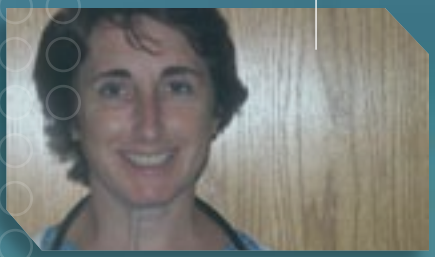
Views from the Floor – The Nurse Perspective



PROFILE:

Roz Willis

RNC

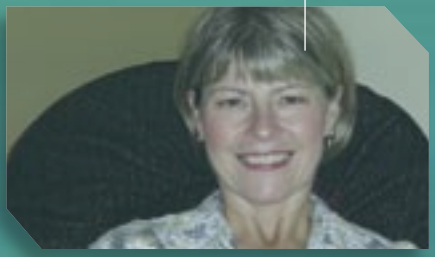
WASHINGTON

~ Treats Children at a Child Protection Center and a Juvenile Detention Center

"A 14-year-old female was brought in to be seen by the medical staff of a shelter due to neglect at home. The only history we got was that she had school phobia, was hiding in closets, and had bladder control problems. The only concern she initially reported was having problems with bed-wetting. An exam showed that she was pregnant and had a bladder infection; further cultures revealed she also had a sexually transmitted disease. She was not sure who her primary care physician was or when she was last seen. She was not aware of any allergies and gave us limited medical information. We needed to initiate treatment for her and get her established with an Ob-Gyn specialist. Having an electronic system in place to check allergies, immunizations, and other medical history would have been helpful in providing safe and effective care, especially when prescribing antibiotics. We had to contact the new doctor and send records, culture results, and treatment plans in order for them to continue with treatment and ensure proper follow-up. Having a system in place where we could check medical information and treatment would be helpful so we don't overtreat or give insufficient care to our clients.

I also worked with a young teen who was removed from his home due to substance abuse. I had to provide care for him at the Juvenile Detention Center (JDC) because he was a frequent runaway. He was diagnosed with hepatitis C and needed follow-up. He returned several times to the JDC after ingesting large amounts of drugs. While investigating follow-up situations, it was discovered that he was seen and treated several times at a downtown emergency room (ER) and had given an alias. One time a friend dropped him off at the ER close to death, and he had to be resuscitated. Unfortunately, he left with an unknown person before anyone could be called. He had also been seen and treated at other ERs in the city at which drug testing wasn't performed because they didn't know his history. My involvement continued with him in order to get immunizations information and lab data, which were needed in order to schedule him for a liver biopsy. There was no one person who had all the information, since he was shuffled between treatment centers. It is frustrating trying to provide services for him and trying to get the medical follow-up that is necessary and that could have a major impact on his life."

Views from the Floor - The Nurse Perspective



PROFILE:

Deborah Bretl

RN, MSN, APNP

WISCONSIN

~ Acute Care Nurse Providing Care at the Bedside Sees a Need for Electronic Information

"Some of the history for the admission paperwork is available from previous visits, so I can start my admit paperwork before the patient arrives on our floor. Patients get frustrated having to give their history, medication lists, etc., to the emergency room staff and then repeat it for the floor staff. Those patients that have frequent admissions would benefit from on-line information facilitating the admission process.

The ability to document at the bedside in real time would eliminate the scramble to document just before a shift change. This would also improve the accuracy of documentation. Recently, I spent 10 minutes looking for a chart, time I could have spent on patient care. One of the doctors had taken it down the hall and left it there. On-line documentation and information would greatly enhance patient care by ensuring accurate documentation, legible orders, fewer errors, and available information for those who are providing the care."

PROFILE:

Alex Vassserman

RN, CPHIMS

FLORIDA

~ Critical care at the bedside needs clinical decision support

"I often find myself at a patient's bedside desperately looking for meaningful data to support my clinical decision-making. With real-time information, evidence-based nursing practice becomes the everyday routine."

Views from the Floor - The Nurse Perspective

PROFILE:

Holly Sox

RN, RAC-C

SOUTH CAROLINA

~ Long-Term Care Nurse at a County-Owned Rural Facility, and Devoted Mother of an Epileptic Child

"The lack of electronic information exchange has hindered or delayed long-term healthcare. At the facility I work in, a high percentage of the residents have dementia and are thus unable to give reliable health history. Approximately one-fourth of the residents have no close family members available to give medical history to providers. Thus, upon admission, the facility is often left with only the records that are sent from the hospital. One new resident went for three weeks without medication for glaucoma because the diagnosis could not be confirmed upon her admission. Another resident underwent unnecessary blood draws for lab tests that had already been performed, but the results were unavailable and care had to be given. I often will spend hours trying to find the records that are needed for care planning and delivery. How nice it would be if I didn't have to do that and could devote that time to patient care instead.

Also, as the mother of a child with epilepsy, my concern about this issue is multiplied exponentially. My son has been on four different seizure medications and has had three different types of seizures. He has been transported by ambulance with prolonged seizures twice. It frightens me to think of him being taken to a different hospital where he is unknown to the staff. A delay in appropriate treatment for him could be life-threatening."

