

Member Highlights Presentations

22nd Annual Symposium

May 1, 2026



*Nurses Transforming Healthcare
Through Informatics*

Presentations

- Is it too much to ask? Assessing Social Drivers of Health
 - Jean M. Campbell, MS, RN
- Improving Pain Reassessment Documentation Compliance in the Post Anesthesia Care Unit: An Informatics Driven Multifaceted Quality Improvement Initiative
 - Jillian Downey, DNP, APRN, ANP-BC
- Improving Nurse Informaticists' Competence of Using a Self-Service Reporting Tool
 - Christine Suchecki, DNP, RN, NEA-BC, NI-BC

Is it too much to ask? Assessing Social Drivers of Health

New England Nursing Informatics Consortium

May 1, 2026

Jean M. Campbell, MS, RN

Nursing

Legacy | Compassionate Care | Art | Science | Advocacy



Privacy

Invasive

Wrong time

**This is too
much to
ask!**

**What can I
do about it?**

Expectations

Not my job

What are Social Drivers of Health?



Social Determinants of Health

Copyright-free

 **Healthy People 2030**

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved 1/18/2026, from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Project

Objectives	Enhance nurses' comfort in administering the Social Drivers of Health questions by developing interventions that support effective communication with patients and identifying next steps when a patient identifies a need
Key Questions	<ul style="list-style-type: none">• Can education and a script increase nurses' comfort levels with asking the questions?• What resources are available to the nurse when a patient's response(s) indicate a need.
Outcome Measures	<ul style="list-style-type: none">• Pre & post surveys of nurses' comfort level in asking SDoH questions



Project stages

Initiation

- Escalated through Professional Governance Councils
- Define Problem
- Literature Review

Development

- Unit Nurse Survey: Comfort & knowledge
- Script: Introduction & responses
- Referral workflow
- One-Point lesson: SDoH in a Nutshell
- Online Social Resource guide

Pilot Stage 1

- Education: Huddles and handouts
- Resources
- Post-Survey

Pilot Stage 2

- Electronic patient questionnaire
- Referral prompt
- Supplemental training: online

Spread: February 2026

- All inpatient units: Education
- BIDMC Nursing grand rounds
- Referral workflow
- All network locations: electronic patient questionnaire and referral prompt

Literature Review

NICU nurses had varied viewpoints on who is responsible for social care. Scripts and role play were helpful.

Cordova-Ramos, EG, et al

Best practices for screening:

- Integrate screening into existing workflow & EHR
- Referral base for internal and community resources
- Data tracking for referral and receipt of services

Johnson CB, et al

- Mobile application data collection offers privacy, but need to also provide link to resources

Oyedele NK

Staff reported the most stressful part of their jobs were being unable to address patient needs

Browne J, et al.

Survey

...

1. I understand the purpose of the SDOH screening

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Statement 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. How comfortable are you asking patients the SDOH questions?

	Very comfortable	Somewhat comfortable	Neither comfortable nor uncomfortable	Somewhat uncomfortable	Very uncomfortable
Statement 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

...

3. I know what to say to a patient when they answer yes to an SDOH question

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Statement 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I have the tools I need to provide patients with information on available resources for their social challenges

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
Statement 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

They should be reviewed with MD at prenatal visits

A lot of patients are uncomfortable when asked about these issues

...I also do not know what to do if someone said yes to any question.

It would be amazing for SDOH screening to be emphasized in the outpatient office...they are following these patients for months...we have only 48 hours...

...violation of an individual's privacyhow is the nurse gonna help them pay for their apartment, rent, mortgage, etc.

These questions are very personal to be asking...

I think these questions are better suited to come from a social worker...

Scripting: Introduction and Responses

Introduction

“We are asking all patients these questions in order to improve our ability to connect patients with referrals and community resources when needed. You are free to skip any questions you prefer not to answer.”

SOCIAL DRIVERS OF HEALTH SCREENING

Introduce the questions: We are asking all patients these questions in order to improve our ability to connect patients with referrals and community resources when needed. You are free to skip any questions you prefer not to answer. [Future state: If you prefer, you may complete these questions in myChart.]

When a patient says “Yes”: It can be difficult to know what to say when your patient indicates that they do struggle in one or more of these areas. Thank them/acknowledge their response and then refer to resources. The table below provides resources and possible next steps. Find language that works for you and practice saying it so that you become comfortable with it.

General Guidelines	<ul style="list-style-type: none">• Validate “Thank you for sharing.” “That must be difficult for you”• Collaborate: Offer consultation/resource
	We have a <i>Find Help</i> web resource that will help you find resources in your community. It is available through the myBILH app and a link will be printed on your discharge summary.
	Inpatient: Use clinical judgment to determine when a Social Work consult is indicated (patient is being discharged home and active need will negatively impact immediate care and recovery).
	Ambulatory: Hematology/oncology, Cognitive Neurology, Health Care Associates (HCA), and OBGYN: Consult to Community Resource Specialist. All other clinics: escalate a positive screen to the nurse manager to determine what internal or external resources can be most helpful to the patient (e.g. Find Help)

Question	Affirmative Answer	Possible Resources and Responses
How hard is it for you to pay for the very basics like food, housing, medical care, and heating?	<ul style="list-style-type: none">• Very hard• Hard• Somewhat hard	“That must be very difficult for you. In the short term, your discharge summary will contain a link to <i>Find Help</i> where you may search for resources in your area.
At any time in the past 12 months, were you homeless or living in a shelter	Yes	“Thank you for sharing. Do you have a place to go when you are discharged?” “Where do you plan to go when you are discharged?”

Online Social Resources Platform

Can drill down by location and the type of help needed

Staff Access

- Direct through patient record
- Tracks referrals

Patient Access

- QR code in discharge instructions
- Link in electronic patient chart
- Rack Cards on the unit

Searching is as simple as opening the link, entering a zip code, and selecting a category

SDoH in a Nutshell: One-Point Lesson

SOCIAL DRIVERS OF HEALTH IN A NUTSHELL

BIDMC Nursing Informatics News

Issue 10 / February 2025

Social Drivers of Health are non-medical conditions that affect a person's health, well-being, and quality of life

INTRODUCTION TO PATIENT

"We are asking all patients these questions in order to improve our ability to connect patients with referrals and community resources when needed. You are free to skip any questions you prefer not to answer."

