



# Nursing Informatics: Unleashing the Power of a Shared Governance Model

*Geralyn Saunders MSN RN, Meg Grande MSN RN,  
Nancy Giacomozzi MEd, BSN, RN-BC, CNOR*



## **Geralyn Saunders, MSN RN**

Chief Nursing Information Officer

## **Meg Grande, MSN RN**

Assistant Chief Nursing Information Officer

## **Nancy Giacomozzi, MEd., BSN, RN-BC CNOR**

Senior Clinical Informaticist, Periop & Procedural



### **Objective:**

- Describe 2 strategies nursing informatics can use to unleash the power of nursing to improve practice and impact workflows.

### **Overview:**

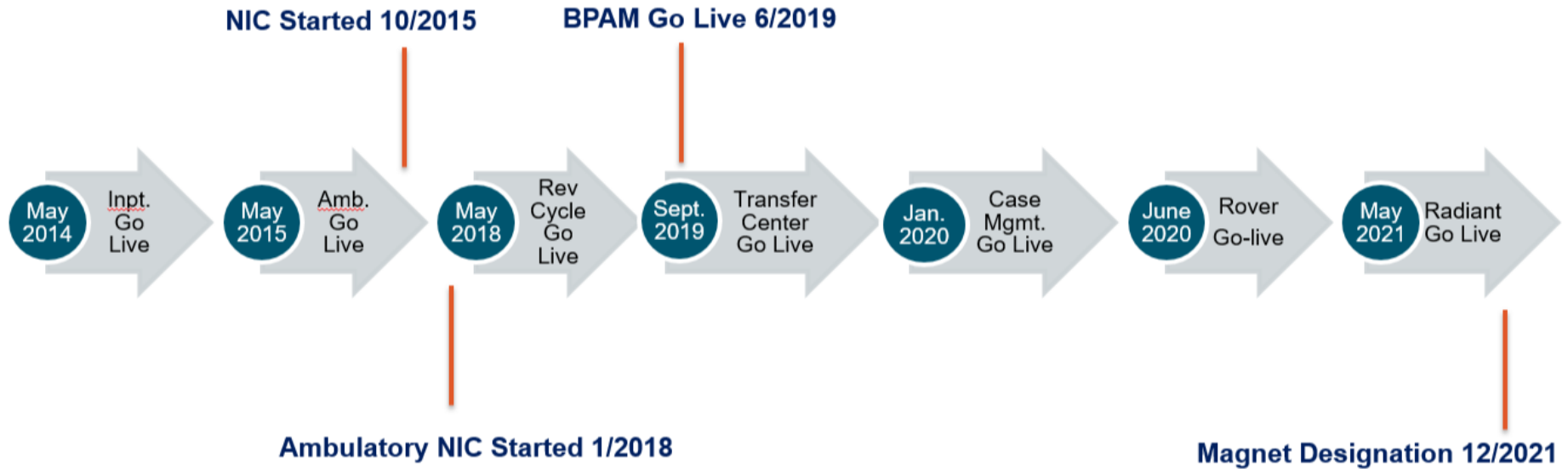
- Review the Nursing Informatics structure at BMC and the leadership/clinical roles that impact performance
- Overview of BMCs shared governance model
- Report on key projects that have improved the quality of care and empowered nursing at Boston Medical Center
- Review special considerations that occurred due to the COVID-19 pandemic

# About BMC

- Boston Medical Center was formed in 1996 by a merger between Boston City Hospital and University Hospital. Today we are a private, full service not-for-profit, **514-bed**, academic medical center located in Boston's historic south end
- Emphasizes community-based care. Our mission is to provide exceptional care, without exception for our patients. with its mission to provide consistently accessible health services to all of which
  - More than **65%** identify as a racial or ethnic minority
  - More than **50%** have an annual household income below FPL
  - More than **30%** speak a primary language other than English
- EHR: Epic: Electronic Health Record utilized throughout the institution
- ***Magnet designation received in December 2021***



# Our Epic Journey



**Version:**

**Current May 2021**

**Future May 2022 (Fall 2022)**

## Ongoing initiatives

- PACs replacement
- Open Behavioral Health facility in Brockton
- Expand Epic into our Community Health Centers
- Case management workflow improvements
- Mother/Baby retooling: NIC driven