PROFILE:

Helga Bragadóttir

PhD, RN

IOWA

~ Working with the Parents of Children with Cancer

"For four months a group of 17 mothers and fathers whose children had been diagnosed with cancer participated in a support group using their e-mail. Parents enjoyed being able to communicate with other parents who were going through the same experience. They felt less isolated and less alone with their problems. They felt like they were 'all in the same boat.' Some of these parents lived far away from other families of children diagnosed with cancer, and for these families the support group seemed very important."

Views from the Floor - The Nurse Perspective

PROFILE:

Nancy Gorsha

BSN, MBA

PENNSYLVANIA

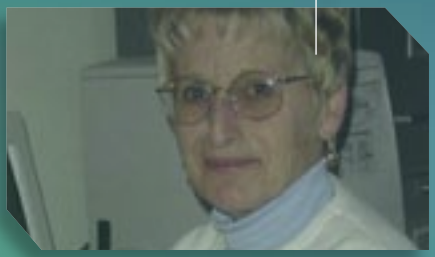
~ Emergency Department Nurse Testifies to Life-changing Patient Care Through Electronic Health Information

"A patient electronic health record went live at our hospital on September 11, 2004. Almost immediately we recognized improvements. A patient record could be viewed by multiple healthcare providers simultaneously and from different areas of the hospital. The physicians were instantly alerted to patient allergies, and a multidisciplinary plan of care could be initiated and later updated as the patient's condition warranted.

Our Emergency Department (ED) has multiple integrated software applications that help us deliver quality care for the urgent and emergent patient. These applications include a patient and staff locating system, a patient tracking board, a telephone system that connects the patient's call bell to his nurse's portable phone, and cardiac monitors with individualized alarms. The ED tracking board, visible only by ED staff, lists patients with their chief complaints, isolation status, and length of stay in the ED, as well as other useful patient information.

On one particular evening, the ED attending physician noted on the electronic ED tracking board the arrival of a patient with the chief complaint of 'sudden loss of vision, right eye.' The physician, looking at the patient locating system floor plan of the ED noted this particular patient was in the ED waiting room. The physician immediately walked out to the waiting room, questioned the patient further, and swiftly brought the patient back to the ED for triage, care, treatment, and services. The physician performed an eye exam and identified a 'central retinal artery occlusion,' a true emergency situation where the patient could go blind in that eye without immediate attention. The physician checked the electronic record for patient allergies and entered a medication order in the bedside computer, and the nurse administered the medication and documented it in the electronic medication administration record. The ED staff contacted the ophthalmologist on call. The ophthalmologist was at the hospital within 15 minutes; he removed water from the anterior chamber of the patient's eye, and the patient was able to see light in a matter of minutes."

Views from the Floor – The Nurse Perspective



PROFILE:

Sylvia Suszka Hildebrand

RN, MN, ARNP, CCNI

WASHINGTON

~ Empowering Patients by Connecting Care

"I have had the opportunity to instantly access broad clinical practice teams that are geographically isolated using electronic medical records (EMRs), computerized physician order entry (CPOE), and virtual private network (VPN) e-mail. With these systems, the teams are only a few clicks of the mouse away. I am able to offer direct prescriptions and lab orders. As a nurse, I have a wealth of standing orders to implement using the CPOE function. With today's handhelds, I have instant access to pharmacology programs to quickly access drug interactions, side effects, and patient teaching information.

Our patients have the ability to join My Group Health to gain entry to their EMRs to view lab results, write personal e-mails to their providers, reorder medications, and make future appointments. They can also access a wealth of health education topics for assistance in monitoring their chronic health conditions. They have access to our knowledge base on-line to review diseases and symptoms, and often pictures are provided for health conditions from A to Z."

PROFILE:

Amanda Barley

RN, BSN

PENNSYLVANIA

~ MS Candidate in Nursing Wants Access to Data for a Reduction in Medical Errors

"Clinicians rarely have access to clinical test results ordered by other clinicians on shared patients, causing expensive and sometimes risky tests to be reordered or critical facts to be missed when evaluating a patient's health. Giving clinicians access to data about their patient's care from providers outside their organizations would likely result in fewer medical errors and better continuity of care. Creating an environment that encourages this transformation represents an opportunity that must be seized."

Views from the Floor - The Nurse Perspective

"Linking electronic medical records (EMRs) would be very helpful to public health nurses dealing with a tuberculosis (TB) outbreak in a homeless shelter. There are many steps before treatment is started: identifying the resident who may have TB; taking and interpreting chest x-rays; collecting, processing, and reporting laboratory specimens; clinically evaluating the patient; starting and managing treatment and care; and notifying the health department.

With linkage of EMRs, public health nurses would be able to access lab reports, x-rays, and pharmacy reports earlier and could recognize a TB case earlier. The nurses would then be able to manage the issue in the homeless shelter by quickly screening people at risk for TB (skin testing and chest x-rays); collecting results; coordinating the medical review; and teaching residents, staff, and others who are concerned. Earlier diagnosis, treatment, and management of the issue in the homeless shelter will lead to decreased transmission of the disease."

» PROFILE:

Derryl Block

PhD, MPH, APRN-BC

WISCONSIN

~ Public Health Nurse/ Nurse Educator Working to Contain Tuberculosis