In this modern world, data is very much used to solve a problem, if there is any issue in an institution then they will gather all the data relevant to that issue and try to resolve the issue. Because of EHR and other data systems we can gather a lot of data that hospitals use to manage and analyze (Sweeney, 2017). Electronic surveillance promises to make our task more objective and efficient in this era of new financial and regulatory imperatives. (Sanger et al., 2018). Having access to medical records is crucial for healthcare professionals to ensure that their patients are receiving the best care. I work with the critically ill neuro population, and we rely on the data to identify the cause and solve the problem whether it is CLABSI, Hospital-acquired pressure ulcers, or CAUTIs. Since I am one of the CAUTI auditors in my organization and the neuro population is at high risk for getting CAUTI I would like to bring up CAUTI to the discussion board.

**Description of Scenario**

CAUTI is a common issue we can see in all healthcare institutions that greatly affects patients and the organization. It is one of the costliest healthcare-associated infections, it contributes to the death of up to 13,000 patients and costs at least $400 million annually. (Perrin et al.,) Critically ill neuro patients are at 2-5 times higher risk of getting CAUTI because of increased use of foley catheters due to neurogenic urinary retention. Because of this increasing CAUTI rates we have created a urinary catheter audit tool where we gather information from at least 3 patients that has foley each week and document it under the Nursing quality site, This tool consists of yes or no questions where yes means they are compliant with foley protocol if the nurses are not compliant with the protocol, and they click no, it immediately sends alert to the nurse who is taking care of that patient and the CAUTI auditor, then the auditor can immediately educate the nurse and give constructive feedback. This is also reviewed by quality improvement staff and Nurse managers on the unit every 2 to 3 months.  They will assess all the data that was gathered to see if any improvement must be done, what are the things we are not doing right, and what is that we are doing right so that we can continue to do the right thing and come out with different ideas if it's not working.

**Clinical reasoning and Judgement.**

With a thorough examination of documentation practices, Nurse leaders can come up with a set of rules that can identify positive and negatively asserted symptoms of CAUTI. The sources of error and suggestions for more computable future definitions can be identified and discussed based on the data collected. Leaders can use clinical reasoning and judgment with the knowledge they obtained from data collection. Because of the information provided via data, leaders can apply their knowledge, think in action, and reason as a situation changes over time.

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 RESPONSE1:

Hi Laura

You brought up an interesting as well as an important topic. Adverse reactions to a medication can lead to life-threatening complications and even death, so as a nurse we have to be extra careful as we are the last person to approve the medication before administering it, and this can be verified via previous records. Enough data is needed to see if the patient has an adverse reaction to the medication or any component of the medication so that Nurses can see if the patient can get that medication or not. This can prevent life-threatening complications and even death and this is all possible because we have access to all the data. So, I feel like When healthcare informatics is involved in the development, the healthcare team can deliver a strong and safe product to the patient and the organization. (Sweeney, 2017). When healthcare providers have access to a complete picture of a patient's health history, they can offer a thorough treatment plan. If the patient data is not shared between doctors, researchers, and hospitals, it holds back development and can cost lives. The Electronic health record is becoming an integral part of health care as it transforms health care service quality, facilitates patient decisions, and improves health care members satisfaction. Accurate information we get from EHR enables physicians order entry as well as measures clinical validity that will ultimately upgrade the quality of patient care therefore this is very much crucial during diagnosis and therapy that benefits both medical and legal practices too. (Adane et al., 2019)

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RESPONSE2:

Hi Megan,

Thank you for this informative post, Hospital falls can lead to life-threatening complications, so fall prevention strategies are essential in preventing falls in healthcare settings. Hospital-acquired falls are a common condition reported in hospitals and has been estimated that 700,000 to 1 million falls occur in US hospitals each year with associated estimated medical cost of 50 billion US dollars. (Robert et al. 2018) Morse fall scale, the commonly used fall score works based on the scores low, moderate, and high documented on patient electronic health records. Prevention strategies are targeted at those most at risk. The use of semi- and fully automated approaches with expert clinical knowledge over expert or data-driven-only approaches can significantly improve identifying patient, clinical, and organizational risk factors of iatrogenic conditions, such as hospital-acquired falls. Electronic health record data provides opportunities for new approaches to identify risk factors associated with hospital falls. Documented information in EHR will be automatically integrated and embedded into electronic patient records and include new algorithms for decision support systems. (Naglea et al.)

**References**

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