! CONCERN IDENTIFIED



Scan/click code for response options



SOCIAL WORK CONSULT IS INDICATED

High Priority/Urgent

- Homelessness
- Home utilities shut off
- Concern for harm to child, elder, or person with disabilities
- Domestic violence
 - Unit Social Worker or Center for Violence and Recovery Pager #31389

Inpatient consult to Social Work

SDOH Positive Screen

FIND HELP LINK IN



INFORMATION IN THE AFTER VISIT SUMMARY (AVS)

BILH Find Help can connect you to free/reduced cost resources, like food, housing and transportation. Scan the QR code or visit bilh.findhelp.com

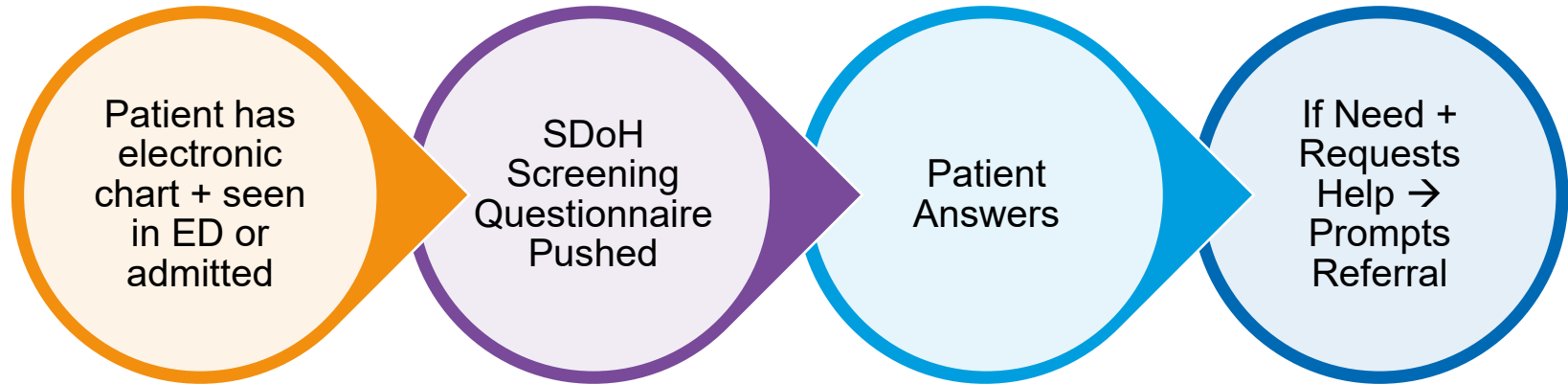
Scan/click code for Find Help tips



INTEGRATING TECHNOLOGY WITH NURSING PRACTICE

Scan or click QR code to follow our Nursing Informatics News site: <https://i>

Stage 2: Introduction of Electronic Questionnaire

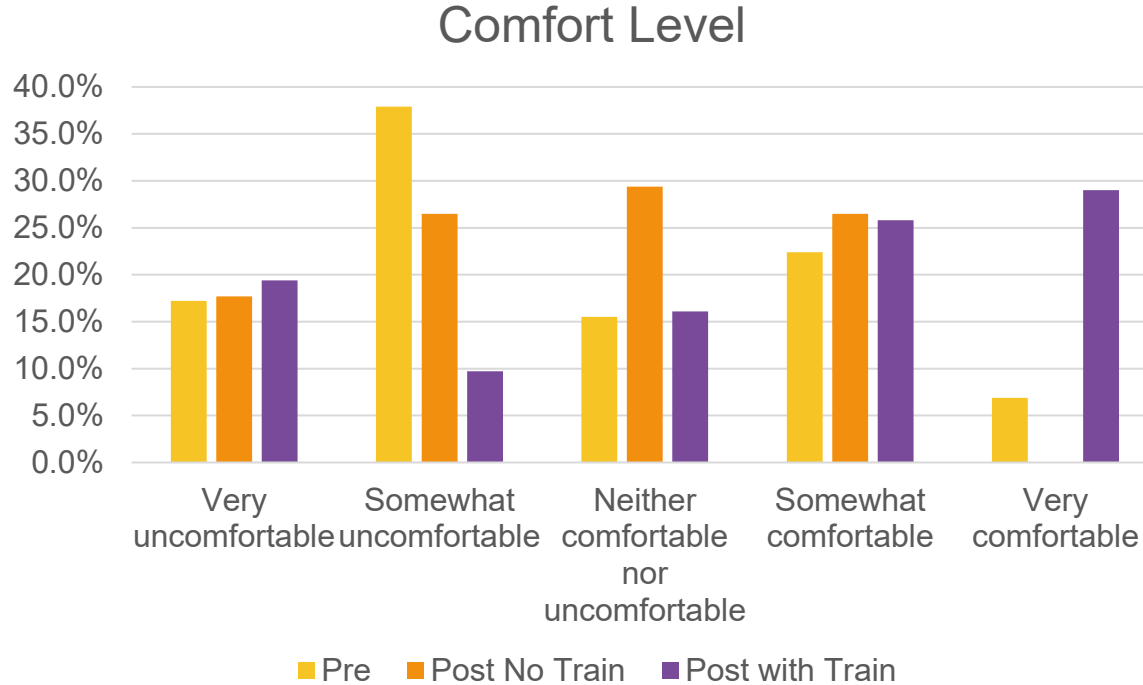


Electronic Questionnaire Usage

Unit Oct – Dec 2025	Electronic Questionnaire Completion
Emergency Department	35.5%
Inpatient Units	10.7%

