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Lists for Nurses

In my two years of nursing school, I learned how complex nursing work is. Nurses must carry many details in our heads as we do our work. This makes it more stressful and error-prone than it needs to be. Why not get some help from information technology? In this article, I describe a software tool that's under development. It will be for nurses to use as they work their shifts.

What's Hard About Nursing

Many of the physical tasks of nursing such as starting an IV or inserting a catheter demand a high level of skill and nursing schools teach them well. However, the mental side of the job—also demanding of high skill—gets no attention. Each nurse must figure out for him- or herself how to:

- Have time management (prioritizing, optimizing)
- Remember to do everything (task tracking)
- Efficiently record and recall patient data (vital signs, responses to therapies, progress notes, interventions needed, additional requests e.g. "Tell my daughter I'm going to physical therapy this afternoon.")
- Remember drug allergies, diets, and care details big and small (e.g. for a patient who can't swallow pills, not forgetting to bring the applesauce to mix with the meds without a separate trip to the refrigerator).
- Work fast yet well in what never seems to be enough time.

Computer Technology to the Rescue

In my previous career I was a computer programmer so my thoughts naturally turned to a software solution. Together with a business partner, I am developing a program for nurses to use as we work our shifts. It is called

"NursesGetItDone." It runs on the popular Apple iPhone and iPod Touch and on a web site. NursesGetItDone is a nursing task-tracking tool. It is a to-do list with a note-taker and a work diary. It helps me:

- Prioritize ("What must I do next? How much time do I have?")
- Remain patient-centered ("What does this patient need now?")
- Organize tasks by room ("What should I do while I'm here?")
- Recall essential patient data for:
 - A call to the doctor to discuss a patient's change in status
 - Charting — every nurse knows that "if it's not documented it didn't happen"
 - Report/handoff at the end of my shift
- Keep track of patients' special needs ("The meal cart is here but this icon by her name reminds me that she's NPO for surgery this afternoon").
- Keep a diary of where I've worked and what I did. The aggregate data from nurses working in hospitals and clinics all over the country will tell us new things about nursing that we've never known before.

The Central Concept: Task Lists

Remembering to do everything is no small feat. In nursing school, after my clinical rotations, I considered how little we were taught about this essential mental nursing skill. In our classes, we were lectured at great length about physical skills but I recall no professor speaking of the mental ones. How much of our mental energy is consumed by remembering? How much better could we be doing our jobs by devoting our minds fully to our high level activities—especially those demanding clinical skill and those involving actual patient care? This is not just a job aid, it is a real quality issue.

This notion of the value of lists is, of course, nothing new. Hospitals are revolutionizing the quality of care and vastly reducing errors by the simple introduction of checklists. Dr. Atul Gawande has written a book, "The Checklist Manifesto" (Metropolitan Books, \$24.50) and articles in the New Yorker, the New York Times, and elsewhere, with research demonstrating that these simple methods improve outcomes and save lives.

In a January 5, 2010 story on National Public Radio—Dr. Gawande's 'Checklist' for Surgery

Success—he observes that experienced practitioners are resistant at first:

"You can imagine the response" to the idea of running through a checklist before surgery, Gawande says. But when his team surveyed the doctors who used the checklist, "There was about 80 percent who thought that this was something they wanted to continue to use. But 20 percent remained strongly against it. They said, 'This is a waste of my time, I don't think it makes any difference.' And then we asked them, 'If you were to have an operation, would you want the checklist?' Ninety-four percent wanted the checklist."

My contention is that doctors are not the only potential beneficiaries. Nurses, too, should use lists. Even the seasoned professionals who have "paid their dues" will be helped by a pocket tool that replaces that wad of paper every nurse carries. Gawande writes,

"...medicine today is so complex that even the sharpest doctors can no longer keep everything they need to know in their heads."

The same is true for nurses. Lists like these really work. Word is getting out. NursesGetItDone's time has come.

Dan Keller

<http://www.dan.keller.com/>
dan@keller.com