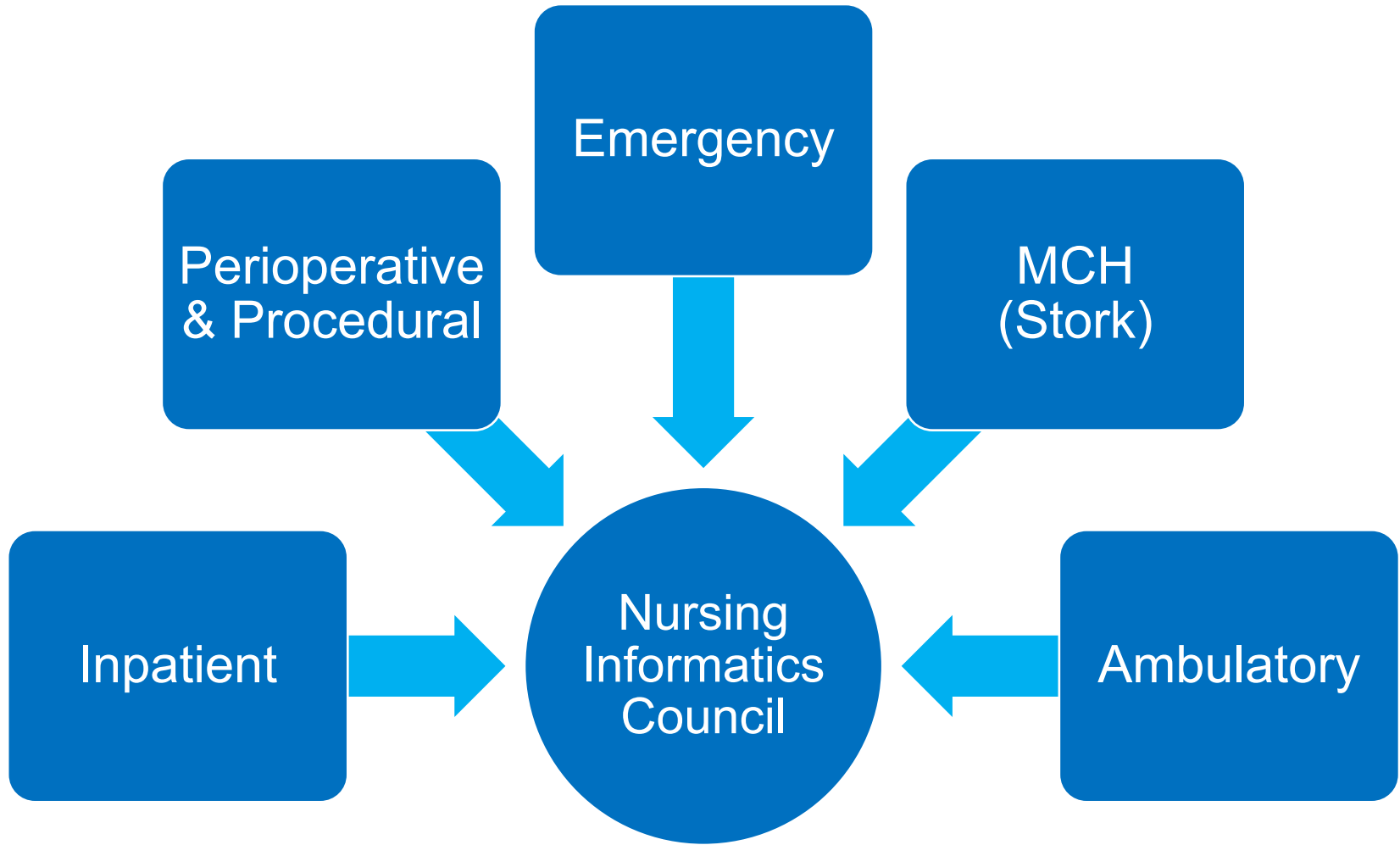
Continuous migration of 3<sup>rd</sup> party ancillary applications into Epic – goal to consolidate our EHR

# Shared Governance: endorsed by BMC nursing leadership



Is **collaboration** among all nurses, whether in scheduling staff, educating new staff, or implementing evidence-based practice. It involves **teamwork**, **problem-solving**, and **accountability**, with the goals of **improved staff satisfaction**, **productivity**, and **patient outcomes**. It is working together to make decisions that affect nursing practice and patient care.

# Nursing Informatics Council Structure





# Membership structure

- Clinical informatics Nurses (**5 of us**)
  - Co-chairs
  - Facilitate the council, drive the agenda & book speakers
- Nursing Informatics Council
  - Primary & associate members
  - 35+ member strong (6 original members)
  - Turnover & alumni
- Nursing Leadership & Educators
  - Nurse educators
  - Nurse specialists (Infection Prevention)
- ITS/ Epic colleagues
  - Analysts from ClinDoc
  - Instructional Designers and trainers

# Magnet journey: Informatics impact

**NIC:** Gold standard for shared decision making

**Projects:** few examples

- ❑ Kronos/Workday/Epic OpTime integration for OR scheduling
- ❑ Optimization of CPN & Epic integration for L&D
- ❑ Nurse telephone triage protocols in ambulatory