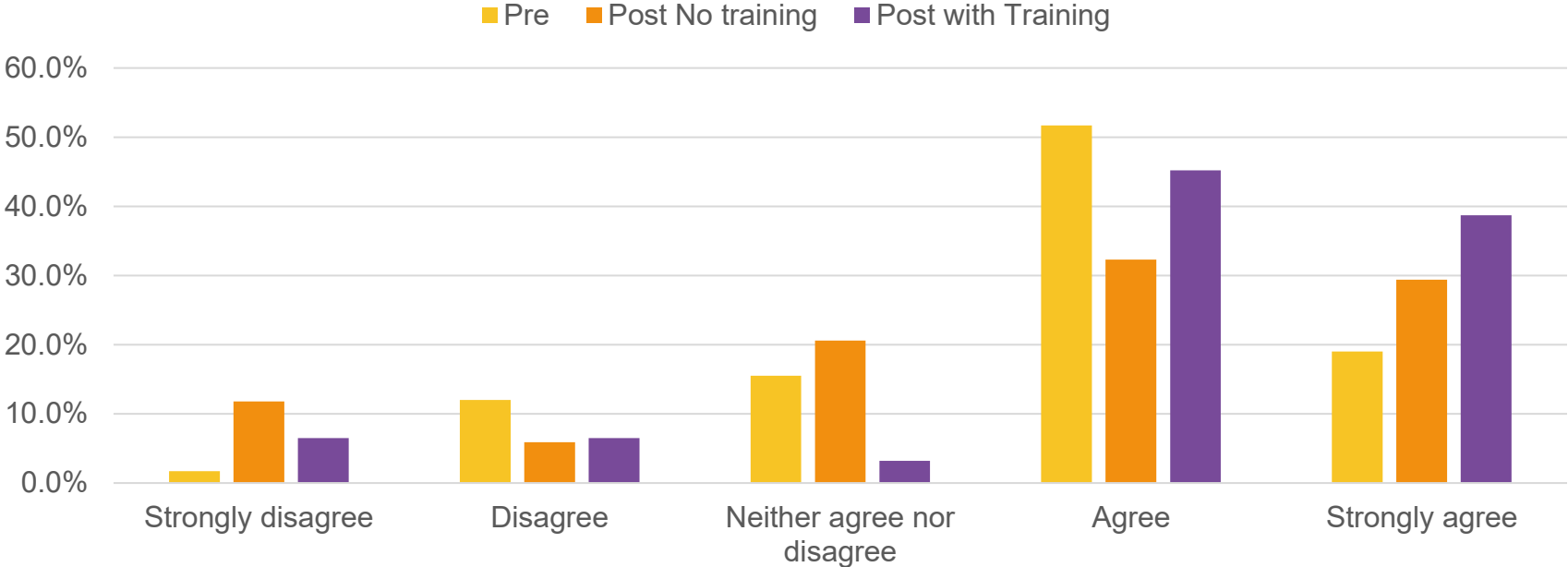
Source Dec 2025 – March 2026	Declined to Answer (per question)
Nurse Administered	21 – 23.5%
Electronic questionnaire	0- 3%

Comfort Level



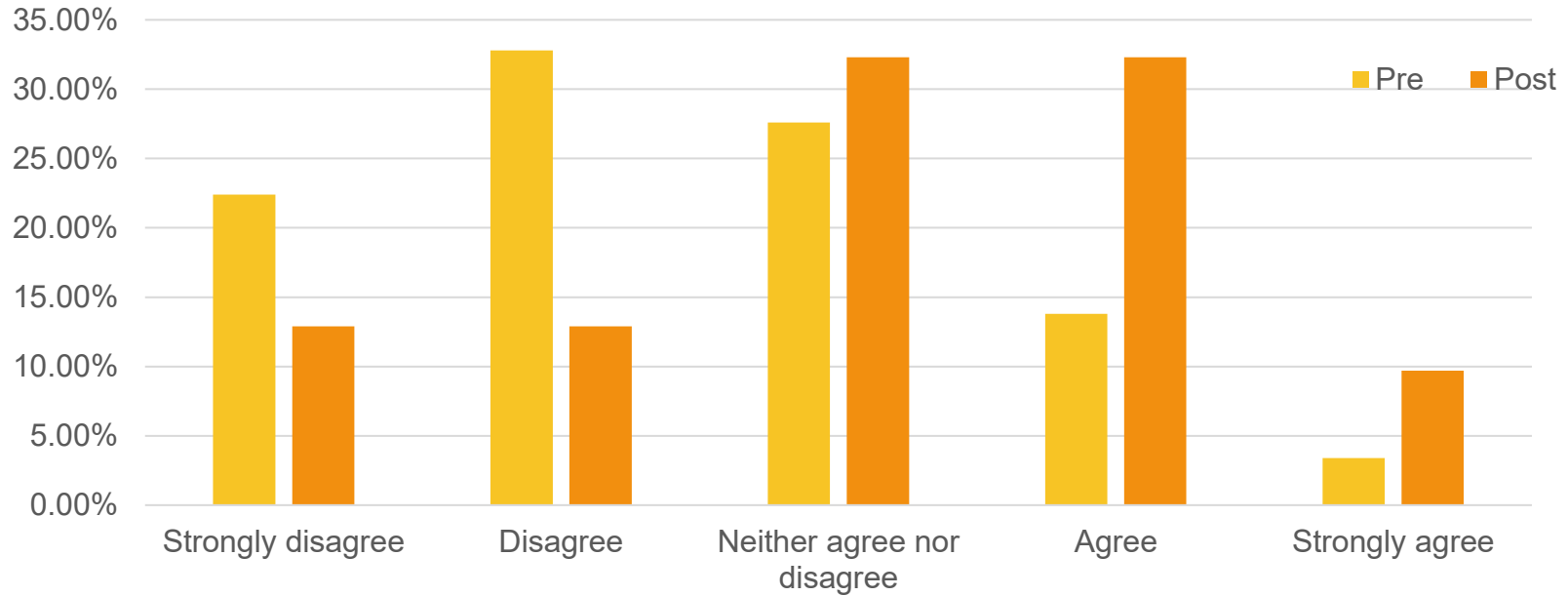
Purpose

I understand the purpose of SDoH screening



Tools

I have the tools I need



Conclusions

Value of education, supportive tools, and informatics-driven workflows in supporting SDoH screening and

Professional governance escalation was key to identifying the need for nurse-focused education.

