nurse deck

THE INSIDER'S PERSPECTIVE OF NURSING

"We are the voice of the patient."

WHENDE CARROLL

MSN, RN-BC, FHIMSS

OPTIMIZING PATIENT CARE THROUGH TECHNOLOGY & INFORMATICS

CLINICAL INFORMATICS ADVISOR, COMMUNITY FOUNDER, LECTURER

HOW I ENDED UP IN COMMUNITY NURSING & WHY YOU SHOULD THINK ABOUT IT

RN RENEE DUSHANE

NAVIGATING HOSPITAL HOLIDAY PARTIES POST-COVID

ARE YOU A SAD NURSE? HOW TO COPE WITH SEASONAL AFFECTIVE DISORDER IN THE NURSING WORLD

WHAT'S INSIDE...

If you're here for the Insider's Perspective, you've come to the right place. Each week we share stories from nurses in the field and tips on everything from leadership, to mental health. At the heart are our weekly nurse features, highlighting nurses in innovation, education, and at the bedside.

How I ended up in community nursing & why you should think about it
RN Renee DuShane

Navigating hospital holiday parties post-COVID

Are you a SAD nurse?

WHENDE CARROLL

Optimizing patient care through technology & informatics

With nurses needed more than ever before, some are facing the staffing shortage with a new approach: Technology. Whende Carroll is a nursing and informatics specialist who is passionate about utilizing data science and tech to revolutionize nursing. Get ready to learn all about the informatics field in nursing and take a peek at the nursing of the future in this exclusive interview!

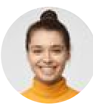
Groups

Rewards

Wallet

Message

New post | Question | Article



NurseDeck is for everyone. Whether you're a student, new to the field, seasoned scrub or retired - our community involves you.

On NurseSocial, you can engage, connect and network with like-minded nursing professionals. Discuss current affairs, get advice from seasoned veterans, and earn and redeem social points to support nurse innovators and business owners.

Photo/Video Post Anonymously **post**

Join the community

Our leaderboard shows which NurseSocial users have been the most active - asking and answering questions, sharing their experiences, and joining groups they want to get involved in. We appreciate each and every one of these nurses for contributing to this growing community. Let's hear it for the all-time top 10!

Katrina Buchholz
7,634

Christina Aylo...
3,546

Carolyn Harmon...
2,590

Mariah Edgington
2,228

Rachel Grace
2,226

Ottamissiah Mo...
1,561

Melissa Sherman
1,520

Divyanshu sing...
1,416

Jennifer Rodri...
1,325

Bern Jennette ...
1,110

Join in at social.nursedeck.com

Apply to join

scrubVerified

Our community advocates are passionate nurses who share their stories with our community and their followers. There are many opportunities you will have as an advocate:

- Be a part of a community that celebrates diversity
- Be a part of a community that values your opinions
- Access to support & guidance from your network of ScrubVerified nurses
- Get free NurseDeck gear monthly
- Your public support of nurses will become eligible for NurseDeck cross-promotion in order to help our aligned missions
- The opportunity to work with us on a long-term basis

How it works:

Entry qualifications:

- Nursing license must be active
- #InTheField submission
- Currently employed in any clinical setting or be a nurse entrepreneur
- Completed volunteer work, mentored or are publicly involved in promoting the well being or advancement of nursing professionals
- Adhere and promote guidelines set by the CDC, WHO, ANA, and your licensing board
- Submit at least one high resolution photo

Meet all requirements? Apply at nursedeck.com/scrub-verified.

How I ended up in community nursing & why you should think about it

By Renee Dushane, RN

My professional experience as a nurse began as many others did: with a short stint in med/surg (the result of giving in to common pressure from faculty and peers). The myth that all new graduates belong on a med/surg unit for at least a year or two was smart, but quickly proved to be just that, a myth. Historic rhetoric made for a one-size-fits-all nurse. After just over two years I had traveled from the acute bedside, to private inpatient, community outpatient, and finally landed in a community nursing position, overseeing care coordination in mental health residential homes, respite services, and those living independently in the community.

When I landed a role I didn't know existed until I applied, I was humbled. I grew my nursing experience by leaps and bounds by expanding the concept of the bedside. It was then I began looking back at the road I had taken in my professional career. A clear pattern emerged, and once I identified it, the idea has driven my practice ever since.

A difficult thing about nursing in the hospital setting was discharge planning. In my role I was not part of case management. If I did have a seat at the discharge planning table, I was not made aware of it nor given the time to participate. Nurses are given the discharge disposition but are rarely contacted for follow-up due to HIPPA. To hear how their discharge experience went meant they were readmitted - which nurses typically deem as a negative outcome. The universal goal is to decrease rehospitalization and avoid overloading our healthcare delivery systems.

"Community care is often comparable to Grand Central Station.

Victory was in the discharge home! Though it was a sweet victory, I found it fading quickly. We had no control over their environment from that point on. Evidence of poor community resources could be seen in their EHR and the need for re-admission. As a self-identified control "freak" I struggled with this back and forth cycle. It felt like there were two sides: inpatient and outpatient. Two different systems strongly coeffective yet deeply disconnected. It wasn't poor care, it was an ineffective machine. Working as a new nurse, these dynamics had me outside the med/surg box and all the way out the hospital doors.

When it inevitably came to seeking new employment, my approach had become thematic. I wanted to find where the illnesses and disparities I was treating at the bedside had originated. Believing so strongly that if you could keep someone from having to be admitted at all, the benefits would be seen across the healthcare system. I was pleasantly surprised to see that the intent of community care systems held this value.

