

Roundtable participants

Nurse leaders discuss the nurse's role in driving technology decisions

AMERICAN NURSE TODAY recently convened a roundtable of nurse executives from diverse settings to discuss nurses' involvement in selecting, adopting, and using information technologies and high-tech clinical devices. At the heart of the discussion—engagement by nurse leaders and nurses on the front line when technology decisions are made. (For a list of participants, see *Roundtable participants*.)

Technology can help nurses make better decisions at the point of care, promote a healthcare organization's core business of delivering care, and provide data about patient outcomes. Information technology (IT) and "smart" devices, such as beds with sensors and I.V. pumps with built-in safety alerts, offer great promise. They can improve safety and efficiency by reducing the risk of errors and eliminating redundant work, resulting in more time for nurses to care for patients.

Technology can be a factor in nurse recruitment as well. Frank Shaffer, Chief Nursing Officer (CNO) of Cross Country Healthcare, report-

ed that "nurses today frequently ask what technology is in use when deciding where they will accept employment."

Healthcare organizations continue to make major technology investments toward the goal of providing better care and improving efficiency. (See *Most wired hospitals*.) Yet in many cases, the technologies they purchase are underused, misused, or overused. When nurses can participate in testing, evaluation, design, and selection, the technology acquired is likely to be more user-friendly and thus have a greater positive impact on care.

The nurse's stake in clinical technologies

Nurses' decisions about clinical technologies should be guided by two overarching goals:

- enabling safe and efficient care
- measuring nurses' impact in keeping patients safe and promoting their health and recovery from illness.

Clinicians must help drive the selection of clinical technologies. Donna



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Most wired hospitals

How does your hospital compare to others when it comes to technology? Check out an annual list of the 100 most wired hospitals. Listings include the hospital's location, years on the list, ownership model, and total number of staffed beds. The survey is a partnership among *Hospitals & Health Networks*, American Hospital Association, McKesson, and the College of Healthcare Information Management Executives. You can access 2009 results at www.hhnmag.com/hhnmag_app/jsp/articledisplay.jsp?dcrpath=HHNMAG/Article/data/07JUL2009/0907HHN_Coverstory_100List&domain=HHNMAG.

Reck, Chief Nurse at Penn State-Hershey Medical Center in Hershey, Pennsylvania, pointed out that “staff as well as managers must realize how important their role is so that nursing has a prominent, organized voice in technology selection.” She added that “nurses should take part in site visits to hospitals using the proposed technology and should be prepared to critique a system for what it can and cannot provide.”

Today's multidisciplinary technology assessment committees not only weigh the appropriateness and efficacy of the technologies but help analyze their cost benefits. (See *Top tech picks for 2010*.)

Key role of the CNO

The CNO plays a critical role in how an organization selects, implements, and adopts technology. Ideally, the CNO creates a culture of shared decision making to ensure staff participation and actively engages others to participate in technology planning.

Today's healthcare environments demand a strong mutual understanding and synergistic relationship between clinicians and IT staff—and this starts at the top. “Too often, though, the CNO and CIO (Chief Information Officer) have an underdeveloped relationship, leading to gaps that can jeopardize smooth implementation of technology,” stated Melissa Fitzpatrick, Hill-Rom's Chief Clinical Officer.

Reck emphasized that “it's important to understand the role each discipline brings to the table, and then design your system from a patient and care perspective. IT is the support, not the driver.”

The CNO occupies a crucial position in the “C” suite of an organization's top leadership—Chief Executive Officer, Chief Financial Officer (CFO), CIO, Chief Medical Officer, and so on. The CNO can influence C-suite peers about practice and infrastructure needs so they support appropriate technology selections.

The CNO should partner with C-suite peers and key vendor representatives to manage technology decisions, with multidirectional input and feedback to and from the staff, top executives, and interdisciplinary colleagues.

CNOs also must make the message about IT's importance and promise come alive on the front lines. Susan Grant, Chief Nurse at Emory Healthcare in Atlanta, Georgia, underscored the need for two-way communication so “the nurse executive can translate to the staff what is happening at the executive level in IT purchasing decisions, as well as convey the message (to executives) about what nurses are trying to achieve at the point of care.” For example, Grant added, “the CNO can inform the C suite how nurses have evaluated technology that enables care to help reduce patient falls or pressure ulcers. The CFO can relate to how this technology contributes to cost savings.”

