Making Florence Proud:
Using Informatics in Your Daily Practice

Emily Barey, RN, MSN
Vice President for Nursing, Epic
Nurses Week 2015
“In attempting to arrive at the truth, I have applied everywhere for information but in scarcely an instance have I been able to obtain hospital records fit for any purpose of comparison. If they could be obtained, they would enable us to decide many other questions besides the one alluded to. They would show subscribers how their money was being spent, what amount of good was really being done with it or whether the money was not doing mischief rather than good.”

(Nightingale, 1863)
Fit for Purpose

Critical care dashboard

Paperless is possible!
Fit for Purpose

Patient iPhone access

Nurse iPhone access
Purpose

- Define the ANA Nursing Informatics Scope and Standards of Practice
- Identify the role of informatics in your practice today
- Prepare for the increased role of informatics in your daily practice
Nursing isn’t binary

The standards and scope of practice for registered nurses requires the use of data to inform the nurse’s role in quality, professional practice evaluation and collaboration.

The impact of a large scale health IT change on nursing practice can not be underestimated both in its potential benefit and its potential risk.

Technology is not going away. We need savvy nurse consumers to make it better.
Nursing Informatics: Scope and Standards of Practice, Second Edition

Nursing informatics (NI) is the specialty that integrates nursing science with multiple information management and analytical sciences to identify, define, manage, and communicate data, information, knowledge, and wisdom in nursing practice. NI supports nurses, consumers, patients, the interprofessional healthcare team, and other stakeholders in their decision-making in all roles and settings to achieve desired outcomes. This support is accomplished through the use of information structures, information processes, and information technology.

Scope of Practice Statement Addresses:
- Who
- What
- When
- Where
- How
- Why

Standards of Practice with Competencies
1. Assessment
2. Diagnosis, Problems, and Issues Identification
3. Outcomes Identification
4. Planning
5. Implementation
5A. Coordination of Activities
5B. Health Teaching and Promotion
5C. Consultation
6. Evaluation
7. Ethics
8. Education
9. Evidence-based Practice and Research
10. Quality of Practice
11. Communication
12. Leadership
13. Collaboration
14. Professional Practice Evaluation
15. Resource Utilization
16. Environmental Health

© 2014 American Nurses Association  www.nursebooks.org  Contact carol.bickford@ana.org
Every Nurse is a Nurse Informaticist

- Sound familiar?
- “... identify, define, manage, and communicate data ... in nursing practice”
THE SCOPE OF NURSING INFORMATICS PRACTICE

- **Wisdom**
  - Understanding
  - Applying
  - Integrating
  - Service with compassion

- **Knowledge**
  - Interpreting
  - Integrating
  - Understanding

- **Decision support system**

- **Information system**
  - Organizing
  - Interpreting

- **Data**
  - Naming, collecting
  - Organizing

Increasing interactions and interrelationships

Increasing complexity

Staggers NI Competency Model

Advanced practice

Informatics nurse specialist

Master's

Information Specialty Informatics Nurse

Doctorate

Informatics nurse specialist

Clinician

Entry-level

Basic computer competencies

Informatics Competencies for All Registered Nurses

1. Defined by TIGER (Technology Informatics Guiding Education Reform)
2. AACN essential for graduate education #5
3. Diploma, ADN/ASN, BSN, second-degree BSN, pre-licensure master's
4. MSN-informatics, masters w/PMC in informatics nursing
5. DNP, PhD

Master's prepared Informatics Nurses analyze healthcare information communication technology strategies to reduce risks, improve care delivery change policy while providing oversight and guidance in the integration of technology practice

Information literacy competencies

Information management competencies

Leads the design, selection, and evaluation of healthcare ICT systems that promote effective and ethical use of patient information. Use informatics in research and report writing
Informatics Competencies

All Nurses
- Retrieve and enter data electronically that relates to patient care
- Analyze and interpret information as part of planning care
- Use informatics applications designed for nursing practice
- Implement policies relevant to best practice

Beginning Nurses
- Demonstrate basic computer literacy and the ability to use desktop applications and electronic communication
- Access data and perform documentation using computerized patient records
- Recognize the role of informatics in nursing
- Acquire knowledge to support clinical and administrative processes to support evidence-based practice
- Support patient safety initiatives using information technology

Experienced Nurses
- Ability to build upon the competencies required for entry level and beginning nurses
- Demonstrate expertise as a content expert in system design
- See relationships among data elements
- Execute clinical judgment based on observed data patterns
- Safeguard access to quality information
- Participate in efforts to improve information management and communication

Congratulations!