Nonetheless, community care is often comparable to Grand Central Station. With the patient at the center and all of these other providers coming in, stopping for a bit, and then leaving. A parade of specialists including physicians, nurses, therapists, pharmacies, and more. In many ways, it's a larger version of bedside hospital care. So, why hadn't anyone thought, until recently that is, of putting a nurse at the station? Perhaps there's something to the idea of a "community bedside" and having a nurse managing incoming and outgoing needs of a patient in their home. A patient receiving community nursing services has a built-in advocate, care coordinator, insurance expert, and counselor. Increasing the likelihood they will maintain appointments, take their medications as prescribed, and, you guessed it, stay out of the hospital!

If my experience or depiction of community care caught your attention, I encourage you to follow this thread. You may take a community role on day one or take your time like I did. Either way if you chose to enter what I've termed "the eye of the storm" your nursing skills will be as sharp and as valued as they would be anywhere else. If you choose to weather the storm at the bedside, your community nurses are here to support your practice, all hands on deck!

__Renee DuShane__ is a registered nurse and has worked in the healthcare field for over 10 years. With a background in dual diagnosis, substance abuse disorder, severe mental illness, and developmental disabilities, she recently became board certified in Psychiatric-Mental Health. As a nurse, she has been drawn to working at the community level with individuals of vulnerable populations. On a personal level she is passionate about educating the public on issues in the field of nursing. Her downtime is spent watching true crime documentaries with her partner, listening to podcasts, and learning to cook.

Navigating hospital holiday parties post-COVID

By RN Carolyn Harmon
NurseDeck Columnist

The COVID-19 pandemic changed our way of life. For over two years, how we have celebrated holidays has evolved from canceling everything to easing back into a new normal. Lingering anxieties continue to traumatize many as we remember terms like super-spreader events and COVID surges that still feel associated with the holiday season. As we maneuver holiday parties and get-togethers that still seem difficult to enjoy for many reasons, consider these different strategies to navigate hospital parties post-COVID.

Be mindful of the vast continuum of how people feel.

There is still a significant gap in how people feel about getting together post-COVID. Most are grateful life is resuming normalcy. Several still have many concerns. And some still feel paralyzed with fear for a variety of reasons. Many still are operating in a protective mode related to family members who are immunocompromised or in fragile health. Maybe that individual has health concerns that put them at risk or the patient populations they serve. Also, strongly consider that it hasn't been easy for many to reintegrate into our old ways. Be mindful of where others are and how they feel about gathering. Respecting the feelings of others is a meaningful act of kindness and understanding.

Pre-event illness risk assessment.

In a post-pandemic world where COVID screenings seem endless, consider your health before attending events. It seems basic. However, be sure to screen yourself for any illness prior to attending holiday parties and gatherings. If you are feeling ill, perform an at-home COVID test or one at a nearby health facility. It is also cold, flu, and RSV season, so be sure also to consider your exposure to these and take action accordingly. Masking is still an option if you may have been exposed to illness but still feel asymptomatic. If you are the holiday party organizer, remind guests to be considerate of others in monitoring their health. The last thing anyone wants is to

ignite a super-spreader event, especially among hospital parties where one ill individual could significantly affect the health of an entire unit or department. It is better to skip a gathering than to risk spreading illness along with your holiday cheer among your co-workers.

Handwashing and hand sanitizing are still big deals.

As healthcare providers, we all know the value of effective handwashing. Handwashing and sanitizing are the best ways to prevent the spread of germs. Holiday parties can be a cesspool of germs as serving utensils, and other shared items can easily transmit germs. Other shared surfaces, such as tables, chairs, and door handles, can be breeding grounds for bacteria. Posting a fun holiday sign at the party entrance reminding guests to wash their hands and sanitize is a festive way to promote clean hands. Cleaning and sanitizing well before the event is a great idea, and sprinkling containers of hand sanitizer in spaces that encourage use before handling shared utensils are all great ideas. Small, travel-sized hand sanitizers are the perfect gift idea for party favors that can be placed for guests to use and take home.

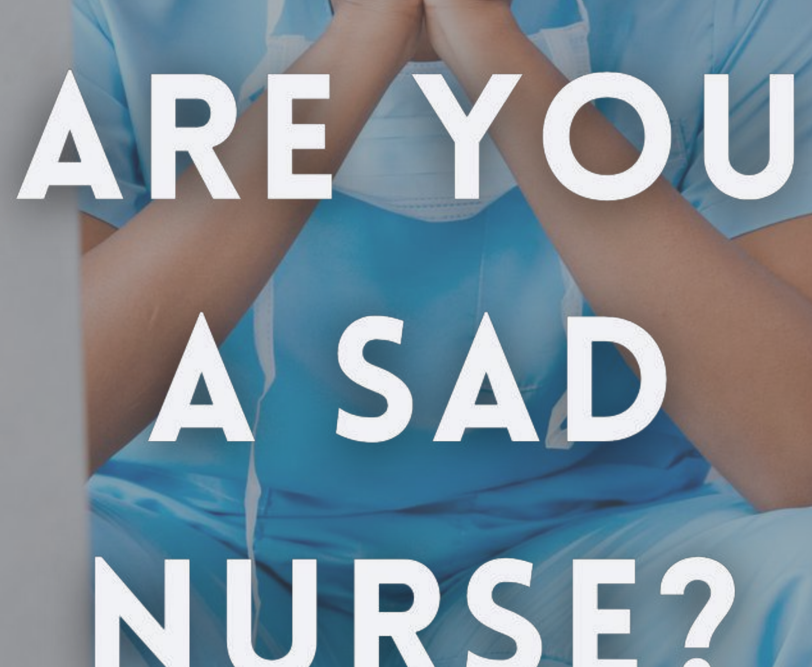
Encourage masks when necessary.
As wonderful as it is to see our smiling colleagues' faces again, masks have made a seemingly permanent place in the healthcare world. What used to be restricted to specific situations and units is still widely used depending on hospitals' revised masking policies and a person's preference. Be sure to check your hospital's policy on this and plan accordingly. Placing a basket of masks and fun signage suggesting use for anyone who feels they should use one at the party entrance is another excellent strategy to mitigate the spread of illness.