Many of the tools that had been developed for the SDoH screening focused on patient's concern; it was assumed that staff would understand. Even as this project focused on the nursing concerns, it was difficult to make a strong case for screening as the program to address community needs is in its infancy.

Refinement of the referral process and the use of electronic resources to address patient needs was necessary to prioritize appropriate socialwork referrals.

This project focused on the inpatient and emergency department adult population; our neonatal ICU currently relies on paper processes for screening and referrals and is now exploring electronic opportunities.



Improving Pain Reassessment Documentation Compliance in the Post Anesthesia Care Unit: An Informatics Driven Multifaceted Quality Improvement Initiative

Jillian Downey, DNP, APRN, ANP-BC

Project Team:

- Margie H. Sipe, DNP, RN, NEA-BC, FNAP, FAONL, FAAN- Academic Advisor
- Jane Thompson, RN, MS – Organizational Mentor, Clinical Informaticist Principal
- Tracey Adams MSN, RN, NI-BC – Content Expert, Clinical Informaticist

Background

Importance of Pain Reassessment

- Postoperative pain affects 20–80% of surgical patients,¹⁻² making effective reassessment essential to patient-centered care.
- Inadequate reassessment documentation may lead to prolonged patient discomfort, decreased satisfaction, and increased length of stay.³
- Despite its importance, documentation remains suboptimal due to workflow inefficiencies, high provider workload, and EHR system inconsistencies.⁴

Aim

The aim of this quality improvement project was to increase pain reassessment documentation compliance in a large academic medical center PACU from a baseline of 60% through implementation of an informatics-driven, multifaceted intervention.

Methods

Setting

- Large academic medical center PACU, six post operative units, totaling 91 bays.

Participants

- All PACU nurses (per diem, part-time, full-time)

Design

- Pre-post intervention design

Time Periods

- Baseline: January-July 2025 (average compliance 60%)
- Intervention: August 20-October 15, 2025

Data collection: Monthly via EHR Pain Assessment Compliance Report

Intervention

Guided by Kotter's 8 Step Change Theory⁵

Created a sense of urgency

- PACU nursing staff meeting highlighting the low pain reassessment documentation compliance.

Built a Guiding Coalition

- PACU leadership and informatics team

Described Strategic Vision

- Improve pain reassessment compliance through a multifaceted approach

Enlisted a Volunteer Army

- Resource nurses

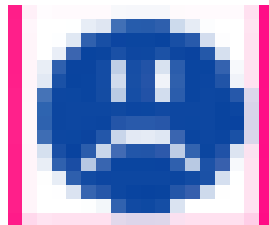
Intervention

Enabled Action by Removing Barriers

Electronic Reminders

- The Epic Brain tool
 - Live demonstration
 - Informational handout

- The “sad face” icon

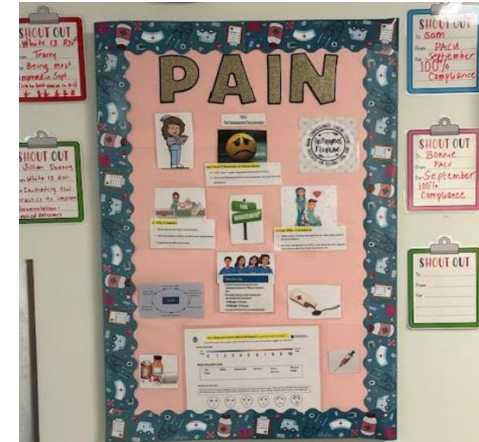
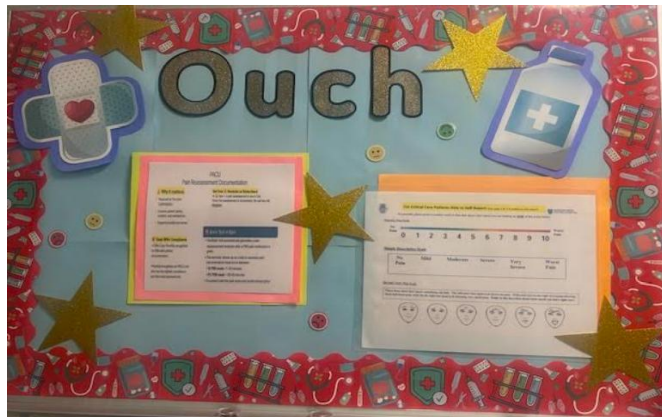
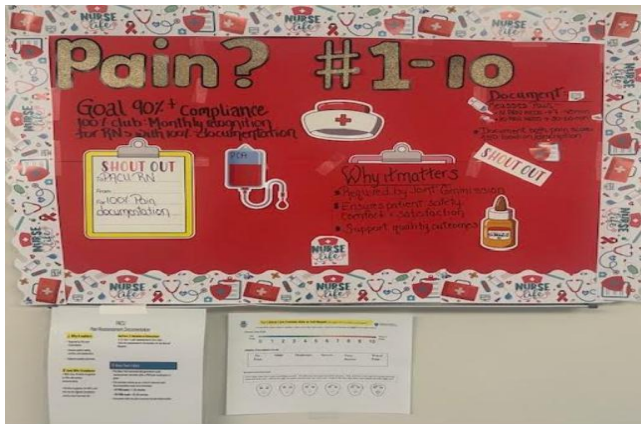
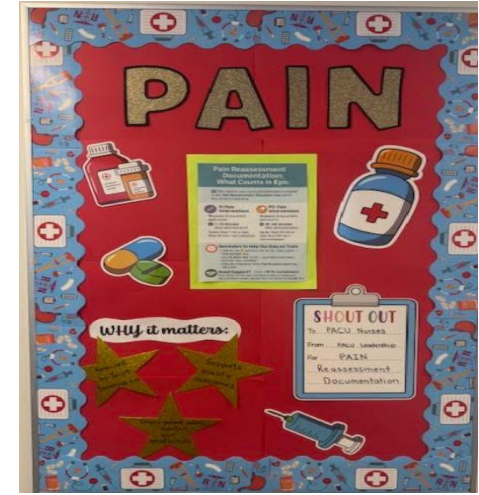
A screenshot of a medical interface with a pink background. It displays a list of procedures, each preceded by a blue sad face icon. A white tooltip box is overlaid on the first entry, listing four 'Re-assess Pain' tasks with dates and times. The list items are: 'Right Arthroplasty Total Knee - Right' (Box, H), 'Feminization Forehead - N/A' (Bojovic), 'Left Anterior Femoral Nerve Decompression - Left' (William), and 'Eminectomy Left Temporomandibular Joint - Left' (Burriss,).