You can all take a bow for being nurse informaticists!
Your Role During Go-Live

Making Florence proud!
Cutover – Day 1: Euphoria, we did it!

Day 2: This isn’t so bad

Day 3: Hmm, I think they just need to learn the workflow, they’ll get used to it

Day 4: Uh oh, the PACU and outpatient departments are open? Yes, they have to do med rec!

Day 5: Don’t worry, a nurse caught it. The ICUs have figured it out.

Day 6: OK, what group needs to get together on this next week?
Maslow’s Hierarchy of Readiness

- **Charges**: Keep your doors open
- **Throughput**: Keep *all* things moving
- **Safety**: Keep patients safe
5 Things You Must Master

1. Put data in the right place at the right time
2. Get very clear on how patients will move on and off your unit
3. Check and recheck the steps of Signed & Held orders
4. Practice calling physicians for order clarification
5. Understand the connection between your documentation and charge entry / billing
## Patient Lists

<table>
<thead>
<tr>
<th>Current Location</th>
<th>Patient Name</th>
<th>Age/Sex</th>
<th>Principal Problem</th>
<th>Med Orders</th>
<th>Unacknowledge Orders</th>
<th>New Results</th>
<th>New Notes</th>
<th>Admit Req'd Doc</th>
<th>Readmission Risk</th>
<th>MEWS</th>
<th>TISS Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>305-305</td>
<td>Atwood, Glen</td>
<td>56 y.o. / M</td>
<td>Community Acquired Pneumonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>538-538-2</td>
<td>Quinn, Husy</td>
<td>51 y.o. / M</td>
<td>Pneumonia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>541-541-2 (OR, EMC)</td>
<td>Akins, Donald</td>
<td>53 y.o. / M</td>
<td>Carcinoma of colon</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>661-661 (FAMILY MEDICINE, VCC)</td>
<td>Steerforth, James</td>
<td>63 y.o. / M</td>
<td>HYPERTENSION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRE-OP-06 (OR)</td>
<td>Grundahl, Conner</td>
<td>59 y.o. / M</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEWS : 8**

**Comment**

- **Respiratory Rate:** 3 points (Up 3 points since last review) - [Last updated: 07/05/15 0328]  
  **Comment**

- **Temp:** 2 points (Up 2 points since last review) - [Last updated: 07/05/15 0328]
  **Comment**

- **Urine Output:** 3 points (Up 3 points since last review) - [Last updated: 07/05/15 0328]  
  **Comment**

### Modified Early Warning Score (MEWS)

<table>
<thead>
<tr>
<th>MEWS: 8</th>
<th>File</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory Rate: 3</td>
<td></td>
</tr>
<tr>
<td>Pulse: 0</td>
<td></td>
</tr>
<tr>
<td>Systolic BP: 0</td>
<td></td>
</tr>
<tr>
<td>Consciousness: 0</td>
<td></td>
</tr>
<tr>
<td>Temp: 2</td>
<td></td>
</tr>
<tr>
<td>Urine Output: 3</td>
<td></td>
</tr>
</tbody>
</table>
### Active Central Line / Peripheral Line / Arterial Line / Chest Tube / Abdominal drain / Airway / PICC

<table>
<thead>
<tr>
<th>Name</th>
<th>Placement date</th>
<th>Placement time</th>
<th>Site</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peripheral Line 11/27/12 18G Left Hand</td>
<td>26/04/15</td>
<td>1030</td>
<td>Hand</td>
<td>10</td>
</tr>
<tr>
<td>Arterial Line LDA Left radial</td>
<td>27/04/15</td>
<td>0505</td>
<td>Left radial</td>
<td>9</td>
</tr>
<tr>
<td>ET Tube</td>
<td>26/04/15</td>
<td>2206</td>
<td>endotracheal/oral</td>
<td>10</td>
</tr>
<tr>
<td>PICC Double Lumen Left; Upper Arm</td>
<td>27/04/16</td>
<td>1915</td>
<td>Arm</td>
<td>9</td>
</tr>
</tbody>
</table>

