Empowering Bedside Nurses to Drive System & Workflow Enhancements

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Introduction/Background

Nurses have a distinct role in the uncontested space generated by/within the new care modalities enabled by technolog[1]. Boston Medical Center's Chief Nursing Information Officer (CNIO) wanted to form a Nursing Informatics Council (NIC) to ensure bedside nurses would have a voice in the refining of the Electronic Medical Record (BMC calls the EPIC EMR system eMERGE). In partnership with Nursing Leadership it was decided this council would be beneficial in revising and adding to the existing EMR to have it best reflect the workflow done by the nurse.

Methods

BMC's Nursing Informatics Council started October 2015 with monthly day-long meetings that occur the 3rd Thursday of every month. The first-year membership included 25 staff nurses covering multiple areas including Inpatient (medical, surgical, pediatrics & critical care), Perinatal, ED and Perioperative areas. The committee was led by the CNIO, Assistant CNIO while the Nurse Informaticists and Trainers helped facilitate the meetings.

Application process for membership included recommendations from Nurse Leaders. The 2nd year membership increased to 35 staff nurses when we added ambulatory, endoscopy & observation units.

Members' role was to include being a Change Agent, Subject Matter Expert, and Communicator to their units while driving education and support for system changes. Initially we had all members bring three items that they wanted improved within the system and spent much of the meeting discussing expectations. Each month's agenda includes a welcome, minutes review, and update on current projects. Hot topics are presented that need staff feedback. There is time set aside to discuss staffs' unit's requests for improvements. Other disciplines come to get nursing feedback on interdisciplinary projects. Meetings also include staff education of best practices for the system. There are breakout sessions in the afternoon so groups can focus on specialty area topics.

Results

Nurses in the information technology and clinical arena have partnered to implement and optimize the eMERGE system. NIC has sponsored many projects that have improved nursing documentation including Joint Commission requests, safety initiatives, and efficiency changes. These include changes to documentation of: pain assessment process, restraints, blood transfusion, influenza vaccination process, dosing/actual weight for ICU titration, safety bundles in Critical Care, EP & ED device integration, IPASS- (integration with Epic), wound documentation, worklist and navigator retooling, Nursing Care Plan search options, and IV Flush changes for decreasing central line infections. We have expanded their roles to include user acceptance, testing team, training, and activation support

Discussion/Conclusion

Our council has helped define and highlight this role. This committee strives to promote autonomous participation in the decision making process that is vital in making shared governance successful[2]. Although there is still much work to be done, the opportunities and collaborations are endless when teams work together. The Nursing Division has found the NIC to have improved communication and the change process for IT initiatives in Nursing. They have given invaluable input into many improvements in quality and workflow processes. NIC has helped improve patient safety, documentation compliance and staff satisfaction with IT systems.

References

   1. Booth, RG. Informatics and Nursing in a Post-Nursing Informatics World: Future Directions for Nurses in an Automated, Artificially Intelligent, Social-Networked Healthcare Environment. Nursing Leadership, 2016; 28:4; 61-68.

   2. Joseph, ML, Bougue, RJ. A Theory-based Approach to Nursing Shared Governance. Nursing Outlook, 2016. 64:4; 339-351.