Introducing ClinicalKey for Nursing

WITH SO MANY QUESTIONS IN NURSING TODAY, HOW DOES YOUR STAFF FIND THE ANSWERS THEY NEED?

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Today’s Agenda:

• Situation Summary
• Introducing ClinicalKey for Nursing
• Product Demonstration
Situation Summary
Nursing Staff Reference Challenges

• Hospitals provide many information resources to all clinicians, including nurses.

• However, the nurse’s workflow creates unique challenges to their easily accessing the answers they need:
  – Workflow doesn’t allow time for in-depth searching.
  – Much of the information nurses read doesn’t cover providing nursing care. Nurses’ information needs vary greatly from physicians’ information needs.¹

So, where do nurses turn for answers today?

Many consult multiple systems, including pharmacy, skills, reference

Many turn to colleagues

Many use a search engine


The result is variable care

Often outside policy.
How do Direct Care Nurses and Nurse Educators use reference tools?

• Direct Care Nurses and Nurse Educators use reference very differently

• Direct Care Nurses need immediate “how-to” and “what to look for” answers.

• Nurse Educators want to look at several sources, read multiple content types, and develop the best answers to a complex question.

1Research conducted by the Elsevier Clinical Solutions product team in 2014 consisted of observations, interviews, and surveys with several direct care nurses and nurse educators.
The reference product must work for both

• Direct care nurses use Google to satisfy clinical information needs:
  – Easy, efficient and current

• Nurse educators need a way to bring the content:
  – Into practice
  – In presentations
  – To share
  – And more
Clinical Scenario

An 82-year-old male lives at home alone in an apartment and has had a two day history of a temperature of 100.8°F, weak cough, lethargy and mild wheezing.

His family members check on him in the morning and in the evening, but they have recently noticed increased shortness of breath, lethargy, decreased appetite, and two falls in the past month -- one happening yesterday.

He has a laceration to his left shin from the fall.
Clinical Scenario: Patient information received by Nurse

Patient is admitted to hospital with right lower lobe pneumonia

<table>
<thead>
<tr>
<th>Medical Hx</th>
<th>ER findings</th>
<th>ER Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Blood pressure: 158/81</td>
<td>Albuterol nebulizer treatment</td>
</tr>
<tr>
<td>COPD</td>
<td>Pulse: 108</td>
<td>Pt placed on 4l of oxygen</td>
</tr>
<tr>
<td>Hyperlipidemia</td>
<td>Temp: 100.2</td>
<td></td>
</tr>
<tr>
<td>Smoking (1/2 ppd for 65 years)</td>
<td>RR: 24</td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>pulse oximetry: 84% on Room air</td>
<td></td>
</tr>
<tr>
<td>Medications at home:</td>
<td>Blood cultures x2</td>
<td></td>
</tr>
<tr>
<td>Atorvastatin 40 mg qhs</td>
<td>CBC and BMP: blood work shows a WBC of 19000/mm3</td>
<td></td>
</tr>
<tr>
<td>Lisinopril 40 mg daily</td>
<td>Chest x-ray- shows Right lower lobe infiltrate</td>
<td></td>
</tr>
<tr>
<td>Advair inhaler 2 puffs BID</td>
<td>EKG- wnl</td>
<td></td>
</tr>
<tr>
<td>Albuterol inhaler as needed</td>
<td>ABG</td>
<td></td>
</tr>
<tr>
<td>Metformin 500mg BID</td>
<td></td>
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</tbody>
</table>
Nursing Care for this Patient

**Medications**
- Ceftriaxone 1 gm IV q 24 hrs.
- Azithromycin 500 mg IV 1 24 hrs.
- Acetaminophen 650mg PO or PR q 4 hrs. for mild pain or Temp >100 as needed
- Albuterol 2.5mg/Atrovent 0.5mg q 4 hrs.
- Atorvastatin 40 mg qhs po (22:00)
- Lisinopril 40 mg daily po (10:00)
- Sliding scale insulin
- Heparin sodium 5000units q8hr sq.
  (06:00-14:00-22:00)
- NSS 100cc/hr x2l
- Once cleared by speech:
  - Atorvastatin 40 mg qhs po (22:00)
  - Lisinopril 40 mg daily po (10:00)

**Diagnostics**
- Sputum c+s induce if necessary
- Accurate intake and output
- CBC and CMP in am (blood work)
- Cardiac monitoring
- I and Os Q shift (CCU is q1hr with vitals)