Right Arthroplasty Total Knee - Right	Box, H
Re-assess Pain [8/14 1600]	
Re-assess Pain [8/14 2124]	
Re-assess Pain [8/15 0634]	
Re-assess Pain [8/15 1046]	
Feminization Forehead - N/A	Bojovic
Left Anterior Femoral Nerve Decompression - Left	William
Eminectomy Left Temporomandibular Joint - Left	Burriss,

Intervention

Sustained Acceleration

- Twice daily huddles
- Bulletin boards
- Leadership rounding



Intervention

Generated Short Term Wins and Instituted Change

PACU
Pain Reassessment Documentation Monthly Results
October 2025

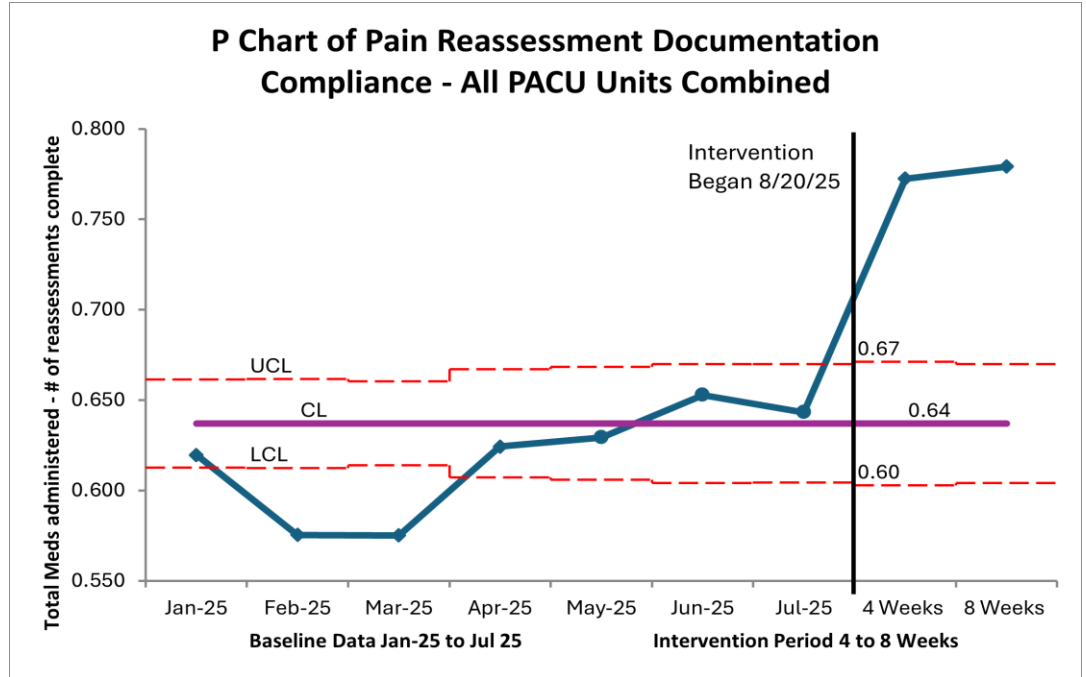
Nurses in the 100% Club
Recognizing nurses who achieved 100% compliance in pain reassessment documentation:

Most Compliant Unit	Most Improved Unit
This unit demonstrated the highest overall compliance rate for pain reassessment documentation:	This unit showed the greatest improvement in compliance compared to the previous month:
Unit Name:	Unit Name:
Compliance Rate:	Improvement Rate of:

