Individual Project Plan

[Name of the Writer]

[Name of the Institution]

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Introduction

For the successful completion of the proposed practicum project, there is a need to resolve the problem identified in the nursing documentation. It is a vital issue because it produces a negative impact on the current criteria of the collection of important data related to the patients. The criteria comprises of the bar-coding, late documentation and patient portal. Secondly, the recording of incomplete data by the nurses regarding the family history of patients and not educating them on important issues was further creating several problems in their treatment. The comparison of the two departments in order to identify the pattern of errors which requires correction is also one of the options. The data collection is a vital task in this case. Therefore, all these issues are going to be the major areas of study for the current proposed practicum project.

Goal Statement

The goal of this research is to provide an effective solution related to the documentation of important medical data.

Project Objectives

The main goal of the practicum project is to recommend a solution related to the current problem experienced by the nurses. During the review of the literature, it was realized that the implementation of a proper electronic data recording system is a critical need. This issue can be resolved only after taking a major step that refers to the implementation of the EHR System. The

ultimate goal is to make the meaningful use of the HIT (Health Information Technology) for nursing and patients (Thompson, 2011). My project objective is to have a proper definition related to the criteria needed for the collection of health information. Eliminate the problem of bar-coding and have proper process in carrying out an identification of the data. Timely completion of procedures would not lead to unnecessary delays while executing the tasks. Provide educational tool and workflow standardization for nurses and encourage nurses to exert maximum effort in recording the data of the patients.

Evidence-based Review of the Literature

The literature is an important requirement in addressing the current problem in the best possible manner. The recommendation of using HIT (Health Information Technology) in order to have a meaningful result for nursing and patients was a critical aspect. The ambitious program developed with the help of "Health Information Technology for Economic and Clinical Health Act "(HITECH) had the basic purpose of recommending the usage of Electronic Health Record (EHR) Technology. It became necessary for the health care providers to use EHR technology for improving patient's care and also receives incentive payments for adoption of certified EHRs. The major objective is to have a proper definition related to the criteria needed for the collection of health information. This in turn will improve population and public health outcomes. It is certainly a step forward for making health reforms in order to seek better quality and better health at lower cost (Karen, 2011).

The importance of the healthcare reforms has increased considerably over the past several years. It has become the top priority for many healthcare institutions in order to address patients' needs in the best possible way. In the past, health care professionals used health care information

systems for managing and sharing financial claims data. Though, nurses working in the hospital also need a technological based system to improve clinical efficiency (Wilkinson, 2011). This would in turn result in enhancing communication, preparation of the strong evidence and the elimination of any unnecessary aspect that was causing problems in the nursing workflow. It mainly occurred because of the inappropriate work schedules, high amount of interruptions, lack of accessibility towards important information and missing necessary supplies and equipment. Secondly, the reduction in costs which usually happens because of the inefficient work mechanism is also a major objective (Casey & Egan, 2010).

The contribution of Pam Cipriano, a Nurse Scholar-in-Residence has been tremendous by developing a clearer understanding regarding the usage of HIT by nursing. This will help nurses in performing their job effectively and efficiently. One of the most important facts in this whole case is that the role of nurses is vital for engaging in the data collection and reporting exercise. The documentation of the nurses matters a lot for the patients because they have information related to the important medical procedures that includes physical exams, test results etc. The implementation of the EHR method will help the nurses in having electronic documentation that will also cover the traditional aspects of the data. Though, some future measures might be needed for further making this system for effective for the patient. In this way, nurses are going to have more skills in managing the EHR system (Murphy, 2011).

Hospital Characteristics in terms of EHR

Over current years various health care corporations have made the decision to transfer from paper based patient records to computer based patient records. There are several individuals who believe that there are too many safety measures and privacy problems that can be produced

with the use of a computer program to maintain medical records. Nonetheless, those individuals who believe in the switch also believe that such a change allows for health care providers to provide more efficient care for their patients in the long run. A concise justification in respect of what an Electronic Health Record (EHR) is, it is said to be electronic documentation of patients' health data shaped by one or many appointments within health care facilities. The data incorporated in an EHR are the patient's demographics, progression notes commencing from prior states of health, any and all medical matters; including what medication the patient is presently receiving or has received in the past, the patient vital signs, all the patient's past family medical histories, any immunization, along with both all laboratory and radiology results dealing with the patient's health. With nearly every computerized system, there are both advantages and disadvantages, and in the same aspect, it is the same when it comes to keeping EHRs updated (Sassen, 2009).

Auditable Use of EHR

The continuity of care for the patient at hand is of utmost importance. There are various rewards to using EHRs within a medical facility. One solitary benefit is that storage capacities are increased. Over time, computer systems are developing bigger hard drive storage space which allows for more physical storage space by switching to a computer based system. A subsequent improvement is that the EHR systems are able to be accessed from many scores of remote locations by several different healthcare workers at the same time. It is so simple to make sure that electronic records are constantly updated with correct patient information. These sorts of computerized record system also make available more ideal billing statements, along with allowing medical providers to submit claims electronically. This specific method allows for

physicians to receive payments for services rendered sooner than later. As there is much compensation for EHRs, there are also drawbacks (Blumenthal & Tavenne, 2010).

