care orders
 - Documentation and charting
 - Exception based with variance reporting
- Integrated clinical data repository and alerts
- Provides real-time inquiry and reporting

Clinical Documentation

- Must be a multidisciplinary, multi departmental system that integrates data into a patient record
- Data must be discreet for decision support – output, build screens on front-end
 - Discreet data point, free text (audit see if charted repeatedly and build into screens)
- Record is legible, accurate and complete
- Produces flow sheets appropriate to care giver (15 min. training on relational database and what are discreet elements), wandering rounds (I wish I could do that. I spend my time doing this. You can.)

Medication Safety

Closed Loop medication management

Orders – Pharmacist-Dispensing-Administration-Patient monitoring

Bar code (med & patient) checks for the 5 rights.

Pyxis- 20% med error rate. (may meet 1 of the 5 rights but not all.)

All clinical information on one screen, hoverability (mouse-over) allergy & now vital signs, no scrolling use tabs.

Clinical Decision Support

- A rules based system that monitors patient data quickly and effectively
- Is critical in medication management with ongoing patient monitoring

- Provides timely notification to help clinicians prevent errors of omission

Concurrent Review (day to day, advance directives, orders not signed) clinical documentation went up for all of nursing 3 months before JCAHA – New Hanover, NC

Retrospective Review-

Monitoring & Evaluation: NO nursing process without the last step – evaluation.

- Near miss medication error report.
- Advance directive audit, restraint audit, nutrition, tracking board information.
- Bonuses based on audits (barcoding compliance reports by nurse)

CPOE will allow you to use abbreviations (e.g. qid)

Ask the questions:

- Can we pull the raw data for research? What format? What are the discreet data points? Match our indicators & tracking? Linked to a staffing/scheduling system?
- How does productivity report link with clinical data in reporting outcomes?
- Flow sheets- Clinical documentation sheets link to clinical guidelines? Monitoring if falling off path?
- What other options do you have to scrolling?
- System to track nursing sensitive indicators? Reporting, benchmarking?
- Ability to export to CMS? JCAHO? Format?
 - Report requesting: Crystal, Sequel vs. Business objects (MS off the shelf report writer tool)
- Clinical Queries: Crystal reporting, meet with managers to look at elements needed, hard hit staff reduction areas, How can we help you? Query identify if RN documented patient had oxygen. (walking rounds by RT to see who has O2, if RT didn't know about patient using RT which wasn't billed- saved \$1M a year)

Permission to post on web address.

Complexity

Computing turnover time

Finance based on midnight census because that is how they are paid.

Accounting for heavy workload.

Dietary, laundry, expense to hospital.

Nursing spectrum – article Magnet & technology.

4. Other Business:

5. Miscellaneous Business

SCNA bylaws documentation pieces to firm up by officers.

Set next agenda for future: Articulate into a set of goals.

Improve visibility, contribute to state objectives.

Conference in conjunction with SCNA/SCNA convention

Communication across the state (SCNURSE about special interest group)

Database of nurse informaticists, across the state. Create a network, increase communication and collegiality, cohesive force to improve visibility and move forward an agenda.

6. Next Meeting:

March 13th instead of April meeting. Roy Simpson to present.

Meeting to be held at the SCNA headquarters. Please bring an attendee with you!! Need a good showing of membership.