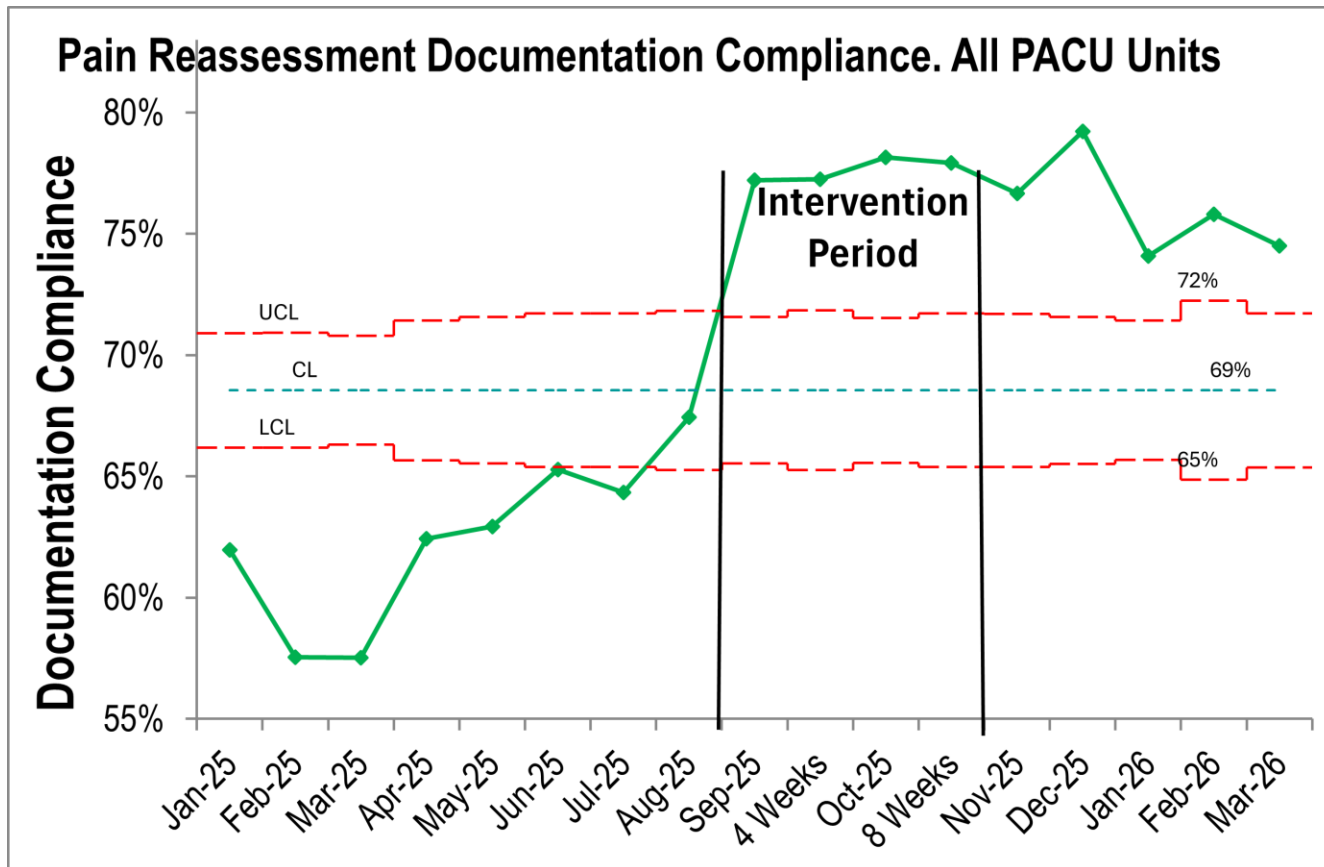


Quantitative Results

- 248 nurses from six PACU units
- Pain reassessment documentation compliance increased from 60% to 78% across all PACU units.
- All six units demonstrated upward trends in compliance, with four achieving special cause variation consistent with statistically significant improvement.



Sustainability



Qualitative Feedback

Theme 1: Accountability	Theme 2: Adaptation to the Brain Tool	Theme 3: Motivation Through Recognition
Disliked seeing the sad-face icon.	Initially resisted using another screen.	100% Club motivated personal and professional pride. Staff asked how to improve compliance to qualify.
Reported it was an effective real-time reminder.	Felt PACU stays were too short to make it worthwhile.	Being recognized in emails and receiving a 100% pin during huddles was meaningful.
Some would not accept a patient handoff until the icon was cleared.	Later expressed they “didn’t know how they would work without it”.	Pins displayed on badges and shared with colleagues reinforced momentum.

Sources: huddles, emails, and annual evaluations

Limitations

Underreporting in EHR Compliance Report:

- 123 nurses (49.6%) had no captured compliance score
- The report requires RNs to sign in/out under the treatment team
- Not routine in the perioperative setting -> Need a periop specific report

Misalignment of System Logic:

- The Brain reminder logic does not fully align with the EHR compliance report
- Leading to inconsistent or potentially misleading compliance data

Unanalyzed Contributing Factors:

- Patient acuity, shift type, and unit-level differences

Conclusion

Using Kotter's 8-Step Change Theory, this multifaceted intervention, including

- Electronic reminders
- Education
- Visual and verbal cues
- Recognition strategies

Pain reassessment documentation compliance increased from 60% to 78% during the eight-week intervention and has been sustained at 75% over the subsequent five months.

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Improving Nurse Informaticists' Competence of Using a Self-Service Reporting Tool

Christine Suchecki, DNP, RN, NEA-BC, NI-BC

Purpose of the Project

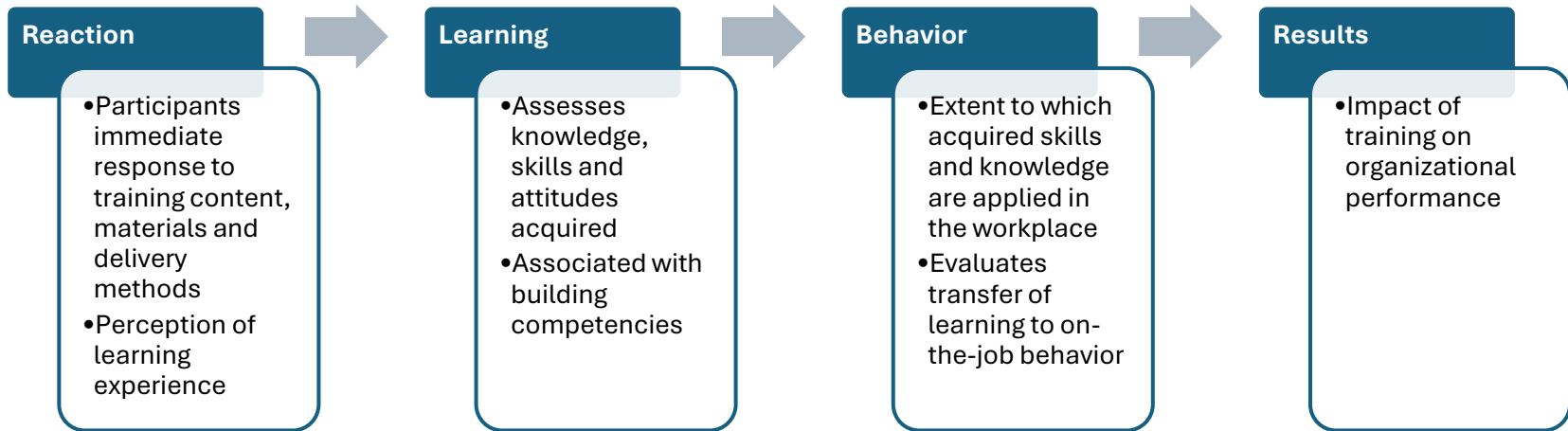
- **Project Purpose:** To implement a quality improvement project amongst nurse informaticists at Mass General Brigham to improve competency and usage of the self-service reporting tool within the Electronic Health Record.
- **Global Aim:** To understand the effectiveness of a self-service reporting tool training intervention for nurse informaticists across Mass General Brigham
- **Specific aims:**
 1. Improve self-perceived competency of using the self-service reporting tool amongst nurse informaticists
 2. Increase the usage of self-service reporting tool amongst nurse informaticists

