Nurses’ Perceptions of EHRs, Clinical Judgment & Communication

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Background:
- Nurses need to quickly process information to form clinical judgments, communicate with the healthcare team and guide optimal patient care.
- Electronic Health Records (EHRs) offer potential for enhanced care but also introduce unintended consequences through changes in workflow and information processing needed for clinical judgment and communication.

Purpose:
The purpose of this qualitative portion of a larger mixed-methods study was to explore nurses’ experiences using selected EHR tools and self-made work lists, and their impact on clinical judgment and effective communication.

Conceptual Model:

Tanner’s Clinical Judgment Model
Dimensions of Noticing, Interpreting, Responding, and Reflecting

Methods:
- Qualitative portion of a mixed-methods study
- Interviews, Observations & focus groups
- Interviews were transcribed and coded by both investigators. Content analysis identified themes.
- Credibility- triangulation of methods; Dependability- audit trail, detailed descriptions; Transferability- purposive sampling
- Setting: 2 Midwestern hospitals in the same healthcare system using the same EHR
- Sample: 11 ICU and med-surg floor nurses

<table>
<thead>
<tr>
<th></th>
<th>Hosp 1</th>
<th>Hosp 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Age</td>
<td>25-54</td>
<td>31-49</td>
</tr>
<tr>
<td>% BSN</td>
<td>85.7</td>
<td>50</td>
</tr>
<tr>
<td>Years working</td>
<td>1.5 - 35</td>
<td>8 - 13</td>
</tr>
<tr>
<td>Years w/ EHR</td>
<td>1.5 - 15</td>
<td>1 - 7</td>
</tr>
</tbody>
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Results:

**Accessing Information:**
- Finding the Information [Hard/Easy / Multiple ways to find]
- How Information is Displayed [Location, Autosave]
- “I do love this because it is so easy to find the notes. All the notes will show up here... I want to see what has happened since yesterday, I can just find my last note and read everybody else’s. So it’s great.”

**Organizing Information:**
- My organization supports my thinking “[Customize EHR] You can customize your home list ... I had other people help me set up the different columns and you can arrange it in any order you want... I don’t want [it] cluttered ... there are things here that you could add... I do like the icons.”
- [Self-made work list]... when you get used to doing it a certain way, ... it is challenging, especially for those of us older nurses, to be told this is now the approved method and you will use this.

**Comfort with Using and Customizing EHR Tools**
Knowing how to use EHR helps me find information, [How to Use it Better / Shortcuts; Still Learning / Excited]
- “…we are all still learning the system. You know, it is a year old, but you are overwhelmed in those first few months... Now that we all have learned, we know how to find our way around ... I think people are more willing to ... process the additional information. ... you know this much about the system. Let’s take it to the next level so you can make it work better for you.”
- Conform – Don’t Change It
- “[RN1] I wouldn’t even know how to answer that [how to redesign tool so it works better]. [RN2] We’re like robots. We conform. Whatever they give us to conform to... You just learn to use it.”

**It’s Not all Good… or Bad**
Supports Clinical Judgment; Helps me avoid Errors
- “I go into this care plan ... find out … which problems have been resolved and which haven’t I can check this to see what I still have to do but these have all been done. This helps me to see what has been done and what has not been done / taught”
- Helps Communication [Nurses, Team]
- “…that is what I use the most and during the course of the day you just go to notes to see, because a lot of the times the doctors don’t tell you when they are here or what they saw… this is all notes so I can look at the physician’s notes, dietary, whatever…”
- Interferes w/ Clinical Judgment / Communication [Can’t find or too little information; Too much effort or time to use]
- “I would make the labs more user-friendly... Especially something that is in process, it doesn’t show up... you have to go and find the actual order and click on that and then that tells you if it is in process or if it is completed. You can go to chart review and select the labs tab but that isn’t any easier. So labs is very difficult compared to what it used to be. Our physicians would be able to see what we see and now they can’t it’s different.”

Conclusions:
- Nurses from the two hospitals expressed different levels of satisfaction with the EHR tools’ ability to support their clinical judgment and communication.
- One group [Hosp 2] felt the need to conform to what was presented to them, while members of the other group [Hosp 1] felt more comfortable customizing the EHR to better fit their needs.
- Nurses noted variability in how tools are used and tension between personalized information, organization/display preferences, and effective communication.
- Nurses reporting more training, knowledge and experience with EHR tools felt more comfortable using tools to support nursing work.

Acknowledgements: Special thanks to Jean Greiner, RN llbrak2@ilstu.edu