Consider small adjustments that make a big difference.
Minimize shared items or find ways to creatively prevent the handling of items that could potentially transmit germs. Disposable silverware, serving ware, and cups are great ways to avoid unnecessary exposure and transmission of germs. Individually packaged and single-use food items are other great strategies to reduce the spread of germs. Disposable tongs are a great way to minimize the direct handling of food by your guests. Place hand sanitizer in strategic areas with a small sign asking guests to sanitize before gathering food or drink items.

In a post-pandemic world, we still must continue to be vigilant of spreading germs to protect our patients, loved ones, and ourselves. Making the holidays fun and resuming normal activities can be easy and safe when navigating holiday parties. During times of frequent gatherings, it is as important as ever to consider all of these strategies to minimize the spread of all illnesses, including flu, RSV, and other respiratory viruses, not only COVID.

***Carolyn Harmon, BSN, RN,** is a nurse columnist with NurseDeck. She has over 24 years of nursing experience. She is currently a Perioperative Optimization Clinic staff and charge nurse. She also has 14 years of knowledge acquired from her role as an adult and pediatric ER and trauma nurse. Carolyn is passionate about mentoring and supporting nurses in all stages of their careers, as well as healthy work environments. Find her on NurseSocial as @carolyn (Carolyn Harmon) and on Instagram as @carolyn_bsn_rn.*

nurse deck



ARE YOU A SAD NURSE?

How to cope with Seasonal Affective Disorder in the nursing world

By RN Breanna Kinney-Orr
NurseDeck Ambassador

Millions of people suffer from Seasonal Affective Disorder (SAD), a transient mood disorder brought on by decreased levels of natural light in the shorter days and longer nights of the fall and winter. This year, researchers expect an even higher prevalence of SAD in a population still reeling in the wake of stress left by the COVID-19 pandemic.

Nurses and nursing students are particularly susceptible to developing SAD due to the long hours we work and the level of burnout already being experienced in our field. Let's take a look at what SAD is (and isn't), what nurses can do to prevent it, and what to do if you think you're already experiencing it.

A SAD state of affairs

As people who live farther from the equator know all too well, they are exposed to less sunlight in the fall and winter months. During these seasons, it's not uncommon for feelings of sluggishness to increase. These urges—to stay homebound and withdraw from one's social life—are colloquially referred to as the 'winter blues.' SAD, by comparison, is a more persistent and invasive form of this disruption.

Also known as 'seasonal depression' SAD was first described by Dr. Norman Rosenthal in the 80s. Predictably, Dr. Rosenthal and his research colleagues found that 10% of New Hampshire residents experienced SAD, as compared to only 1.5% of Floridians. The predominant symptoms are similar to clinical depression and include decreased mood, periods of anxiety, hypersomnia, weight gain from overeating, as well as plunging energy levels. With a distinct onset in the fall and a complete remission by late spring, SAD is differentiated from clinical depression by its seasonal occurrence.

Young adult females with a family or personal history of depression are most at risk for developing SAD. One's job requirements—having to begin work early in the morning, working long hours, having a windowless work environment, and working under intense deadlines—contribute additional layers of risk. In other words, nurses, it seems, have a particular propensity for developing SAD.

To know it, is to dodge it

Theories to explain SAD hypothesize that fluctuating hormone and neurotransmitter levels are to blame for SAD's occurrence. Indeed, both excessive melatonin production and serotonin dysfunction have been linked to SAD. This helps to explain the compelling urge to sleep and the pervasive flat mood that SAD sufferers report experiencing. It also makes a strong case for utilizing prevention strategies to combat SAD from developing in the first place.

Of course, healthy eating, heart-pumping exercise, and adequate sleep are the cornerstones of anyone's self-care baseline. But, purposefully tending to our mental wellbeing can go a long way towards warding off SAD, too. For nurses, that means bolstering our social connections, spending time engaged in activities we love, and keeping our work schedules manageable. For those already prone to depression, that may look like an extra therapy session or two as fall approaches, or a prophylactic medication adjustment before the daylight hours wind down.

See the light

Other theories to explain the development of SAD implicate circadian rhythm dysregulation due to decreases in the eye's sensitivity for natural light. In these cases, irregularities in melanopsin, a retinal pigment, are thought to be influenced by gene abnormalities. In these cases, no amount of self-care would ward off the onset of SAD. What does work, however, is refreshingly simple—morning light exposure.

Light therapy, as defined by the American Psychological Association, involves sitting under a bright light (devoid of ultraviolet rays) for 20-45 minutes every morning during the fall and winter months. Light boxes that emit 10,000 lux can be purchased specifically for the treatment of SAD. For those with a known history of SAD, experts recommend beginning light therapy prior to any symptom onset. If you suspect you may have SAD, paying attention to bodily cues, like increased anxiety and irritability, and/or changes in mood, like feeling lonely or noticing poor concentration can tip you off on when to begin light therapy.

The mechanisms driving SAD are theoretical at best, but the effectiveness of light therapy to offset the loss of natural light during the cooler months definitely points to melatonin as a culprit. Light halts melatonin production, which increases your mental alertness. That in turn promotes appropriate energy expenditure during the day when you need it most, and allows you to have restful and quality sleep. Supplementing with light therapy, therefore, fine tunes your sleep-wake schedule and helps to prevent the oppressive daytime sluggishness so common in SAD.

