HIMSS: 60% of Execs Say Informatics Nurses Have High Impact on Quality

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Jennifer Thew, RN, for HealthLeaders Media, April 15, 2015

Informatics nurses are seen as having great influence over workflow, patient safety, and user acceptance of clinical systems and processes, results from a HIMSS survey reveal.

Informatics nurses are increasingly recognized as valuable assets to healthcare organizations according to data from HIMSS' **2015 Impact of the Informatics Nurse Survey**. The results were released in conjunction with the nursing symposium at the 2015 HIMSS Annual conference in Chicago this week.

Maureen McCausland, DNSc, RN,
FAAN,
Senior VP and CNO
MedStar Health

Of the 576 respondents, which included C-level executives, (one in five respondents said their organizations employ a chief nursing informatics officer) clinical analysts, and informatics nurses, 60% reported that informatics nurses have a "high degree" of impact on quality of care.

More specifically, informatics nurses were seen as being most valuable during the implementation and optimization phases of clinical systems processes, and

were said to have great influence over workflow, patient safety, and user acceptance.

Maureen McCausland, DNSc, RN, FAAN, senior vice president and chief nursing officer, **MedStar Health**, set the tone with her opening keynote session: Transforming the Vision of Nursing. "Nursing is not a binary profession, she said. "Innovation is essential to our practice."

McCausland predicted that because of new care models, big data, and other changes in healthcare delivery, nursing would move from using "evidence-based practice to practice-based evidence."

One example: At San Diego County's **Palomar Health**, a community-based health care services provider serving communities in an 850-square-mile area, informatics nurses are heavily invested in improving nursing workflow by addressing the issue of alarm fatigue.

When the health system opened its new hospital in Escondido, CA, it went to a distributed nursing model where there was no central nurses' station and nurses were kept close to the patients' bedsides. This called for alarms to be routed directly to staff members.

Because the number of alarms could easily become overwhelming, the informatics nurses asked questions about what the alarm parameters should be, what type of staff (nursing assistants, respiratory therapists, etc.) alarms should be routed to, and the alarms' escalation paths. The key takeaway: Always monitor the process before making changes.