## Preparation

- ❑ Council & unit base prep
- ❑ Identification & scheduling of clinical nurses

**Certification visit** (Virtual September 2021)

- ❑ Council and unit based participation
- ❑ Quality collaboration meeting
- ❑ Community partnership (Mary Kennedy)



## Meeting structure & logistics

### Initially/prior to COVID

- 8 hour day with 2 hour breakouts for specialties
  - Inpatient, ED, Optime/procedural, Maternity/L&D
- 2 breaks and serve breakfast and lunch
- Rooms with computers to allow some staff to take notes/follow along/test



# Meeting structure & logistics

## Challenges

- Space/finding rooms
- Prevent staff from being pulled for staffing
- Food issues (late, amt.)
- Staying on schedule for speakers



## Structure of meeting

- Meeting before breakout

Contain topics appropriate for all

- Walk in my shoes
- Invite other disciplines (pharmacy, housekeeping, MDs, Dietary, PT, OT, IT.....)
- Weigh in on any IT process that effects nursing
  - Pyxis, Epic, My Chart, AVS, dietary/housekeeping process, patient flow
- Time to bring back issues/request either in large meeting or breakout (easier if sent ahead of time)
- Have members present to each other



# Breakout

- Invite leadership/educators to participate
- Topics more interactive with small group
- Work on
  - Identify workflows
  - Approving changes
  - Gathering issues
  - Testing for upgrade
  - Tip sheet review
  - Solutions for specific problems



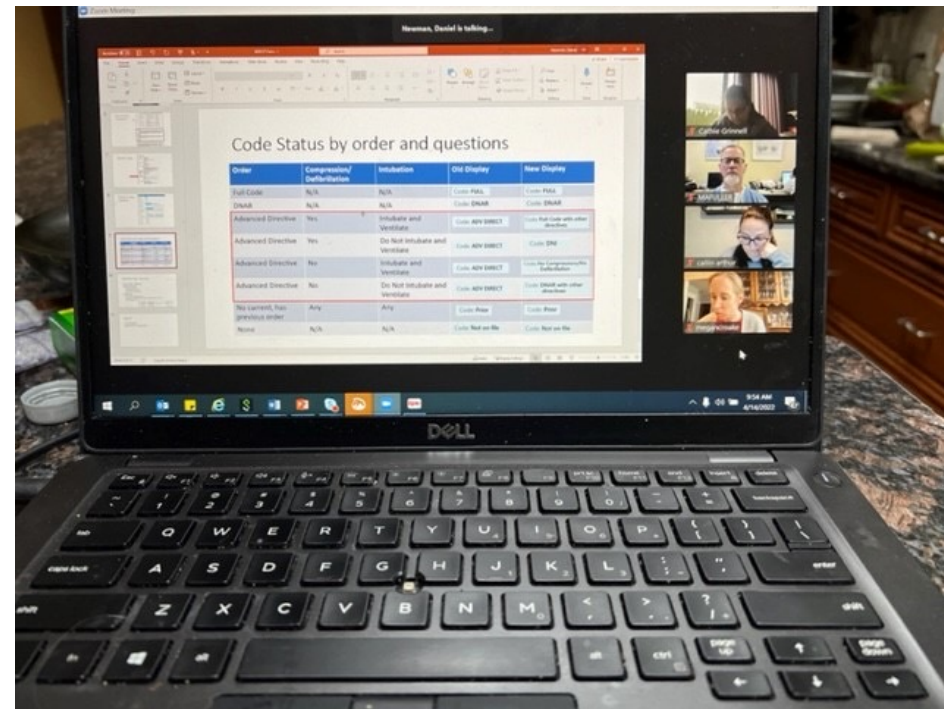
# Post COVID

- Struggle to staff
- Moved to 4 hour zoom (3 hrs. whole group, 1 hr. breakout)
- Many staff do it on off time (paid meeting time)



# New Challenges:

- Flow of conversation on zoom (use hand raised and chat feature)
- Monitoring Chat
- Attendance
- Minutes
- Staying on time
- Nurses not on BMC PC





## Agenda planning & collaboration

- Agenda planned in advance to book speakers
- Preview speaker's slides - make sure appropriate and not repetitive
- Topics should be about workflows that nurses use technology (EPIC, Pyxis, Alaris Pumps, Call system, Rover/phones)
- Other committees we collaborate with:
  - Integrative Council
  - Pain committee
  - Substance Use Disorder Nursing Council (SUD)
  - Skin committee
  - HAI group
  - Pharmacy