Other means of treating SAD include diagnosing underlying vitamin D deficiency. Lower levels of sunlight exposure decrease your body's ability to make its own vitamin D. Before taking any vitamin supplement, it's prudent to have your levels checked. (Nurses, you might be interested to know this fun fact: when taking vitamin D3, you should always take vitamin K2 with it. Vitamin D3 pulls more calcium from the foods we eat and vitamin K2 helps to move it along into our teeth and bones where we can use it, and out of our vasculature lest we develop arterial microcalcification.)

Extra SAD buffers for nurses

If you've been dreaming of escaping away to somewhere warm and sunny, consider this your sign to get away in the name of mental health. Executing a vacay with a friend or two to a sunny locale (sorry, getaways with family qualify as 'trips,' not vacations) knocks down every environmental risk-factor for developing SAD by a peg or two.

Taking a much-deserved break from work: check. Daily light therapy: check. Social relationship-fortification: check. Vitamin D production booster: check. Meditating on an actual beach beats hiding from winter in your bedroom with a sound machine, 10/10.

As nurses, we know that an ounce of prevention beats a pound of cure. We can't expect to craft an effective mental health strategy when winter's melancholy is pressing down on us. Remember, stress is extra burdensome for those who experience SAD, so stay vigilant, and spread the word—because when the sun comes back around several months from now, we need every nurse here to welcome it.

__Breanna Kinney-Orr__ has been a registered nurse since 2008. Her clinical background in is neuro, trauma, and ED nursing, as well as nursing leadership. After having two sets of identical twins (yes, really!), she started her career as a nurse-focused writer and content creator. Breanna has a passion for story-telling and amplifying the collective nurse voice. Find her on Nursesocial as @breanna_orr ad on Instagram as @breanna_nurse_host.

INTERVIEW HOST

JAMIE SMITH
RN, NP, MSN
NURSEDECK AMBASSADOR & INTERVIEW HOST

Nurse Jamie hosts interviews for NurseDeck to share stories, resources & guides to help inspire and motivate the NurseDeck Community.

Jamie has been a registered nurse for over 13 years. She is an experienced nurse practitioner with a history in long-term care, medical-surgical geriatric nursing, and clinical pharmacology. She is also an educator and author.

I love hearing about startups. With NurseDeck we have our little patch of dirt at work time, to spruce up and help the nurses' community base. I love that there are people like NurseDeck trying to shake things up because we desperately need it.

WANT TO HOST AN INTERVIEW?

NurseDeck is a community built by real nurses and for real nurses. Our interview hosts know what to ask our featured nurses because they've been in their shoes, and so have you!

NurseDeck is where nurses share stories, resources, and guides to help inspire and motivate other nurses, and inform the rest of the world about the nursing profession.

If that's something you want to be a part of, email julia@nursedeck.com.

WHENDE CARROLL

MSN, RN-BC, FHIMSS

Optimizing patient care through technology & informatics

an exclusive interview

Whende Carroll is a clinical informatics advisor based out of the greater Seattle area. She currently works for HIMMS, a nonprofit based company devoted to changing the healthcare ecosystem. She received her bachelor's in nursing from Seattle Pacific University, and her master's in Nursing and Informatics from Walden University. In 2016, she founded the Nurse Evolution community, made for nurse informaticists to connect with each other. Whende currently serves as a lecturer in the School of Nursing and Healthcare Leadership at the University of Washington Tacoma.

Jamie Smith (JS): Hi, everyone, today we're talking to Whende Carroll. Whende, tell us – how did you get started in nursing? Tell us about informatics.

Whende Carroll (WC): When I was in high school, looking to choose a major and a career, I had been very interested in technology. I couldn't decide if I should go into technology, or nursing, which were my two biggest interests at the time. Ultimately, I chose nursing. So my path into informatics was, throughout my time, in direct patient care, first unit and the cardiac unit. My fellow nurse colleagues and I were experiencing a lot of inefficiencies in the way we were working, it was glaringly obvious to me and this directly affected productivity. Ultimately the care we gave to our patients wasn't as quality as it could be. So I desired to try to be a changemaker in nursing. I started thinking about that early in my career, and then I realized I wanted to move into a non-clinical professional role to impact health and wellness from a different angle, really. So the first thing I did to try to impact or change the inefficiencies and decrease the waste I was seeing was to move to a quality improvement department, because I really wanted to better care delivery, and then processes also for clinicians at large. I discovered I could be a nurse and use technology to impact the quality of caregiving, safety, all of that. To satisfy my love of technology and my love of nursing, I intentionally made a transition into nursing informatics, which I learned about. So it was really a logical choice for me and one I was really excited about. I've really felt the ability to make a difference in healthcare and non-clinical professional roles, which I think nurses take a lot of times, and they feel maybe like they're not giving care to patients because they're not at the bedside. It's really been so rewarding to me. I've learned so much along the way in my informatics career and my nursing career. I just never imagined at the start of my career how much I was going to enjoy it and be able to do the things I wanted to do.

JS: That is really cool. What is the day like? What do you do? Like, do you work in the background of EMR? What exactly is the role about?

WC: Well, there's so many possibilities, and it really depends on the clinical setting you're in. But we also can't forget about leadership, operations and administration, because a lot of healthcare technology is used in that space. Back to the question, "What is nursing informatics?" It's really a unique niche specialty in nursing, where we use data to transform information that leverages different types of technology, and on a broad scope to improve health and health equity, safety, quality, and, ultimately, population and people outcomes. If I think globally, what a day in the life of informaticists looks like, it is being in a setting where you have clinical folks, and then we have our tech folks. So nurses who use technology and nurses in technology as a specialty fill that clinical expertise gap, and serve as master bilingual translators and liaisons between the clinical and technology stakeholders to ensure that healthcare systems help it in an interprofessional way, and teams to provide the best care across the care continuum to patients and their caregivers.

