



Summer Institute in Nursing Informatics 2019
Podium Presentation

Powerful Partnerships: The Practice - Informatics - Quality Continuum

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Too often, information systems documentation demands cause a shift in nursing process and drive practice: an informatics example of the proverbial tail wagging the dog. A commitment to practice-driven information systems prompted the vision to create a Practice - Informatics - Quality continuum. Encouraged and supported by our Chief Nursing Executive, we have evolved structure and processes to enable the continuum. Our Clinical Practice Council is co-led by a triad of nursing leaders: a nursing department director, a nurse educator, and an expert nurse informaticist. The Practice Council codifies evidence based or best practices for patient care in policies, procedures, standard work, and job aids. Clinical staff are socialized to practice changes and updates by Practice Council representatives from their home department, through a bimonthly publication reaching all members of the nursing department, and via a quarterly webcast featuring updates to practice. Additionally, best practice is enabled with clinical decision support and documentation standards in the electronic health record (EHR). As care is documented in the EHR, staff is assisted to do the right thing with guidance provided at the point of care. When patient care is documented in the EHR, data for measuring process and outcomes metrics can be derived from the record with a variety of reporting tools. Nursing documentation is a rich source of data! At each point in the continuum the potential for feedback exists. Clinical practice drives improvements in decision support and documentation. Measurement of care process and outcomes drives improvements in documentation and changes in practice.. In this presentation we aim to share the organizational structure best supporting the strongest relationships between practice, informatics, and quality. Additionally, we will drill down on the structure, leadership, and relationships that best sustain the continuum at the committee level. We will present clinical examples of improvement in preventing hospital-acquired conditions: catheter-associated urinary tract infection (CAUTI), central line-associated blood stream infection (CLABSI), and pressure injury. Finally, we will present an operational improvement derived from EHR documentation. Assessment of readmission risk factors and providing prevention interventions have had a positive impact on decreasing hospital readmission within 30 days.