---

**SCIP 9 Alert - Catheter has been in for 2 days Post Surgery. Remove it or obtain physician order to continue.**

- **Accept**
- **Cancel**
Patient Safety Scoring Metric

### Patient: Mane, Nuru (22 Patients)

<table>
<thead>
<tr>
<th>Room/Bed</th>
<th>Patient Name/Age/Sex</th>
<th>Principal Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>101/101-01</td>
<td>Slater, Michael (54 y.o. M)</td>
<td>Community Acquired Pneumonia</td>
</tr>
<tr>
<td>104/104-01</td>
<td>Kozak, Melissa (43 y.o. F)</td>
<td>Diverticulosis of colon with hemorrhage</td>
</tr>
<tr>
<td>106/106-01</td>
<td>Benimble, Jack (81 y.o. M)</td>
<td>Pneumonia</td>
</tr>
<tr>
<td>107/107-01</td>
<td>Baxter, Stuart (52 y.o. M)</td>
<td>Angina</td>
</tr>
<tr>
<td>111/111-01</td>
<td>Mitchell, Josiah E (75 y.o. M)</td>
<td>Acute pancreatitis</td>
</tr>
<tr>
<td>112/112-01</td>
<td>Eckles, Ruth (81 y.o. F)</td>
<td>CVA (Cerebral Vascular Accident)</td>
</tr>
<tr>
<td>113/113-01</td>
<td>Meyer, Norma (81 y.o. F)</td>
<td>CVA (Cerebral Vascular Accident)</td>
</tr>
<tr>
<td>161/161-01</td>
<td>Jackson, Jennifer (42 y.o. F)</td>
<td>Community Acquired Pneumonia</td>
</tr>
</tbody>
</table>

### Workflow Risk
- **Overdue Meds:** 6
- **S/H Orders:** 5
- **Ponded Orders:** 5

### Patient: Benimble, Jack (81 y.o. Male)

#### Patients Needing Review

- **Total Score:** 6
- Overdue Medication Administrations
- Signed and Held Orders
- No IV Documentation
- No Vitals Documentation
- Allergies Not Reviewed
- PTA Medications Not Reviewed

#### Orders (720h ago through future)

- **Start:** 01/10/12 0000
- **End:** 01/10/12 1239

**Medications:** moxifloxacin (AVELOX) 400 MG/250ML IVPB Every 36 hours
## Find the Patient, Find the Orders

### Ward Manager (MEDSURG 2, EMC) - Last Refresh Time: 7.5.2015 10:53:42

<table>
<thead>
<tr>
<th>Bed</th>
<th>Bed Ab</th>
<th>Porting</th>
<th>TID</th>
<th>Out</th>
<th>Patient/Bed Status</th>
<th>MEWS</th>
<th>iso</th>
<th>Meds</th>
<th>STAT</th>
<th>RN</th>
<th>Consultant</th>
<th>Dx</th>
<th>Code</th>
<th>Appl</th>
<th>EVS</th>
<th>Block Reminder</th>
<th>Blocked</th>
<th>LOS</th>
</tr>
</thead>
<tbody>
<tr>
<td>521-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Apoth, Denise (66yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>JT</td>
<td>H. PILM</td>
<td>Glioblastoma multiforme</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>521-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bloom, Margaret (65yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>JT</td>
<td>YUTARO, LEIL</td>
<td>Pneumonia [318.9]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>522-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Madden, Dillon (5yrs M)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>OK</td>
<td>H. PILM</td>
<td>Septo-traumatic osteoradionecrosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>523-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Kozak, Melissa (56yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>SA</td>
<td>S. SALAMA</td>
<td>Diabetic foot ulcer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>523-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Watson, Barbara (81yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>TB</td>
<td>S. LAPIAOS</td>
<td>Osteoarthsitis of knee [M1]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>524-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Adkins, John (56yrs M)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>TB</td>
<td>W. VANDERSL</td>
<td>Angina</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>524-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Robbins, John (56yrs M)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>KR</td>
<td>S. YU</td>
<td>SBO (small bowel obstruction)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>525-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Gale, Denise (52yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>ND</td>
<td>K. COMBES</td>
<td>Pneumonia due to Pseudomonas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>525-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hold, Maloney, Sandra E</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>ND</td>
<td>S. LAPIAOS</td>
<td>Chronic obstructive asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>526-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Brown, Ramona (75yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>ND</td>
<td>S. LAPIAOS</td>
<td>Chronic obstructive asthma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>526-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Bakkor, Cornelia (53yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>SC</td>
<td>S. LAPIAOS</td>
<td>DVT</td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
<td>2840d</td>
</tr>
<tr>
<td>527-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Sherman, Ray B (72yrs M)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>JT</td>
<td>S. YU</td>
<td>Pneumonia, organism unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>527-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Taylor, Evelyn (51yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>JT</td>
<td>S. YU</td>
<td>Pneumonia, organism unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>528-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Higle, Jon (81yrs M)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>SG</td>
<td>S. PARKER</td>
<td>Hip joint replacement by c</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>528-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Chapassade, Kim (77yrs M)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>JA</td>
<td>A. KLEDZIK</td>
<td>Acute cholecystitis [575.0]</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>531-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Zzapatti, Vivica (65yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>OK</td>
<td>H. PILM</td>
<td>Septo-traumatic osteoradionecrosis</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>533-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Riker, Nathan (61yrs M)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>TR</td>
<td>C. WEBSTER</td>
<td>Pneumonia, organism unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>535-1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Studer, Blanche (39yrs F)</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td>IT</td>
<td>R. LAPIAOS &amp; R. LAPIAOS</td>
<td>✔️</td>
<td></td>
<td></td>
<td></td>
<td>✔️</td>
<td></td>
<td>11d</td>
</tr>
</tbody>
</table>