JS: That's really cool. So, when call

schedules are made, or templates for progress notes, do you guys sit in the background? Is this what you guys have been doing? I just don't know it.

WC: Yeah, so we are called upon to be that clinical. For example, an EHR. If you wanted to put a new assessment in an EHR, obviously, you have your electronic health company or system that you're using, whatever that may be, a nurse will sit down with a clinical stakeholder and gather those requirements. What kind of assessment do you want to do? What kind of data points do you want to collect? What kind of information? How do you want it to look? How do you want the behavior of the system to work, and then informaticists go back to the IT department and the developers and they convey that, in that expert way. We definitely have the clinical expertise, but know enough about tech school to go back to the developers. And what's great is a lot of developers in IT now are clinical. So there's a lot of analysts and again, we have our builders. So again, it's truly that liaising between stakeholders, our doctors, our nurses, our physical therapists, our pharmacists, and then taking it back to our engineers.

JS: Yeah. Can you tell us more about Nurse Evolution? What is its mission, its vision?

WC: Sure. Nurse Evolution is an information hub I established for nursing informaticists, and also aspiring informaticists to really increase the understanding of how new technologies, as well as technology in general, also touching on new technologies, data analytics, and how innovation concepts can work together to improve healthcare at large. We aim to help nurses understand the value brought to critical health IT projects, hospitals and clinics, nonprofit organizations, vendor settings, startups and big IT environments as well. Our mission is to guide nurses to catalyze the digital healthcare landscape to optimize individuals' and communities' health. Our vision is to cultivate new ways of caring using healthcare technology we really value, and suggests nurses use a futuristic mindset - disruption, disruptive approaches - to continue to learn and stay involved, and use thought leadership to add to the nursing knowledge base about information, technology, and healthcare, and also informatics. So, it's broad. It's not just learning and having resources, but it's really a way of encouraging nurses to really get out there. And that's the part about improving and transforming the profession as well.

JS: You've mentioned disruptive approaches. What do you mean by that?

WC: Disruptive approaches, getting out of mindsets that reduce risk taking, seeing when thinking about what can be possible – and then having the courage to say, “I want to do this differently.” Nobody else has ever done this before. That's how we've had so many of our inventions and process changes. In healthcare, they've been done by nurses. So nurses are naturally innovative. And we also learn to be in we can also learn to be innovative, we know we have to be very innovative and creative in practice. But then also there's, formal learning for innovation as well. But we can really look at a lot of our tech stars, and see how we can do things in new and different ways and really follow through with it. So that's the disruption. I'm talking about really taking those steps to think differently.

JS: That is really neat. What is your perspective on the evolution of technology related to nursing care delivery in practice?

WC: My feeling on this, from what I've seen, and from the work I've done so far is that we've been slow to transition technology, especially new technologies, into practice. But fortunately, there's really a shift occurring, as nurses have begun to advance the use of health IT in nursing practice, and operations through a few different ways I'll talk about. It's identifying the advantages of health technologies and new technologies. We're also looking at cross industries and how they've applied and adopted technology. There's so much study and literature about that right now. Research to scholarly inquiry of all of these things

"We are the voice of the patient."

is happening now, and has steadily increased over the last several years. So these things have caused a real shift and push, and are giving momentum to advancing health care in nursing even further.

JS: Can you give us examples of these technology applications and nursing practice?

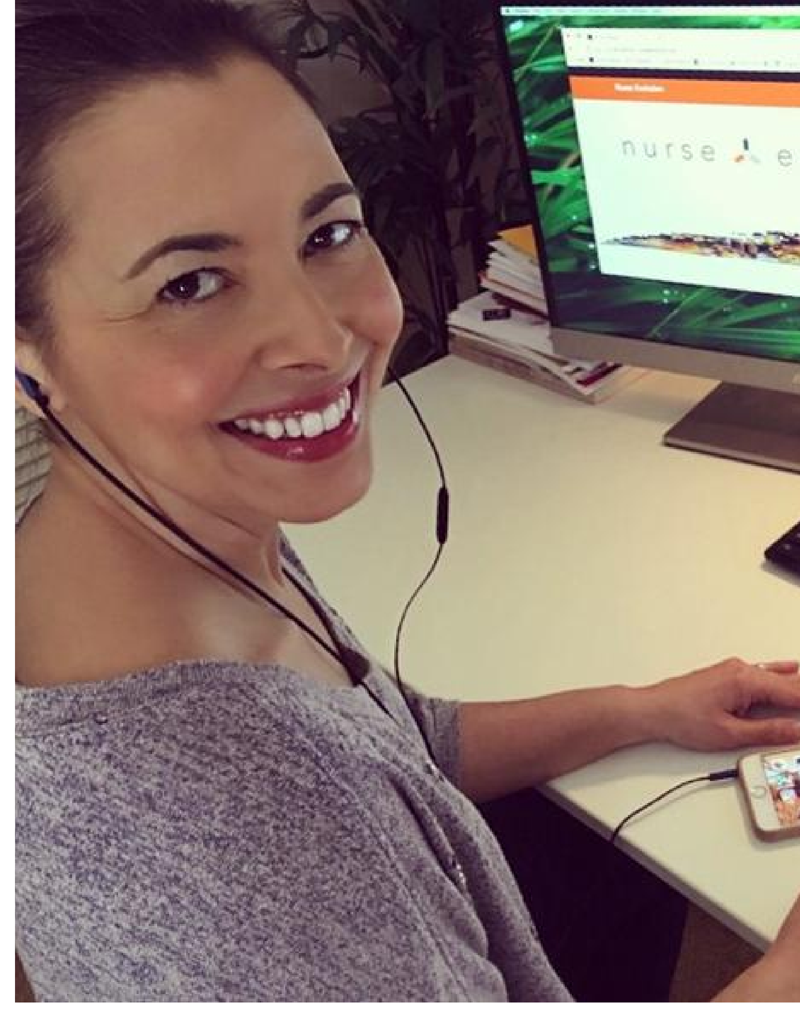
WC: The two that come to mind are fantastic examples of the efficiency and direct patient care and how we can be empathetic with our patients. The first is artificial intelligence. It's really applied within healthcare practices to better understand large volumes of clinical data and identify trends that can lead to better patient outcomes overall. Smart algorithms can be used to predict if an elderly patient will fall. It can also determine the risk of a patient deterioration, such as sepsis or organ failure in critical care settings. So those are real life applications of AI in the hands of nurses today. Also, one that comes to mind is virtual and augmented reality. These types of emerging technologies and immersive technologies are generally used for reducing pain and providing distraction during procedures. Think about burn patients and maybe doing a pediatric IV start. It's also used for education through some simulation activities, and a lot of the ways we see virtual reality being used in gaming. VR can also be used for