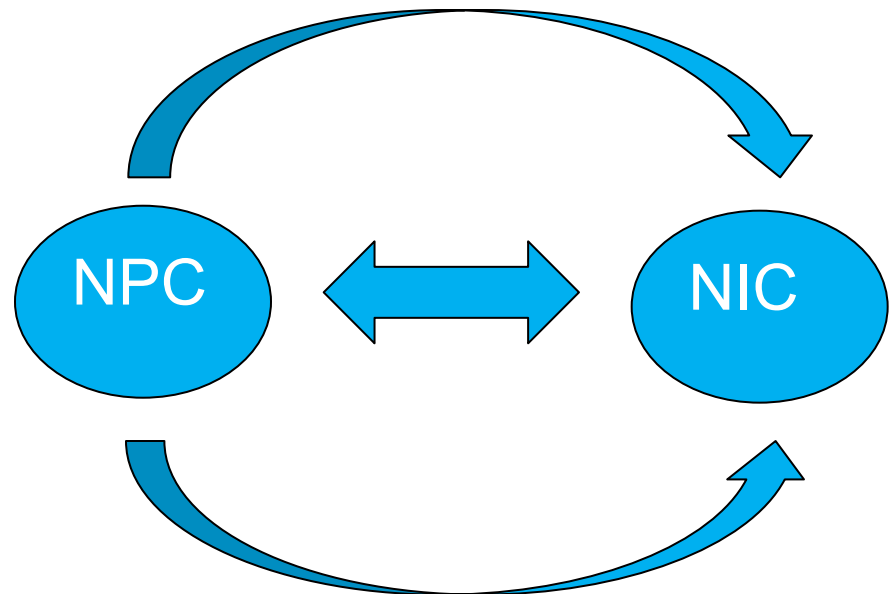
## Nurse Practice Vs. Nurse Informatics

- Nurse Practice Council (NPC) looks at nurse practice on a whole not just with technology involved
- Both councils empower Nurses to improve practice

NURSE



SUPERHERO



## Expectations of NIC nurse

- Attend all NIC meetings
- Communicate to staff
- SME - Support staff for new initiatives/changes
- Give feedback to IT project team to optimize current build



## Expectations of NIC nurse

- Reinforce Best Practice
- Improve efficiencies in documentation
- Collaboration with Unit Based and Nursing Councils
- Participate in P&P revisions for IT changes
- Maintain proficiency in IT systems/equipment



## Key Projects that Empower NIC Nurses

- Small Task Day – approve & test change requests
- Build / Approve care plans
- Validate report data
- Create tip sheets/videos



## Unleashing NIC's Knowledge

- Posters / QI projects / Mentoring
- Presentations - NIC & other conferences
- ATE support - mobile apps, upgrades
- Upgrade - task review, test workflows
- Application Training / Review training tools



# NIC Nurse Driven Initiatives



# Hospital Quality Initiatives

- Sepsis – improved from 33% to 53% compliance
  - visual timer
  - lab tasks (lactate)
- Flu vaccine - improved to 98% compliance
- CAUTI/CLABSI –ongoing
  - nurse bundle in flowsheets
  - nurse initiated orders
  - leadership reports/dashboards to track decrease infections
  - reminders to complete documentation





## Future NIC goals

- Survey members on proposed NIC meeting structure
  - Remote vs. In person
- Increase member participation in NIC agenda
  - Getting to Know Me
  - Identify Issues & Solutions
- Increase participation in professional orgs & presenting
- Increase measurable outcomes using data
- Participation in IT user-groups to drive prioritization



## Next Steps: Mentoring Nursing Informatics

- Graduate program nurse
  - Online informatics Master's program practicum
  - One semester – 8 hrs /week
- Attended meetings:
  - NIC
  - Clinical Lead weekly meetings
  - Nurse Practice Council
  - Pain & Integrative councils
  - Nurse leadership
- Independent project – Improving care plans



# Succession Planning - IT Nurse Fellowship

- In development
- Proposal submitted
- Application/Interview process
- 4-8 hrs/ week
- Pay code - meeting time
- Shadow other IT nurses
- Participate/present in NIC
- Work on special projects
  - decreasing documentation burden
  - belongings, patient education



## Contact Information

- Geralyn Saunders RN, MSN, CNIO
  - [Geralyn.saunders@bmc.org](mailto:Geralyn.saunders@bmc.org)
- Meg Grande RN, MSN, ACNIO
  - [Meg.grande@bmc.org](mailto:Meg.grande@bmc.org)
- Nancy Giacomozzi, MEd., BSN, RN-BC CNOR, Senior Nurse Clinical Analyst
  - [Nancy.Giacomozzi@bmc.org](mailto:Nancy.Giacomozzi@bmc.org)