### DIRECT ADMITS (4)

<table>
<thead>
<tr>
<th>Exp Time</th>
<th>Bed Ab</th>
<th>Patient</th>
<th>Iso</th>
<th>Emergency Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>09:00</td>
<td>535-1</td>
<td>Aspen, Julie (66yrs F)</td>
<td>No Decision Note</td>
<td></td>
</tr>
<tr>
<td>09:30</td>
<td>533-1</td>
<td>Fraizer, Gail (76yrs F)</td>
<td>No Decision Note</td>
<td></td>
</tr>
<tr>
<td>15:00</td>
<td>525-2</td>
<td>Maloney, Sandra E (66yrs F)</td>
<td>No Decision Note</td>
<td></td>
</tr>
<tr>
<td>15:15</td>
<td>541-1</td>
<td>Jones, Robert L (46yrs M)</td>
<td>No Decision Note</td>
<td></td>
</tr>
</tbody>
</table>

### ED ADMITS & INCOMING TRANSFERS (3)

<table>
<thead>
<tr>
<th>Origin</th>
<th>Dest</th>
<th>Req St</th>
<th>Patient</th>
<th>Iso</th>
<th>Dx</th>
<th>Porting</th>
<th>Pt Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>PACU</td>
<td>535-1</td>
<td></td>
<td>Gold, Jan (66yrs F)</td>
<td></td>
<td>Diaphragmatic hernia</td>
<td>PACU 10</td>
<td></td>
</tr>
<tr>
<td>MedSurg1</td>
<td></td>
<td></td>
<td>Cobalt, Sally (60yrs F)</td>
<td></td>
<td>Septo-traumatic osteoradionecrosis</td>
<td>MedSurg 1, E</td>
<td></td>
</tr>
<tr>
<td>MedSurg2</td>
<td>525-1</td>
<td></td>
<td>Brown, Ramona (75yrs F)</td>
<td></td>
<td>Chronic obstructive asthma</td>
<td>MedSurg 2, E</td>
<td></td>
</tr>
</tbody>
</table>

Name/MRN: Brown, Ramona (39563)
RN: Dancy, Niki, RN
Admit date: 28/04/2015
Signed & Held Orders
Duplicate Order Management

**Orders**
- Active
- Signed & Held
- Home Meds
- Cosign
- Order History

**Manage Orders**
- New order
- Telephone with Readback

**PRN**
- naloxone (NARCAN) injection 0.4 mg
  - 0.4 mg, Intravenous, PRN, Opioid Reversal, Starting Thu 6/14/12 at 0838

**Lab**
- Basic metabolic panel
  - Add-on, Thu 7/21/11 at 2258, For 1 occurrence
  - Basic metabolic panel

**Blood Culture**
- High Priority, ONCE, Mon 10/4/10 at 1045, For 1 occurrence, Draw two sets of blood cultures from two different sites, before starting antibiotics.