patient discharge education at the end of an inpatient stay. You could put goggles on a patient and have somebody do their discharge instructions for them. That's really targeted for the patient based on their needs, and based on what they've been in the hospital for. But I think all of these cases really address the needs for shortage in nursing instruction, with the simulation, and then also practicing nurses right now.

JS: Absolutely. You caught my attention. You gave an example of being able to tell before a patient falls, and knowing if they're pre-septic – how does that work? I would be interested in knowing more about that.

WC: Sure. So as far as the falls go, one thing that has been done and has actually been brought to market using AI also uses a sensor that sits on a wall, and it monitors the patient's movement. It monitors the nuances of the patient, based on the data it's taking in. It's using that data and learning specifically to that patient, their movements, and if their movements are inappropriate or not. They found it's very accurate in predicting any false alarms as well. You can also use that to move a patient – say in a skilled nursing facility – closer to a room. So there you go. You're improving care. That's something that can be done with artificial intelligence. I gave an example of the virtual and augmented reality. Virtual reality, they say, is going to the aquarium; Augmented reality is actually being in the tank with the fish. So there's a lot of great use cases.

JS: Thank you for that. So you edited a book called "Emerging Technologies For Nurses." What is the book all about?



WC: In the last several years in healthcare, there've been a lot of buzzwords, like we just talked about - artificial intelligence, virtual reality, the internet of medical things, and genomics blockchain. So we decided to write a textbook by expert nurses, as a really essential introduction for all practicing nurses and nurse leaders who are making decisions about technology and choosing technology, and also nurses who are teaching health IT or informatics courses. It's really the first of its kind. It talks about innovation, the smart technologies for nurses and the clinical, non-clinical, and administrative settings, to keep up with the quick pace of healthcare. It gives a really in-depth look at the integration of nursing innovation, value-based care models highlighting the value of nurses adopting and using new technologies and data in healthcare today. We look into the future, and also at some societal and political aspects.

JS: You cover a lot! So can you tell us more specifically about the "quadruple aim" mentioned in your book and how you see technology changing our healthcare system?

WC: Sure. So the quadruple aim is a four dimensional framework, developed overall to improve healthcare. Globally, that's put forth by a lot of scholars out there who thought we used to have the triple aim, so now we have the quadruple aim. This was done due to the pace at which health technology is being developed and adopted and used. It's just quickly evolving. There needs to be an expedited need to better manage the patient populations, which is one aspect of the quadruple aim that directly impacts the quality of care and patient outcomes. Another is to reduce costs for everybody involved in healthcare. Another is improving patient satisfaction and engagement, to be engaged in their health. Lastly, to also enhance the well-being of practicing clinicians. That's the new fourth part of the quadruple aim framework. Really, there couldn't be a better time for that. Nurses are key players in driving the imperatives of and impacting value-based care. And we can do it using technology.

JS: You mentioned enhancing the well being of clinicians. How do you think the healthcare industry can further expand and promote the conception development adaptation and the effective use of technologies for nurses?

WC: When I think about this, I think about globally stepping back from technology at first, and looking at nursing overall. I'd say healthcare as an industry needs to first recognize nurses' overall value in the healthcare industry, with a large population of practicing clinicians, therefore, the largest users of tech, in practice. As we know, they are the most trusted profession here in the States. But I think there needs to be more understanding of that. And then I think having the industry really begin to understand the importance and have the knowledge about nurses skills, ability, and then include us in technology projects, where we and patients are the end users of technology. So, patient-centered products and nurse-targeted products and solutions to make sure they're well designed and give us the right outcomes. We are the voice of the patient.

JS: I love that. So what are the challenges for utilizing tech innovations in nursing care and operations?

WC: I think some of the challenges come from a few different angles. They come from our suite – or C suite – level executives. Secondly, new technologies and technology can be very pricey. A lot of it at this time is experimental. So the slowness is due to that dollar-to-value recognition. But knowledge and awareness will improve recognizing the benefits of technology. We've got to use case studies and real world examples, innovation and risk taking, taking a gutsy approach to how we're going to make decisions on these technologies and really lean on informaticists as trusted advisors. We need a more interprofessional approach to design and adoption, meaning nurses need equity in that design, in that input, and the focus of the solutions being nurse-centric, and then also getting technology roles in healthcare. Nurses need to be recognized for that, and they need to be decision-makers. It takes technology literacy, again, leaning on

nurse deck

informaticists, to help the high level leaders and vendors understand the direct benefits of nurses and solutions for nurses.

JS: You said one of the challenges was cost. Before when I asked you about the Quadruple Aim mentioned in your book, you had mentioned reduced cost. So it sounds like you're trying to offset that because it's a problem.

WC: I think so. We can use technology as a means to best reduce waste, be more lean, be more efficient. We can do that by using artificial intelligence to be able to look at patterns in data to see where we can improve. It's an extension of quality improvement. And, as we know, when we're more efficient and productive in the right ways, dollars are going to be saved.