**Nursing Procedures**
- Place Foley catheter
- IV flush q shift
- Daily weight before breakfast
- Daily dressing changes to left shin

**Physical Assessment**
- Vital signs q 4 hrs.
- Physical assessment q 4 hrs.
- Accu checks QID (7:30am-11:00-16:00-21:00pm)
- Hourly rounding and assess pain

**Care Coordination**
- EKG in morning
- Speech consult to evaluate swallowing in am
- PT consult
- Case management consult
- Pulmonary consult

**Personal Care**
- Bath in in the morning
- Mouth care q shift
- Reposition q 2 hrs

**Patient Education**
- Smoking cessation
- Information on all meds
- Information on all diagnosis
- Information on all diagnostic or other procedures

...and documentation for every action listed above.
# Nursing Information Needs related to this Patient

## To perform care for this patient (Direct Care Nurse)

### Nursing Procedures
- How to perform
- How to modify for this specific patient
- Complications to monitor

### Physical Assessment
- What is needed for this patient’s conditions?
- Complications to monitor

### Patient Education
- Information to share with patient

### Diagnostics
- How to prepare the patient
- How to perform
- How to modify for this specific patient
- “Panic results” and what to do

## Personal Care
- How to modify for this specific patient

## Care Coordination
- How to prepare the patient
- What information is pertinent to each consult

## Medication Administration
- Indication for each med
- How to administer, including compatibility
- Adverse reactions and related symptoms

## To define care for this patient (Nurse Educator)

### Information to drive policy for:
- Foley Catheter insertion
- Pain management
- Creating successful smoking cessation programs
- Identification and management of fall risks
- Infection control
- Minimizing risks for readmission
- Among others
What must an effective solution for nursing answers include?

• To provide the right nursing care, direct care nurses must have easy access to the information and tools to enact policy in patient care.
  – “What are my hospital’s instructions for inserting chest tubes?”
  – “Is this really the right dosage?”

• To create the right nursing policy, nurse educators must have easy access to the best nursing evidence.
  – “What is the best falls scale to use?”
  – “What precautions are the most effective against CAUTIs?”
Impact

• When direct care nurses don’t have easy access to the information and tools to enact policy in patient care, they ask a colleague. Or, turn to Google.
  – It’s difficult to ensure consistency of care when nurses consult a variety of information sources.
  – It’s difficult for direct care nurses to follow hospital-prescribed skills when they can’t review the steps at the bedside.

• When nurse educators don’t have easy access to the best nursing evidence, their policies may not have the same clinical impact.
  – A falls program built around an outdated falls assessment tool may not be as impactful as one built on the latest research.
Introducing ClinicalKey for Nursing
What is ClinicalKey for Nursing?

Quick access to the right answers to drive Nursing care

- **Authoritative content** when and where it’s needed in a clean, mobile-friendly design that helps improve productivity
- **Information at the right level** – actionable answers to drive patient care AND deep dive into literature to inform policy
- **Smart Search** to recognize relevant clinical concepts -- including acronyms, synonyms, related treatments, drugs and more-- and return the right answer, quickly

<table>
<thead>
<tr>
<th>What’s in ClinicalKey for Nursing</th>
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<tbody>
<tr>
<td>✓ 50+ reference books</td>
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<tr>
<td>✓ 50+ journals</td>
</tr>
<tr>
<td>✓ 550+ videos</td>
</tr>
<tr>
<td>✓ 300+ Procedures Consult videos</td>
</tr>
<tr>
<td>✓ 65,000 images</td>
</tr>
<tr>
<td>✓ 175 + Disease Topic Pages</td>
</tr>
<tr>
<td>✓ Clinical Updates</td>
</tr>
<tr>
<td>✓ Labs</td>
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<tr>
<td>✓ Evidence-based nursing monographs</td>
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<tr>
<td>✓ 2,900+ drug monographs</td>
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<tr>
<td>✓ 680+ practice guidelines</td>
</tr>
<tr>
<td>✓ 8,600+ patient education handouts</td>
</tr>
<tr>
<td>✓ ClinicalTrials.gov database</td>
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<tr>
<td>✓ Fully indexed MEDLINE</td>
</tr>
<tr>
<td>✓ Core Measures</td>
</tr>
<tr>
<td>✓ Scales</td>
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</table>
What does ClinicalKey for Nursing do for your nurses?