Review of the Literature

- Competency: the **knowledge, skills** and **abilities** and **behaviors** that contribute to individual and organizational performance (National Institutes of Health, n.d.)
- Most competency assessment tools include extracting data from shared data sets, but skills of using applications to manage aggregated, using data management programs to develop databases or tables, accessing shared data sets, analyzing interpreting and documenting nursing patient data and using the data for practice improvement are not universal (Farzandipour et al., 2021; Khezri & Abdekahoda, 2019; Bove & Sauer, 2022; Brown et al., 2020; Choi et al., 2024; Chipps et al, 2022).
- Competencies related to data interpretation for practice and quality improvement are consistently valued
- Targeted role-specific educational interventions are needed, but feasibility it challenging. One recommendation is to have informatics specialists within the discipline available for deep expertise (Kennedy & Moen, 2017).

Theoretical Framework/Conceptual Framework

- The Kirkpatrick Model of training evaluation guided the evaluation of the training intervention.
- Model comprises four levels of evaluation which represent a sequential progression of complexity in assessing training effectiveness (Reio et al., 2017).



Methodology

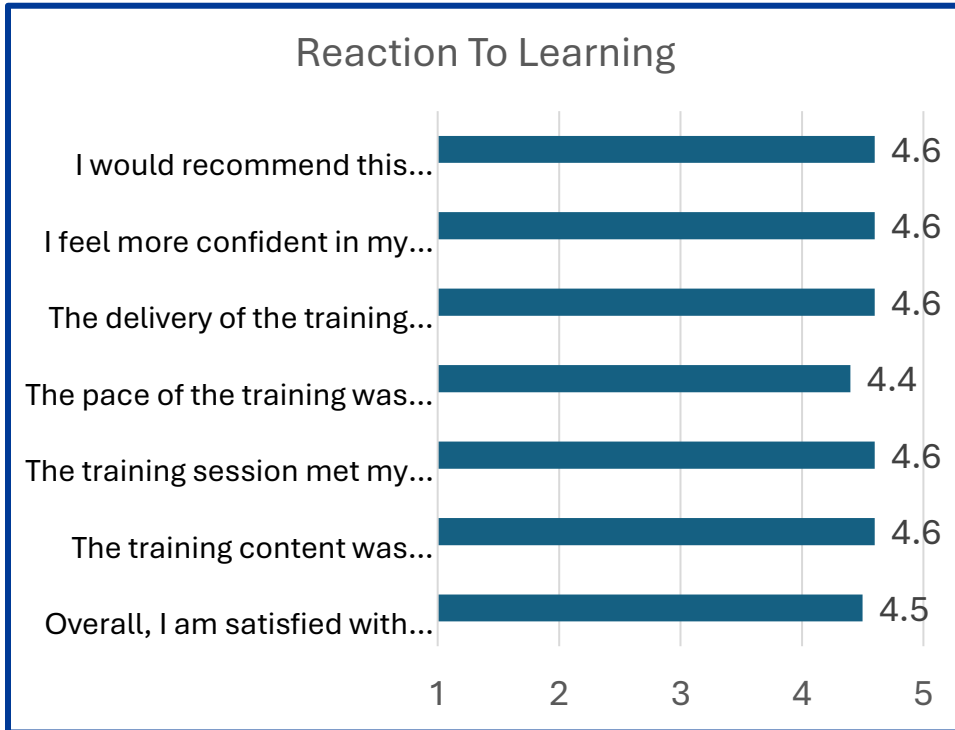
- **Intervention**: 1.5 hour instructor lead virtual training that was case based, hands-on training on the self-service reporting tool
- **Instruments**:
 - Investigator-designed surveys administer through REDCap
 - Reaction to training structured (5-point Likert) and unstructured questionnaire
 - Self-rated competency questionnaire modified from published tools, focused competencies to data analysis
 - Pre & Post

Results

- Sample = 22 nurse informaticists participated in the training intervention
- Variation in:
 - Years working informatics
 - Highest degree earned
 - Certifications held
 - Frequency of use and self-service reporting tool last year