JS: Yeah. Well, it's good you're looking at that. So we all know with this pandemic, the short staffing, the stress we are facing – it's widespread in nursing today. Do you think nursing informatics can also be a solution to these challenges?

WC: Yeah, I do. I think nurses pursue this profession to spend time with patients and do so in the best way possible. That's why we entered this profession. A few ways nursing for medicines can help is by implementing new technologies. We have technologies such as tele-sitting, which is that form of having more of a telehealth approach to monitoring patients who need one-on-one care. That's an example of an informaticists lifecycle implementation that they can do. Also optimizing the EHR by decreasing the documentation for charting automation, such as voice to text. Computer vision can allow nurses to be more hands off the computer - upwards of 20% of the time they're spending on a computer every shift.

JS: What other transformative technologies are you looking to see?

WC: I think one that is going to really come into play, and is also very compelling, is the use of artificial intelligence mixed with virtual personal assistants or VPA's, such as Alexa, or Google's assistant. What this type of technology does is it enables nurses to be able to leverage the two together to care for people, let's say special needs degenerative diseases, such as in the elderly, and then also monitoring diseases in ambient environments, remotely and from a distance. It's more than just saying, “Alexa, tell me, when it's time to get my medication.” It goes beyond voice commands. Because using data that's pulled from those conversations, AMI applications can really begin to expertly anticipate and proactively address people's needs, adapt to their changing conditions, determine patterns, and make predictions and recommendations to inform and enhance what we do in decision-making in a patient's home, but also in clinical settings.

JS: Any message for nurses and embracing the use of technology and nursing care?

WC: I do have a call to nurses about that. I would ask nurses to look beyond the electronic health record technology only and its documentation benefits, and ask themselves, “What else can make us be more productive? And how much of my time is being spent not being productive?” And with these ideas and these activities, be open to new

emerging technologies being used widely in our industries. I keep coming back to AI because I think automation is definitely vital and magic for inefficiencies. Other industries use AI in our industry to improve in documenting care, but also improving workflows, especially decreasing those low value tasks. The workflows would be more streamlined, medication administration, how we manage our supplies on our units, food delivery. We touched on leaders, staffing solutions, such as for scheduling, and also using data to develop high performing care teams, which is very intriguing to me. We're going to start doing that with AI.

JS: Yes. It's interesting you brought up scheduling. That's what I was asking before - would you be a part of that? It sounds like you would be.

WC: Absolutely. I was actually thinking about staffing scheduling. Because there's ways to predict how many patients will be able to come into a clinic, or a hospital based on data that is in and outside of what's happening in the clinic or the hospital walls. And with that, you can predict your staffing ahead of time,

you won't have those call schedules, you won't be short staffed, you can also improve the quality of your care if you look at those patterns, and you can tell what is not standard, what is standard. A lot of people are using that with high accuracy right now.

I think we all just need more health tech literacy.

JS: You mentioned the quality of care again - that you don't have to be at the bedside to improve quality of care. That's like a big takeaway from this. Is there a topic you would like to talk about that has not been yet discussed?

WC: Yes. I wanted to talk about the digital health, literacy and trust that nurses have and really don't have the understanding- the foundation of healthcare technology today. And how we can best use it is key to furthering our digital health and

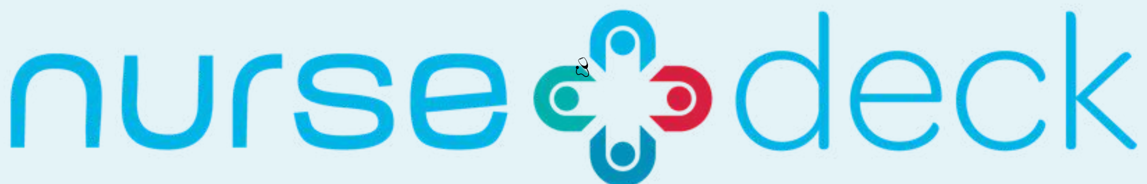
connected care, which is somewhere we need to get next out of the hospital walls. Nurses and patients lack health tech knowledge, and many times because of distrust, and use and storage, and tech system behavior, such as those algorithms that drive AI and computers and devices. There's some irony to this – and opportunity. Because in our everyday lives away from patient care and operations, we welcome and we count on this type of persuasive technology to send us alerts, make recommendations about health, and look into health diagnoses. If you think of health tech, you know we get alarm fatigue, we hear a lot of sounds, we get a lot of flags and our EHRs. But this type of digital flag is needed in healthcare settings and administration to really guide the best actions through what we call the clinical decision support piece. I believe if we trust digital suggestions in our personal lives, we can also do that in practice. We all just need more health tech literacy about this. So we can teach it to our patients, learn it ourselves, and then have more of a world of global activity.

JS: It's obvious you're knowledgeable, you are passionate. I am confident people are going to want to learn more about nursing informatics. Where would you start?

WC: I would start with looking into becoming a technology superuser in your place of practice. Even in those non-professional clinical roles, such as quality improvement or infection prevention, there are opportunities to be involved in becoming one of the experts in how technology is used in those settings. And then there's formal education – getting an academic degree. You can get undergraduate and graduate degrees. Education now tracks in informatics and health technology and even emerging technologies such as artificial intelligence. I also believe with that thought leadership and adding to the knowledge base, you can be involved in organizations and initiatives that exist right now. In our country, there's the Health Information and Management Systems Society, HIMSS, that's a great organization. There's also the innovation organization called Soft Skill, which can teach you in nurse innovation concepts, and you have a really tight knit group, who you can work with to get your ideas across, of course. There's also the nursing knowledge, Big Data Science Initiative, that is specifically pinpointed on nurses learning about data and analytics. They're making strides around the country and globally about how we're looking at several different aspects of nursing and becoming better at using data. It's just a fantastic initiative. That's a resource I would love to see nurses be more involved in.