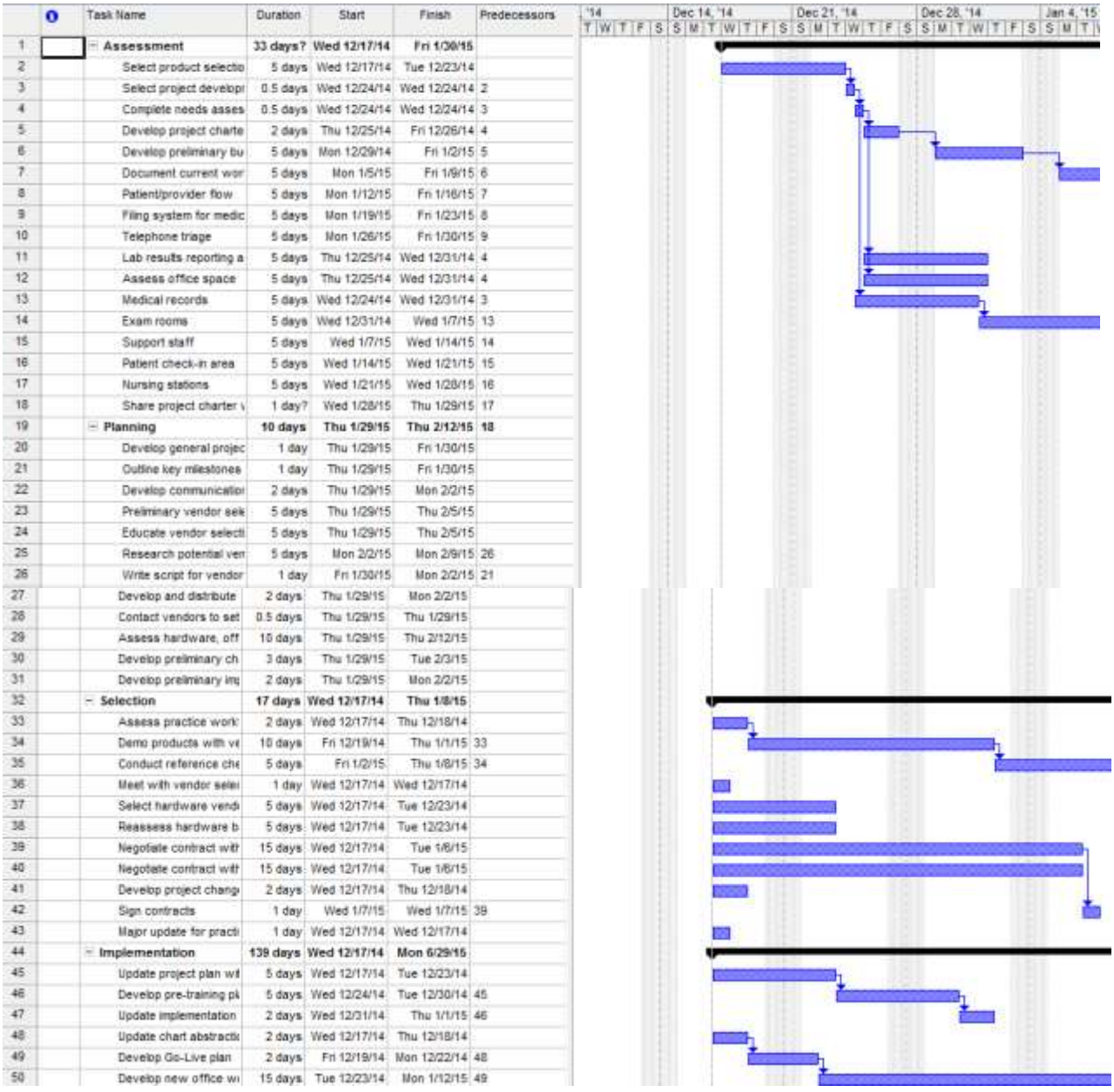
Today, physicians are the principal users of electronic records, when in the olden days it was used by just the office's clerks. One shortcoming of an EHR computer system is the initial beginning operating cost of such a refined system, this can be expensive. Another fallback is the extensive training, it is best if its users have a complete knowledge base of the technology, such training courses for personnel can be expensive as well. Another defeat of EHRs is how an office sets up the equipment within the office to help protect their patients' confidentiality, and the portability of such equipment must be taken into consideration too (Ludwick & Doucette, 2009).