*Delivers answers to impact patient care*

- **Increases time with patients** by reducing the number of places nurses need to look for concise, nursing-focused answers.
- **Promotes consistency of care** by supplying answers consistent with information in other clinical information systems, such as skills, drug, patient education.
- **Maximizes quality of care improvements** with nursing-specific information based on established benchmarks and standards.
- **Builds knowledge and increase autonomy** with information that is directly relevant to your nurses’ daily activities and needs, and can be directly applied to patient care.
Increases time with patients

Reducing the number of places nurses need to look for concise, nursing-focused answers

- **Information** on labs, conditions, drugs, patient education, skills, and even deep-dive reference all in one place means your nurse can spend time with the patients instead of trying to get into multiple systems.

- **Concise lists of nursing actions** for conditions, labs, and drugs, along with links to other information critical to caring for the initial condition.

- **Mobile app and mobile-friendly design** allows nurses to access on desktop, phone, or tablet.
Increases time with patients

Reducing the number of places nurses need to look for concise, nursing-focused answers
Promotes consistency of care

Supplying answers consistent with other clinical information systems, such as skills, drug, patient education

- Skills consistent with your hospital’s skills from Elsevier’s Clinical Skills; even including any customizations made by your institution to ensure your nurses’ skills questions receive the same answer, no matter the system accessed

- Extensive drug coverage consistent with the drug data included in ClinicalKey and Clinical Pharmacology powered by ClinicalKey, ensuring that all of your providers has access to exactly the same information reducing the risk of conflicting drug data

- Patient Education handouts are consistent with patient education handouts in ClinicalKey and Clinical Pharmacology powered by ClinicalKey to ensure that the information your patients receive is consistent across the care team
Promotes consistency of care

Supplying answers consistent with other clinical information systems, such as skills, drug, patient education
Maximizes quality of care improvements
Supplying the best Nursing answers to drive policy-related research and the tools needed to turn answers into policy

• **Deep evidence from authoritative sources** from among the best names and content that is indexed daily ensures every decision made is based on the best, most current evidence

• **CMS core measure sets and case studies** help nurses understand established benchmarks and standards, ensure patient safety, and bring evidence-based nursing to the bedside

• **Features for content utilization**—save content, tag it, share tags; all designed to make the content work for policy
Maximizes quality of care improvements

Supplying the best Nursing answers to drive policy-related research and the tools needed to turn answers into policy
Builds knowledge and increase autonomy

Giving nurses actionable content empowering them to act quickly

• **Concise lists of nursing actions** for conditions, labs, and drugs, along with links to other information critical to caring for the initial condition

• **Deep dive into journals articles, textbooks, clinical trials, and even Medline** to allow nurses to gather in-depth knowledge of topics as needed

• With Clinical Updates, nurses have **quick access to best practice clinical articles** that are focused on specific patient care areas and offer current, relevant, and practical care tips and techniques
Builds knowledge and increase autonomy

Giving nurses actionable content empowering them to act quickly

Dose adjustments

A reduced total daily dose of acetaminophen may be appropriate in patients with hepatic impairment or active liver disease. A reduced total daily dose and longer dosing intervals may be appropriate in patients with a CrCl less than or equal to 30 mL/min.

Compatibility

Manufacturer states, "Do not add other medications to solution. Incompatible with diazepam and chlorpromazine. Do not administer simultaneously."

One source suggests the following compatibilities.

Solutions:
D5W, NS.

Y-site:
Buprenorphine (Buprenex), butorphanol (Stadol), cefoxitin (Mefoxin), ceftriaxone (Rocephin), felodipine (Plendil ER), furosemide (Lasix)
Simply put, ClinicalKey for Nursing empowers better nursing care to achieve better patient outcomes.

- Evidence-based nursing information from sources you can trust
- Everything in one place (Concise answers, deeper content, drugs, skills, articles, etc.)
- Information that reflects your hospital’s nursing procedures
The ClinicalKey Reference Suite

• **ClinicalKey**, **ClinicalKey for Nursing**, and **Clinical Pharmacology powered by ClinicalKey**—are three of the most authoritative clinical reference tools available.

• ClinicalKey: Evidence-based answers for improved outcomes.
• ClinicalKey for Nursing: Fast answers to maximize time with patients.
• Clinical Pharmacology powered by ClinicalKey: The fastest access to the most current, accurate and clinically relevant drug information.
Product Demo
Questions
Thank you!

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