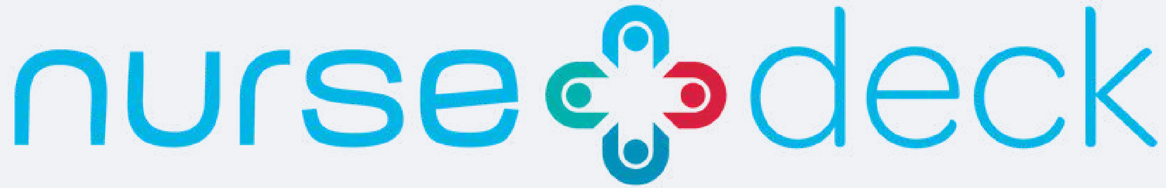
JS: Thank you. What are your thoughts on community? How do you think nurses can benefit from the NurseDeck community for nurses?

WC: When I first learned about NurseDeck, I was really astonished about how beneficial it is to nurses. I feel like it it's a means to build comradeship and resiliency. In my opinion, the platform is so effective today, because we use it in so many other ways. I'm also very excited to see the platform itself is nurse-led. I especially like in NurseSocial, that there are groups that focus on nurse entrepreneurship, which is nurse innovation at its finest. Nurses are very interested in that topic and want to be business leaders. I think that's a terrific resource.



Nurse Product Directory

NAME	Product	Learn More
Lorna Brown, LPN	Career Coaching Services	lbcareercoaching.services
Richard Darnell	Travel Nurse Rich - Private Membership Group	social.nursedeck.com/group/travel-nurse-rich-private-membership
Melissa Sherman, RN	Magical School Nurse Designs	www.magicalschoolnurse.org
Netra Norris, RN	Mental Savvy Nurse Program	netranorrisemprise.com
Drue Bailey, RN	Revitalize: mind • body • soul - coaching	revitalizelife.teachable.com
Lexi Jay , MHA, BSN, RN	The Corporate Nurse	thecorporatenurse.co
Kym Ali, RN	Kym Ali Healthcare Consulting Firm & Membership Program	www.kymali.com social.nursedeck.com/group/kym-alis-membership-program
Keith Carlson, BSN, RN, NC-BC	Nurse Keith Holistic Career Coaching	nursekeith.com
Theresa Brown, RN	"The Shift: One Nurse, Twelve Hours, Four Patients' Lives" & "Critical Care: A New Nurse Faces Death, Life, and Everything in Between"	theresabrownrn.com
Mykyla Coleman BSN, RN	"I AM FIRST: A Guide for First Generation College Students"	kylakrafts.com/products/i-am-first-a-guide-for-first-generation-college-students
Janet Celli, RN BSN	CPR Associates of America	cprassociates.org
Tilda Shalof, RN, BScN, CNCC	"A Nurse's Story"	www.nursetilda.com/books
Diane Cannon, DNP, MHA, RN	Xapimed (competency tracking app)	xapimed.com
Lauren Harback, LPN	Built Bar ambassador (CODE: laurenh for discount)	built.com
Susan J. Farese, MSN, RN	"Poetic Expressions in Nursing: Sharing the Caring"	sjfcommunications.com/author-shop



A COMMUNITY OF RESOURCES BUILT FOR REAL NURSES.

Where nurses share stories, resources & guides to help inspire and motivate.

"When you're a nurse, you know that every day you will touch a life or a life will touch yours."
—Unknown

MEET THE TEAM

NEVILLE GUPTA
Founder/CEO

JULIA TALIESIN
Chief Multimedia Editor

SARAH VALENTINE
Editorial Assistant

GABRIELLE DIDATO
Program Manager, Influencer Marketing & Partnerships

LAKESHIA BATES
Senior Project Manager

SUZANNE METCALF
Public Relations Specialist

LESLEY KOROMA
College Partnership Manager

nurse deck

Hey nursing student - Have you applied for the NURSEDECK GO AWARD?

The NurseDeck Go Award is an opportunity for RN/BSN students in financial need, who have completed their freshman year of college/university in the nursing program and are enrolling in their sophomore year. Sophomores, juniors, and seniors can apply. It is a competitive application process. The award is a one-year, $1,500 non-renewable opportunity for second year and above nursing students who have a go-getter mentality, excel through adversity and financial hardships, and display a commitment to the nursing field. However, they may need financial assistance in helping them pay for their required nursing supplies and student nurse association membership fees.

You are eligible if you:

- Have a 3.0 GPA or higher
- Interested in pursuing a degree in nursing
- In financial need to continue and complete their nursing education
- Currently enrolled as a second-year nursing student in an accredited two-to-four-year college or university in the U.S.
- An active member of your college or university's chapter of the student nurse association organization and community

How to apply

- Create an official NurseDeck account
- Submit an official college transcript
- Submit a photo of your college or university ID card
- Submit a list of your honors, awards and certifications (if applicable)
- Submit a one-page essay; tell us about yourself, your experience using NurseDeck, nurse related activities and what you hope to achieve as a nurse in your professional career after graduation (500-700 words max. and doubled spaced)
- Submit one letter of recommendation (on college, university or business letterhead) The letter should be from an educator and/or professional from school (teacher, counselor or employer) or a representative from the student nurse association chapter of your college/university
- **Email all documents to scholarship@nursedeck.com. Applications are being accepted on a rolling basis at this time.**

NURSES SUPPORTING AND INSPIRING TOGETHER

We're here to nurture a trusted community by empowering nurses to connect, network and share through a built social space where trust, authenticity and comradery are valued.