Barriers to Use of Health Information Technology Tools in the Neuroscience Patient Population

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Introduction/Background

The Patient Safety Learning Lab, an AHRQ-funded study, aims to promote patient-centered care, improve patient safety and reduce adverse events. The intervention includes a suite of health information technology tools, one of which is the personalized patient safety screensaver. The screensaver displays disparate data documented in the EHR on the monitor at the patient's bedside. The content has been identified as the core set of information to keep the patient safe at the point of care[1]. Examples include right/left hemiparesis, assistive devices needed for the patient to ambulate safely, and sensory deficits such as a field cut. The screensaver is meant for all members of the care team, including patients and families, and has been rolled out on General Medicine, Oncology and Neuroscience units. The purpose of this study is to identify the unique barriers to use of the screensaver for patients on the Neuroscience units.

Methods

Qualitative data was obtained through informal interviews with nurses, patients and families (see Table 1). Twenty-two interviews were conducted to identify if the patient/family was able to engage in use of the tool. This was a random sample of the population on the floor. All patients on the floor had access to the tool while this survey was underway. Specific barriers to use were then identified through informal interviews with nurses.

Table 1: Informal interview guide

Question 1	Question 2	Question 3
Is patient/family able to use the screensaver?	Does the patient/family use the screensaver?	If unable, what are the barriers to use?

Table 2: Common barriers to use of patient safety screensaver

Barriers to patient use of screensaver	Barriers to family use of screensaver
Cognitive (n= 5)	Absent* (n= 9)
Behavioral (n = 3)	Language (n = 3)
Language (n = 1)	

*Absent: Family members were not present at bedside when interviews were conducted

Results

Of the 22 groups interviewed, 9 patients and 12 family members were identified as being unable to participate in using the screen saver safety tool. The most common barriers to use are detailed in Table 2.

Discussion/Conclusion

Among the population of patients on an inpatient Neuroscience, barriers to use of the patient safety screensaver can be categorized into three main groups for patients, and two main groups for families. Identifying barriers to use will aid in improving the use of health information technology tools within this unique population in the future.

References

1. Ohashi, K., et al., *An electronic patient risk communication board.* NI 2012 : 11th International Congress on Nursing Informatics, June 23-27, 2012, Montreal, Canada. International Congress in Nursing Informatics, 2012. 2012: p. 311.