What happens when CNOs embrace technology

Besides leading decision making about technology, CNOs must be knowledgeable and present to guide its acquisition. Organizations whose CNOs embrace technology and stay involved with it are better able to put the right equipment in the hands of the staff nurse. Grant, who has implemented the use of patient and family advisors in technology selection, points out that “our culture has shifted, and the executive team wouldn't make a purchase without the voice of staff and patients.”

Equally important is the CNO's

advocacy for and commitment to interdisciplinary decision making. Patti McCue, CNO at Centra Health in Lynchburg, Virginia, said that “at Centra, the nurses indicated what they needed to manage the patient's plan of care, which included integrating documentation from other disciplines.”

Connecting the dots

Grant emphasized that CNOs must “connect the dots” to help other executives understand why nursing outcomes matter—namely, because these outcomes are the key to achieving larger organizational goals. “With the rollout of pay-for-performance and public-data disclosure programs,” she said, “CFOs need to understand that if nurse executives can't accomplish their outcomes, CFOs can't accomplish theirs.”

Maria O'Rourke, founder of a California healthcare consulting firm, advocated debunking the myth that you can't be a prophet in your own land. Instead, she said, nurse leaders should educate organizational leaders and nurses about the value proposition of technology and the need to make the investment to put technology in the hands of nurses who will be good stewards and think of patients first.

The case for effective technology is simple—to improve the quality of care and business performance. Nurses readily embrace technology that helps save lives, reduces the risk of error, eliminates redundancy, and minimizes mundane tasks. When technology enables effective and efficient workflows, it's more



Top tech picks for 2010

ECRI Institute, a not-for-profit healthcare technology assessment organization based in Plymouth Meeting, Pennsylvania, has identified the following technology trends and issues as those that private and public payers should pay attention to in 2010.

- 1 Genetic testing
- 2 Electronic medical records
- 3 Premium computed tomography and ultra-high-field magnetic resonance imaging
- 4 Radiation oncology
- 5 Robotic-assisted surgery
- 6 Orthopedic physician preference items
- 7 Therapeutic hypothermia

Source: <https://www.ecri.org/Press/Pages/2010-Top-7-Technologies.aspx>

likely to be adopted quickly. Integrated and labor-saving technologies have greater value. As technologies improve work environments for nurses, nurse satisfaction increases, which can translate to greater patient satisfaction.

CNOs must be prepared to use data about the impact of nursing care by translating, synthesizing, interpreting, and managing the data “up” to the C suite. When CNOs turn data into information, they can show the C suite that technology helps achieve desired patient outcomes. They should frame the justification for technology in terms of what it does for the patient first and for the nurse second. CFOs may triumph when the topic is money, but CNOs easily win the discussion when they put the patient and family front and center and clearly demonstrate the importance of achieving desired outcomes. The take-home message—that improved quality and outcomes are prerequisites for positive business performance—will reverberate in the C suite.

“V” for vendor stigma

With today’s ever-present mandate to implement a comprehensive electronic health record and automate day-to-day functions, CNOs also must develop the competencies to partner with vendors of major IT systems and clinical technologies. When they work together well, CNOs and vendors are a dynamic duo focused on clinical quality and better patient outcomes. Vendors are invested in making their products work better for patients and nurses—a goal that resonates with CNOs.

Nurses with leadership roles in top technology companies are some of the strongest advocates for improving quality by using nurse-friendly, effective technologies. However, roundtable participants described a harsh reality—that nurse leaders employed as vendors commonly are branded with a “V” as in “villain.”

Fitzpatrick noted that “our goal

and best intentions have always been to be partners in care quality and have the conversation revolve around patient outcomes, enabling the nurse to be as effective as possible.” Industry nurse leaders want to have collegial, collaborative conversations and help quantify the impact nurses have on patient outcomes. Roy Simpson, CNO at Cerner Corporation, noted that CNOs must advocate for what serves nursing and patients best in these multimillion-dollar acquisitions.”

CNOs and vendors share a business relationship and a mutual accountability for meeting the terms of the purchasing agreement and meeting milestones in product implementation and adoption. Simpson emphasized that “CNOs should know the contract terms and discuss them regularly with their vendors,” because this helps both the vendor and customer meet their goals and eliminate buyer’s remorse.

