

CNIA 1st national Nursing Informatics Conference
Pre Conference Workshop
Sept. 14/05
Findings of Group Work

Expert Panel Findings

“What impact do systems implementations have on changes to professional practice?”

Themes:

Standards

- Regionalization – Standardization. Don't under estimate time required to do this work
- Common standards to guide best practice
- What drives the standard? The system being implemented versus the best practice. Clinical expertise should drive standards
- Who should take the lead on these standards? Health records, clinical practice, IS/IT?
- Look at the policies required within your project-planning phase. Build this into your project plan.
- Be aware that an unexpected result of implementing may be that you uncover practices of information collection and/or usage that do not meet professional standards. I.e. unregulated professionals documenting. Who has responsibility for these practices? Is it up to those granting system access to regulate this practice by not granting access?
- Plan for resources to provide education regarding security/privacy.

Work Process Redesign

- Paper and Electronic access to information impact on design and deployment.
- Issue of system forcing practice
- Engage informed input early in project

- Embrace system thinking and anticipate impact to other aspects of care/organization. Be mindful of the domino effect. Be attentive to these and engage stakeholders early in order to try and avoid expensive and/or costly workarounds late in the project.
- Ensure the work is client/patient focused with the IT tools to support
- Look for the opportunity to build access to clinical decision support/evidence into clinical applications. Link to organizational policies, Internet. If can build immediate support to clinician within the application (rather than just a static documentation tool) will have increased uptake.
- Be watchful for the practice of duplicate data entry – Clinicians writing it on paper and then entering electronically. Why is this happening? Wrong type of device, wrong placement of device, improper screen design?

Data Stewardship and Standards

- Start early determining governance
- Don't under estimate the power of information
- What level of organization should drive? Top down or bottom up?
- Info captured in multiple places... Need to collect in an informed manner and relate to outcomes of care.

Human Factors

- Need to ensure basic computer literacy. Imbed in orientation. Consider the International Computer Driving License (ICDL) www.ICDL.ca
- If its not designed well, with input, people WILL find workarounds
- Impact (perceived or real) on the introduction of a “device” into the one-to-one relationship of care. Devices that mimic paper-based recording (notebooks) may be more readily received.

Physical Plant

- Look at the physical space. Width of hallways, size of rooms
- Consider devices that fit the physical footprint and the work flow/provider
- Consider the Infrastructure required – wireless
- Consider the availability and reliability of access – urban versus rural

- Transitioning – moving and using information across geographies and services each with their own requirements and concerns.

Downtime

- Supporting work flow. Advocating for processes and timelines that fit care
- Impact of long-term use/reliability on information technologies. Remember to “practice” downtime procedures so all staff familiar and loss of system will not impact ability to continue care.

Hardware

- The right device
- Care of the devices –infection control
- Passwords for multiple solutions

Group Discussion

A) Identify 3 priority areas for nurses to focus on to secure successful integration of informatics with nursing education.

Themes

- Faculty preparation. Ensure faculty members have meaningful skills and knowledge to teach. Create a pool of qualified professors who have the background to educate RN's at a university level.
- Integrate informatics competencies into all nursing programs and curriculum. An introduction to informatics should be a mandatory part of course curriculum.
- Provide clinically experienced/existing nurses continuing education – informatics courses

Strategies

- Offer CBT with incentive – pay, recognition
- Make these educational offerings available from home
- When marketing to educators go beyond the improved access to information selling point and include the

opportunity to provide real time access to evidence based practice supports that may expedite the novice to expert transition and ultimately assist nursing to demonstrate nursing specific client outcomes and expand practice. Market informatics to the educators.

- Introduce informatics early to students
- Involve nursing students in the clinical areas where systems and IT solutions have been deployed.
- Foster partnerships between care provider organizations and academic institutions to design curriculum and participate in organizational activities
- Create a learning lab. (IV pumps, monitors, computers) Provide a lab practice environment that integrates IT alongside clinical practice learning.
- Integrate technology/knowledge management in other courses i.e. pharmacology via on line databases and statistical resources.
- Foster joint appointments to develop and provide courses related to informatics

B) Transforming Practice through Information Technology

Themes

- Communication/documentation centred on the client/patient
- Easy access, easy entry, easy retrieval
- Determine what is best practice within your organization. Know what best practices are. Understanding and supporting critical thinking.
- Align informatics vision with corporate vision. Enables funds for system implementation. Have a vision and communicate it.
- Ensure system design fits your work processes
- Determine governance and keep lobbying

Strategies

- Leverage change through collaboration and consolidation of efforts towards a common goal. Shared common strategy – national strategy.
- Communication. What informatics is, what it can provide, how it can move practice forward and support safe, efficient care
- Education/training for upper management all the way to frontline practitioner. Involve nurses in the changes