Results

Level 1 Reaction to Training

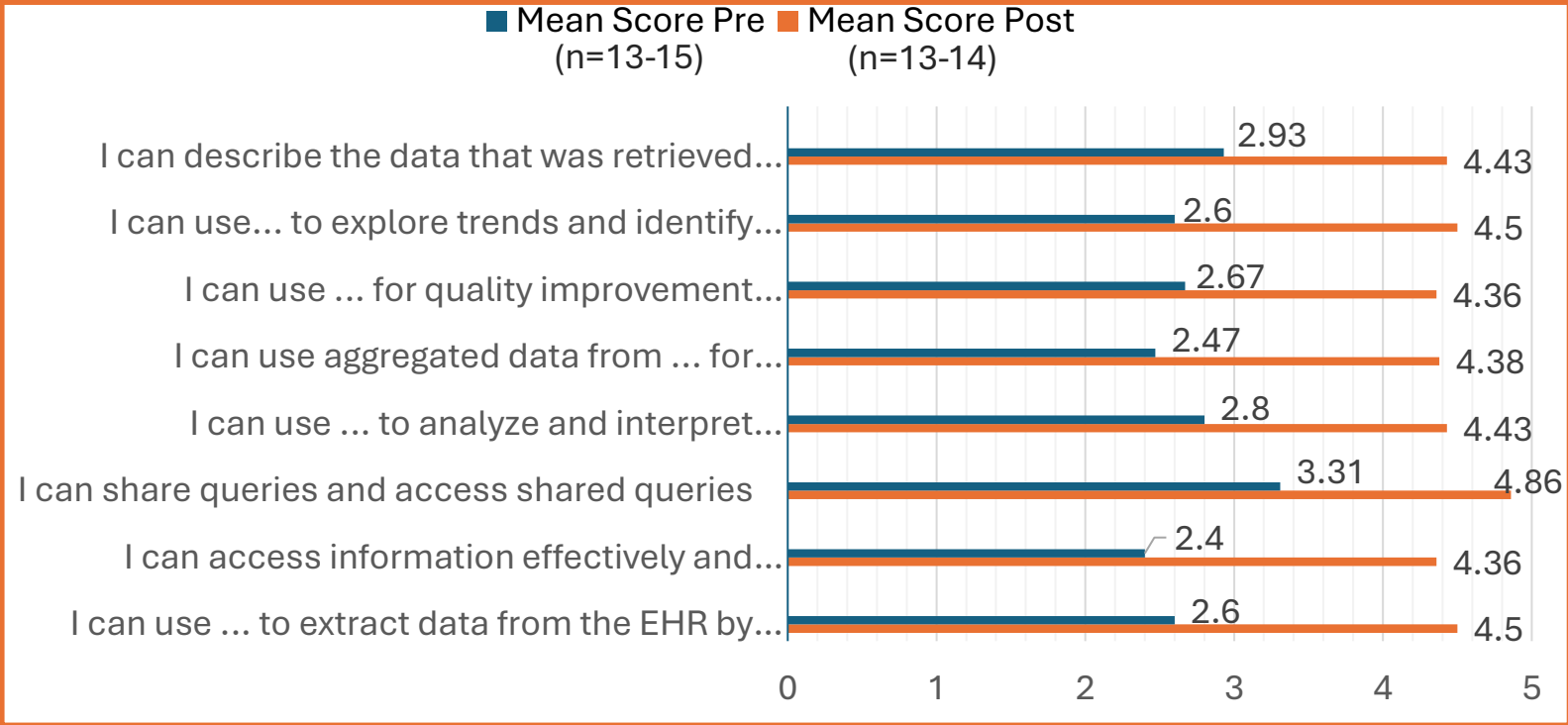


• Themes

- **Value of training & effective learning methods:** hands on, instructor lead, interactive, exploring features, real life scenarios
- **Plans to utilize knowledge:** monitoring improvement projects, decision making, quality initiatives, create reports, provide data
- **Improvement suggestions:** less scenarios, more time within scenarios
- **Additional learnings desired:** available filters within data models, selecting appropriate data model

Results

Level 2: Learning



Based on 5-point Likert Scale 1= strongly disagree 5= strongly agree

Results

Level 3: Behavior

	Time	n	M	SD	Z	p
Activity Usage	Pre	22	0.05	0.21	-1.00	0.317
	Post	22	0.00	0.00		
Blood Product Admin	Pre	22	0.00	0.00	-2.12	0.034
	Post	22	0.27	0.55		
Clinical Notes	Pre	22	0.00	0.00	-1.34	0.180
	Post	22	0.32	1.29		
ED Encounters	Pre	22	0.00	0.00	0.00	1.000
	Post	22	0.00	0.00		
Encounters	Pre	22	0.55	1.50	-0.17	0.865
	Post	22	0.32	0.78		
Flowsheet Documentation	Pre	22	0.32	0.65	-1.63	0.103
	Post	22	1.45	3.40		
Flowsheet Values	Pre	22	0.59	1.10	0.00	1.000
	Post	22	1.14	2.83		
Hospital Admission	Pre	22	0.41	1.05	-0.11	0.914
	Post	22	0.32	0.65		
Immunizations Administered	Pre	22	0.00	0.00	0.00	1.000
	Post	22	0.00	0.00		
Inpatient Tasks	Pre	22	0.00	0.00	-1.73	0.083
	Post	22	0.14	0.35		
Medication Administrations	Pre	22	0.09	0.29	-1.80	0.072
	Post	22	1.00	3.22		
OurPractice Advisories	Pre	22	0.55	0.86	-2.64	0.008
	Post	22	0.05	0.21		
Patients	Pre	22	0.09	0.29	-0.82	0.414
	Post	22	0.18	0.59		
Procedure Orders	Pre	22	0.27	0.63	-2.02	0.043
	Post	22	0.77	1.41		
User Shifts	Pre	22	0.05	0.21	-1.00	0.317
	Post	22	0.00	0.00		
Wounds	Pre	22	0.05	0.21	0.00	1.000

- Statistically significant usage increase noted for 2 data model models:
 - Blood Product Administrations
 - Procedure Orders
- Not statistically significant, but increase in use of other data models and frequency of use by some users

Limitations

- Training focused on inpatient data model, despite variation in participant domains of expertise
- Data model usage measured for a subset of data models
- Training intervention was not tailored to individual participant's needs

Discussion and Conclusions

- Favorable reaction to the training
 - Participants noted its relevance to their jobs
 - Participants expressed confidence in applying new skills
- Significant boost in self-reported competencies related to self-service reporting tool, which may indicate learning
 - Participants recognized the need for tailored focused reports, indicating a shift in attitude towards the tool
 - Participants expressed intentions to apply their new skills for data extraction, monitoring quality initiatives, and supporting policy review.
- Despite increased confidence and knowledge, there was only a small measurable change in tool utilization

Significance and/or Implications

- Exploring diverse and more robust training methodologies may help sustain and build upon learned competencies and influence behaviors post-training.
- Other nursing roles may not see similar results to the training intervention, and accounting for baseline nursing informatics competencies would be necessary
- Enhancing nurse informaticists' skills has the potential to improve patient outcomes through better utilization of data.
- Competencies will need to be re-evaluated as Artificial Intelligence evolves

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<https://doi.org/10.1002/nha3.20178>

Appendix

Review of the Literature

- **Databases searched:** CINAHL, PubMed and Education Research Complete
- **Concepts:** *nurse, nurses, nursing, data literacy skills, data literacy data retrieval, competency, competencies, skills, and informatics competencies for nurses.*
- **Additional criteria:** English, published 2015 or later