Post-implementation of EHR

As the environment of medicine is forever evolving so swiftly, more demands by government for practices to integrate EHR systems has increased tremendously. The coordination of a patient's medical records can be a tricky thing, keeping them up to date and where they need to be at all times. It is said that on average a patient can have around eleven different health records floating around in the healthcare industry. This is due to people moving locations, or just wanting to change their healthcare provider and most probably because over the life of a person they have a number of different ailments which would mean they need to see different clinics that specialize in the particular area of need and commonly records are not shared between the different treatment physicians. This is all cleared up with electronic health record, because the help with integrating the clinical viewpoint of all the different physicians seen and also facilitate care given by the implementation of medical terminology. This is a key

factor as medical terminology is universal and helps express what the clinical tests and physicians are viewing for comparison and treatment (Murphy, 2011).

Project Plan



	Task Name	Duration	Start	Finish	Predecessors
1	**Assessment**	**33 days?**	**Wed 12/17/14**	**Fri 1/30/15**	
2	Select product selectio	5 days	Wed 12/17/14	Tue 12/23/14	
3	Select project developr	0.5 days	Wed 12/24/14	Wed 12/24/14	2
4	Complete needs asses	0.5 days	Wed 12/24/14	Wed 12/24/14	3
5	Develop project charte	2 days	Thu 12/25/14	Fri 12/26/14	4
6	Develop preliminary bu	5 days	Mon 12/29/14	Fri 1/2/15	5
7	Document current wor	5 days	Mon 1/5/15	Fri 1/9/15	6
8	Patient/provider flow	5 days	Mon 1/12/15	Fri 1/16/15	7
9	Filing system for medic	5 days	Mon 1/19/15	Fri 1/23/15	8
10	Telephone triage	5 days	Mon 1/26/15	Fri 1/30/15	9
11	Lab results reporting a	5 days	Thu 12/25/14	Wed 12/31/14	4
12	Assess office space	5 days	Thu 12/25/14	Wed 12/31/14	4
13	Medical records	5 days	Wed 12/24/14	Wed 12/31/14	3
14	Exam rooms	5 days	Wed 12/31/14	Wed 1/7/15	13
15	Support staff	5 days	Wed 1/7/15	Wed 1/14/15	14
16	Patient check-in area	5 days	Wed 1/14/15	Wed 1/21/15	15
17	Nursing stations	5 days	Wed 1/21/15	Wed 1/28/15	16
18	Share project charter v	1 day?	Wed 1/28/15	Thu 1/29/15	17
19	**Planning**	**10 days**	**Thu 1/29/15**	**Thu 2/12/15**	**18**
20	Develop general projec	1 day	Thu 1/29/15	Fri 1/30/15	
21	Outline key milestones	1 day	Thu 1/29/15	Fri 1/30/15	
22	Develop communicatior	2 days	Thu 1/29/15	Mon 2/2/15	
23	Preliminary vendor sele	5 days	Thu 1/29/15	Thu 2/5/15	
24	Educate vendor selecti	5 days	Thu 1/29/15	Thu 2/5/15	
25	Research potential ven	5 days	Mon 2/2/15	Mon 2/9/15	26
26	Write script for vendor	1 day	Fri 1/30/15	Mon 2/2/15	21
27	Develop and distribute	2 days	Thu 1/29/15	Mon 2/2/15	
28	Contact vendors to set	0.5 days	Thu 1/29/15	Thu 1/29/15	
29	Assess hardware, off	10 days	Thu 1/29/15	Thu 2/12/15	
30	Develop preliminary ch	3 days	Thu 1/29/15	Tue 2/3/15	
31	Develop preliminary imp	2 days	Thu 1/29/15	Mon 2/2/15	
32	**Selection**	**17 days**	**Wed 12/17/14**	**Thu 1/8/15**	
33	Assess practice work	2 days	Wed 12/17/14	Thu 12/18/14	
34	Demo products with ve	10 days	Fri 12/19/14	Thu 1/1/15	33
35	Conduct reference che	5 days	Fri 1/2/15	Thu 1/8/15	34
36	Meet with vendor selec	1 day	Wed 12/17/14	Wed 12/17/14	
37	Select hardware vend	5 days	Wed 12/17/14	Tue 12/23/14	
38	Reassess hardware b	5 days	Wed 12/17/14	Tue 12/23/14	
39	Negotiate contract with	15 days	Wed 12/17/14	Tue 1/6/15	
40	Negotiate contract with	15 days	Wed 12/17/14	Tue 1/6/15	
41	Develop project chang	2 days	Wed 12/17/14	Thu 12/18/14	
42	Sign contracts	1 day	Wed 1/7/15	Wed 1/7/15	39
43	Major update for practi	1 day	Wed 12/17/14	Wed 12/17/14	
44	**Implementation**	**139 days**	**Wed 12/17/14**	**Mon 6/29/15**	
45	Update project plan wit	5 days	Wed 12/17/14	Tue 12/23/14	
46	Develop pre-training pl	5 days	Wed 12/24/14	Tue 12/30/14	45
47	Update implementation	2 days	Wed 12/31/14	Thu 1/1/15	46
48	Update chart abstracti	2 days	Wed 12/17/14	Thu 12/18/14	
49	Develop Go-Live plan	2 days	Fri 12/19/14	Mon 12/22/14	48
50	Develop new office wo	15 days	Tue 12/23/14	Mon 1/12/15	49

References

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