

Vision Statement for Nursing Informatics

There are substantial opportunities for nurse entrepreneurs in the technology that supports nurses in our work. Leadership, experience and vision are essential. In this essay, I write of my background and how it has prepared me to strive for these, and of my startup Nurse Tech Inc., and its two nursing-driven missions: process and data.

I have a track record as an entrepreneur. My most successful startup was a technology training company that delivered training for software developers at Fortune 500 companies including Apple, HP, Wells Fargo, Schwab, and many more. That business thrived for two decades.

Another was Wifi Italia, that set up public access web sites in Italy, primarily for McDonald's and was the first of its kind in that country.

Nurse Tech Inc., my present startup, makes medical technology. My preparation includes graduate school at UCSF from which my MS is in Medical Informatics. I also obtained a BSN and California RN license (current) in 2011. I got funding and developed the NurseMind app, a checklist in the spirit of Atul Gawande's *Checklist Manifesto* (2011). NurseMind has been downloaded 10,000 times and has daily users nationwide. More nursing-focused apps are in development, notably NurseAssess that captures assessment data on the fly and accelerates the documentation part of nursing, one of its biggest time sinks.

Nurses are heavy users of technology on the job every day yet are an underserved market for technology that is "nurse-centric". That is, the technology-based tools that nurses use serve patients, hospital charge capture, and regulatory requirements, but they rarely serve nursing itself. Where are the tools that make us more efficient, that support the evidence-based side of our work, that drive the workflow of our care plans and help us with the substantial cognitive burdens we manage routinely, often heroically? Tools of this sort are largely lacking and the opportunity to improve nursing work and processes is the first of Nurse Tech Inc.'s two missions.

How has nursing gotten this far without such tools? Follow the money. Politically, we in nursing are hamstrung by not providing directly billable services. Payments for nursing work in hospitals and in outpatient settings are hidden in room rates and visit charges. Nursing is perceived as a cost center not a revenue center. Institutional policies typically focus on minimizing nursing payroll costs rather than on promoting and supporting our work.

We must grow our fiscal clout. It is said, if you are not at the table then you are on the menu.

While the financial model for nursing is by now deeply entrenched and unlikely to change — we'll never join medicine and ancillary services in being a revenue center — there is yet hope for strengthening nursing's role in driving strategy, for several reasons. First, the quality of nursing care is a significant contributor to reimbursement models. Second, the services that nursing provides are essential to those that are explicitly billable. Third, the effectiveness of nursing processes contributes directly to health care outcomes. Thus, nursing has the potential to be a more strategic player.

However, this can be achieved only with supporting data. Collecting detailed nursing process data is the second of Nurse Tech Inc.'s missions. What — from moment to moment — do nurses actually do? How often? How long does it take? How do these numbers relate to outcomes? Such data has the potential to strengthen nursing at both a policy level and at an enterprise management level. These goals — nursing process improvement and collection of data in support of strategy — are ambitious yet do-able. Some steps in this direction have already been taken and the method is proven. The opportunities are real and I hope we can work together to make them happen.

-- Dan Keller RN MS, 2017