

Technology at the bedside



How connected are you?

By Richard Hader, PhD, NE-BC, RN, CHE, CPHQ, FAAN

Nearly 1,000 nurses from every part of the country participated in the latest *Nursing Management* survey.* Our goal? To determine if technology improves or impedes the care we deliver to patients.

Throughout the past few years, the federal government has dedicated millions of dollars to either implement or upgrade information systems to improve the efficiency and effectiveness of bedside care. As nurse leaders, we've invested in technology both monetarily and with human resources, but we're lacking the evidence to demonstrate whether care has actually improved from these efforts.



1.8
CONTACT HOURS

What's the approximate amount of electronic bedside charting conducted at your facility?

	Response percent
0-10%	25.2%
11-30%	4.8%
31-50%	6.1%
51-80%	14.0%
81-100%	49.9%

How's charting handled at your facility?

	Response percent
Computers in each room	31.3%
Roving computers	53.5%
Computers at the nurses' station	56.1%
Tablets	9.6%
Smart phones	0.8%
Other	22.8%

Do you own an electronic tablet?

	Response percent
Yes	46.2%
No	53.8%

Do you own a smart phone?

	Response percent
Yes	70.4%
No	29.6%

Healthcare organizations are struggling to implement electronic systems because of their high cost or due to compatibility issues. What good is top-notch equipment if it can't communicate with other

(EHRs), but this funding falls far short of what's needed.

Nursing isn't reaping the rewards of electronic systems because there's a lack of employees who can communicate in and understand both the nursing and information technology (IT) languages. We'll continue to be overshadowed by other professions because we don't have internal experts who can move electronic documentation forward. This lack of basic documentation in an electronic format further precludes our ability to analyze data to glean information that improves care delivery.

As nurse leaders, we're being held accountable for partnering with IT specialists to implement and update EHRs. We're becoming increasingly responsible for collecting, analyzing, and disseminating the valuable information that's necessary to deliver quality healthcare. But our lack of a macro-understanding of the potential information that can be extracted to make better decisions impedes our ability to do just that.

Our lack of a macro-understanding of extractable information impedes care delivery.

systems? And the Centers for Medicare and Medicaid Services, through its deployment of meaningful use dollars, offers funding for electronic health records

Are you a member of an electronic social networking site, such as Facebook or Twitter?

Response percent	
Yes	74.3%
No	25.7%

Does your organization have policies and procedures restricting the use of personal electronic devices while working?

Response percent	
Yes	82.7%
No	17.3%

Are your staff members permitted to use their own electronic devices in the work setting?

Response percent	
Yes	37.5%
No	62.5%

A look at the numbers

Of our respondents, 92.8% are women, more than 80% are age 45 or older, and we're employed all over the country. About 65% of us work in hospitals or acute care settings; all other clinical areas make up less than 10% of our sample. The majority of respondents are nurse managers, followed by nurse directors. Magnet® hospitals employ 13.1% of us, and 16.2% of our organizations have "Most Wired" hospital status. You might argue that the lack of achieving either of these two standards of excellence impedes our progress in integrating technology into healthcare.

The majority of nurse leaders who replied were formally educated before the global use of the Internet and personal computer technology. We're now in the position to educate staff members on technologies that we're minimally familiar with personally. The fact that only 20% of our leaders learned about clinical information technologies in an academic program stifles the creativity needed to

rapidly deploy new systems that positively impact patient care.

Nearly half of us (47%) have been in our roles for 5 years or less, which indicates it's necessary that we learn to use clinical and business electronic tools to manage more effectively. This entails more than being the guide and support for clinical information system use; it's about using and translating all available information sources into meaningful knowledge to improve care.

Of concern is that a notable percentage of our respondents (21%) don't have a bachelor's degree. Given the need for nurses to be fluent in information systems, it's becoming increasingly more important

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to elevate our educational levels so we can continue to meet healthcare demands. Without experts emerging in the area of healthcare informatics, our ability to implement the systems needed to effectively compete will be stymied.

Are you concerned that your staff members are distracted by frequent texts or phone calls from family and friends?

	Response percent
Yes	68.4%
No	31.6%

On a positive note, 22.5% of us *are* returning to school, with 43.6% seeking graduate degrees. It's anticipated that degree programs will require improved competencies to merge the languages of IT and healthcare.

How tech savvy are we?

Electronic bedside nurse charting has been considered the nirvana of future technology for some time. The hope is that if we put an electronic device in the closest proximity to the nurse, we'll see patient documentation, care continuity, and

We have myriad concerns when it comes to our staff members integrating mobile devices into the workplace.

outcomes flourish. So, what percentage of you have electronic bedside charting in at least 80% to 100% of your practice areas? Survey says: not even half (49.9%). The majority of us still have our computers at the nurses' station; a third of us have computers in patient rooms.

Newer technology, such as the tablet, is rare in our practice world (9.6%), although a rising number of us (46%) personally own one. Nurse leaders need

Does your information technology department support the nursing staff?

	Response percent
Yes	84.0%
No	16.0%

to balance the safest alternatives when selecting electronic options. We need to understand and anticipate the impact of workflow changes, consult relevant stakeholders such as infection control specialists, and interpret the full scope of a move to electronic bedside charting. Arming staff members with information and getting their feedback helps build a better game plan as you evolve.

Socially, we keep up with the best of them in electronic device use. Texting dominates our lives, with 89% of us using the medium. We're enjoying social media sites such as Facebook and Twitter, with 74% of us participating. A large majority of us (70.4%) own a smart phone, using it mostly to get the weather or the news. But we don't seem to access these avenues for professional purposes. We need to be on the cutting edge of healthcare information flow. We need regular, if not daily, feedings of leadership news, evidence-based practice findings, and public policy change. This enables us to know a good idea when we see it, and, sometimes, to function ahead of the crowd as an early adopter of best practices. Role modeling this for staff adds even more benefit.

We have myriad concerns when it comes to our staff members integrating mobile devices into the workplace. The majority of our organizations (63%) don't allow staff members to use their own electronic devices at work. Privacy, infection control, and productivity issues are but a few of the worries we have. With today's ubiquitous presence of personal cellular devices and society's fascination with them taking on a near-addictive state, we're worried that staff members are distracted from patient care (68.4%), despite the pervasive presence of restrictive policies (82.7%).

In the past, we've hired IT support services to ensure our orientation toward technology integration was preserved. Results from this survey indicate that the tide has turned. The IT department supports nursing systems integration in 84% of our organizations. But as nurse leaders, we still have significant responsibilities for providing input to centralized IT departments. Timing of new technology initiatives is critical because competition for nurses' attention is fierce. Planning for effective multiple vehicles of education and communication must be part of our plan.

Smarter, or harder?

To ensure that nursing practice remains current and effective, we simply must educate ourselves and our team members on the latest available technologies. We must continue to envision a system that promotes the sharing of information, formatted in a manner that promotes evidence-based care, in an environment that can measure clinical outcomes.

The e-world will never revert to the manual world. As nurse leaders, we must advocate for the resources needed to administer and evaluate the effectiveness of the care we provide. **NM**

In addition to serving as Editor-in-Chief of *Nursing Management* journal, Richard Hader is senior vice president and chief nurse officer at Meridian Health System, Neptune, N.J.

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