**Imaging**
- Chest X-ray, 1 view
  - ONCE, Tue 10/5/10 at 0900

**Diet**
- Diet - 2 gm Na
  - 2 GM SODIUM
- Diet - clear liquids

**Consult**
- Infectious Disease Consult IP
  - Low (Routing), Please advise on work up and antibiotics
I will place my own orders.
I will tailor my orders to the needs of my patient.
I will not pass the buck.
I will manage my patient’s orders.
I will ask questions.
I will not tolerate ambiguous or duplicate orders.
I will be thoughtful of order mode when I place orders.
I will manage my patient’s orders.
Documentation = Dollars
5 Things You Must Speak To

1. How did you plan the care?
2. What is the plan of care? How is it individualized?
3. Who is taking care of the patient?
4. What is each team member doing?
5. What are the goals of care?
Quinn, Huey

Male, 51 y.o., 25/05/1963
MedStrg 2 538
HETU: 415-73-4098

MRN: 31...
Primary Prob: Pneumonia (Principal Hospital Problem)
Isolation: None

Code: FULL
Patient FYTs: None

Allergies: Acetylsalicylic Acid [Calcium Acetylsalicylate]

Significant Events Last 48 Hours

Observations
Low blood glucose this morning 80, resolved with CJ at 07/05 1100

Medical Problems
Hospital Problem List
Date Reviewed: 4/4/2014
- Pneumonia: 31/3/2014 Unknown
- High blood pressure (Chronic): 23/3/1999 Unknown
- Abnormal metabolic state in diabetes mellitus: 19/4/2010 Unknown

Non-Hospital Problem List
Date Reviewed: 4/4/2014
- High cholesterol (Chronic): 1/12/2001

Discharge Planning
Most Recent Value
Discharge Planning: 08/05/15
Living Arrangements: Spouse/Significant Other
Support Systems: Spouse/Significant Other, Children
Type of Residence: Private Residence

Reason for Hospitalization
Most Recent Value
Reason for Hospitalization: Shortness of breath due to pneumonia

Spiritual and Cultural Beliefs
Most Recent Value
Cultural Requests During Hospitalization: Would like to see the chaplains

Getting to Know Me
Comment
Huey was in the first Desert Storm. His brain injury was suffered during the war and impacts his short term memory.

His daughter is a nurse and asks a lot of questions.
Last edited by Olli Kiiskinen, RN on 07/05/15 at 1138

Patient's Goal for Admission
Patient Goal for Admission
Would like to get to a Red Sox game this summer at 07/05 1100

Patient's Nursing Goal for the Shift
Clinical Goal(s) for the Shift
Ambulate without oxygen today at 07/05 1100

Nursing End of Shift Summary Note
End of Shift Summary Note by Olli Kiiskinen, RN at 7/5/2015 11:41
Goals:
Clinical Goal(s) for the Shift: Ambulate without oxygen today

Identify possible barriers to meeting goals/advancing plan of care: Patient's blood sugar was low this morning and left him fatigued. His oxygen sats are variable; he needs frequent cueing and reminders to use his incentive spirometer.

Stability of the patient: Moderately Stable - Low risk of patient condition declining or worsening

End of Shift Summary: Will plan to ambulate with or without O2 and assistance, monitor O2 sat levels closely
Accountable Care
“You are responsible for the success of your own go-live”
- All-employee mailer and flyers

You are responsible for the success of your own go-live.
Participate. Ask questions. Practice, Practice, Practice!
March 14, 2015
Your Role as a Learner & Preceptor

- Reverse Benner: Expert to Novice moment of go-live
- Novice nurse informatician, Expert nurse
- You will need to work together as a team within your unit and across the hospital
Your Role as Collaborator & Coordinator

- Reach out now to start reviewing how you collaborate and coordinate care
- Practice together as a team now
- Build relationships now

got docs?
Thank You!

- Questions, feedback, ideas to share? Looking for more ideas?
  - ebarey@epic.com
  - (608) 271-9000
References

- http://commons.wikimedia.org/wiki/File%3AFlorence_Nightingale_CDV_by_H_Lenthall.jpg
- http://commons.wikimedia.org/wiki/File:A_Sunday_on_La_Grande_Jatte,_Georges_Seurat,_1884.png