Staff nurses on the inside track

Some of the greatest success stories occur when staff nurses are given great latitude in driving technology decisions. Nothing is more powerful than frontline staff being on the inside track in a technology decision. Reck believes “the CNO sets the stage for staff involvement and encourages nurses to have a strong voice, resisting any temptation to be intimidated by physicians or other providers.” She noted the benefits of younger staff members who are tech savvy but may need help understanding the integration of some systems.

Similarly, Grant has developed roles for new graduates to “do training on the pharmacy distribution system. Not surprisingly,” she said, “these young minds picked up the information with less than 30 minutes of training. In this new role, these staff nurses were recognized for their special expertise.” Also impressive was the hands-on “test drive” staff enjoyed when selecting new beds. Grant reflected that “when it came to implementation, staff ownership was very powerful.”

According to McCue, staff nurse involvement in technology decisions also promotes bonding between nursing generations. “Younger staff were proud to assist” and seasoned staff accepted the younger staff explaining technical nuances to them. “To see the relationship and respect grow between young and more mature RNs was rewarding.” (See *Roundtable take-home points.*)

Do Magnet™ organizations embrace technology differently?

Roundtable participants agreed that Magnet organizations expect information systems or complex technology to support the delivery of care that’s more than just task-oriented. Zeroing in on engagement in clinical decision making, O’Rourke pointed out that Magnet organizations “have an infrastructure, mission, vision, and framework for practice that is palpable. Their CNOs understand that the prac-



Roundtable take-home points

- Involving staff nurses in technology selection and implementation promotes success.
- Blending the strengths of young and old staff members aids adoption of information technology (IT).
- Developing relationships with industry partners can promote better patient outcomes. Know your vendor and stay in regular contact. Expect the vendor to want frequent contact with nursing leaders. Value the contribution that industry nurse leaders provide.
- Chief nursing officers (CNOs) play an important role and must be present and engaged in technology selection and adoption.
- CNOs can help make the business case for new and replacement technology by focusing on patient- and family-centered care and outcomes.
- Nurses drive practice and decisions. IT experts support and complement the process.
- Leaders should make technology decisions from a practice framework that is patient-centered and standards-based.
- Use data to reinforce nurses' contributions to improve patient outcomes and support of clinical care as the core business.

tice model drives the need for resources at the point of care. They create environments that support care delivery, reinforcing the importance of nursing care as a core business process. If the nurse routinely is a decision maker in all aspects of care, it follows that this nurse will select technology that fits with and enables the professional practice mode." When faced with equipment selection, O'Rourke related that "the nurse will not ask 'How do you work the device?' but 'How can this device help me improve a patient's comfort or prevent an undesirable outcome?' The question reflects an orientation to standards-based practice."

Magnet organizations also understand technical obsolescence and the need to continuously upgrade or replace equipment and systems. Fitzpatrick believes "nurses and their workarounds (for equipment that's not user-friendly) have allowed obsolescence to become part of our

practice." Simpson advised CNOs to "embrace the concept of technical obsolescence, knowing that what you have today won't support future needs. CNOs must know when to 'sunset' the technology they have and make the business case for the technology they need."

Choosing technology that enables practice

Nurse leaders are clear about select-

ing technologies based on their ability to enable practice, not help clinicians accomplish tasks. Technology provides data and information nurses can use to show how they make a difference in patient outcomes. "CNOs must be the interpreters and translators of data to help empower frontline nurses," McCue stated. "They must be savvy enough to use the data in a meaningful way and to articulate the need to acquire systems that will provide important data they don't have."

When CNOs translate data to other staff, they provide practical information on the impact of practice patterns. McCue shared an example from her Outcomes Academy. "By helping staff understand that their prevention efforts would save future patients actual complications, nurses could enthusiastically embrace their success." This highlights the effectiveness of standards-based and ethics-based practice in Magnet organizations, which expect IT to enable transitions in practice to improve outcomes. (See *Grading health information technology*.)

Participants stressed that nurses at the point of care should be powerful participants in technology selection because they are closest to the patient. "The patients of tomorrow will help decide what technology we use in the future," stated Shaffer. ★

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Grading health information technology

In the January 2010 issue of *Health Affairs*, Robert M. Wachter, Professor and Associate Chair of the Department of Medicine at the University of California, San Francisco, gave information technology (IT) a C+ grade in 2009 for its progress in improving patient safety, compared to the B- it got in 2004. He comments: "Surprisingly low uptake over past 5 years; increasing evidence of health IT-related safety hazards and implementation challenges; new infusion of federal dollars should promote health IT adoption."