**Discussion 11**

When we need to make a choice, the ethical issue arises, we might not have clear answers or we might not have options that are ideal which will result in moral distress, can decline in quality of care, and not a good relationship with the clinical personnel. Nurses as well as other medical staff consult with nurse managers for appropriate ethical decisions therefore Nurse managers come through a lot of ethical issues in nursing due to their leadership and mentoring roles.

Ethics is a kind of lens we use to identify issues and a lever used to formulate and motivate best practices. (Goodman, 2020) In the scenario mentioned the relationship between ethics and public policy represents the greatest challenge that can be faced by Nurse informatics. In this case, as a Nurse Informaticist, I would not adjust the report so that it would look better before the next review because, in today's digital world, the patient has access to their medical records 24/7, and they can track the time everything was done for them or their loved ones, I think it is both unethical and against the policy to adjust the report. Doing so, we can lack the trust of our patients and families, according to healthit.gov, If our patients lack trust in Electronic Health Records and Health Information Exchanges (HIEs), they feel that the confidentiality and accuracy of their electronic health information are at risk, they may not want to disclose their health information which might lead to life-threatening consequences. When patients trust us and health information technology (health IT) enough to share their health information, we will have a more complete picture of patients’ overall health and together, we and our patients can make more informed decisions.

Policy compliance and ethical practice can be maintained in this scenario by bringing the clinical context to system design. Informatics nurses can engage the appropriate subject matter experts, clinical and operational end users, and other stakeholders in requested projects and initiatives. They can come up with solutions such as hiring more staff to speed up the time patient is taken to the Cath lab, establishing a policy of time management such as the patient must be seen by the provider within this amount of time, Scans must be done within this amount of time and Patient must be taken to the catheterization lab within this amount of time. This must be in the policy and must be followed by everyone. If this is not followed by the responsible party, then getting an alert a few minutes prior to the finishing time can alert the responsible party. Nurse informatics serve as lead innovators and entrepreneurs for the advancement of nursing practice using technology, information, and communications. Informatics nurses engage the appropriate subject matter experts, clinical and operational end users, and other stakeholders in requested projects and initiatives. By not adjusting the time, Nurse informaticists can ensure that data and information quality remain crucial aspects of current and emerging analytics and resulting outcomes.

I would go in the above-mentioned direction because if just adjust the time and don’t address the problem, this might happen again in the future which will result in a delay of emergency care and we won't be able to know the reason behind that can harm the patient and hospital reputation.

Nurse Informaticists play an important role in educating clinical and technology leaders on proposed and final regulations to support overall healthcare strategy and compliance activities. They can conduct basic and applied research to improve the design, implementation, and use of technology, data, information, and communication solutions in health care delivery. Informatics nurses apply usability and design principles to minimize negative impacts and maximize positive impacts. (ANA, 2021)

**References:**

ANA. (2021). The scope of Nursing Informatics Practice - Ana enterprise. https://www.nursingworld.org/~49c602/globalassets/catalog/book-toc/nursing-informatics-3e-sample-chapter.pdf

Goodman, K. W. (2020, August). Ethics in Health Informatics. Yearbook of medical informatics. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7442522/

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**Response1:**

        Hello Matthew

        I think I am also on the same page with you. I would never alter data or reports so that it will look good on the next review. I feel like if we alter the data so that it will look good in the computer then we won’t be able to find out the real cause of why the treatment is not working. It can be challenging to pinpoint the definitive cause of error in certain situations but it is important to evaluate strategies that can be used to mitigate and prevent these adverse events from occurring in the first place.

         Root Cause analysis of why the benchmark was not met can improve patient safety and optimize process flow and outcomes. (Singh et al., 2023) Mortality due to cardiac issue such as STEMI is influenced by different factors and one of them is delay in treatment and the delay can be patient related, system related and procedural. (Toledano, 2023) Altering the time that is beyond the standard also falls under delay in treatment that no one will know until and unless there is an investigation.

**References:**

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         Toledano, B. R. F. (2023, August 1). *System delays and Target Points: An analysis of the st-elevation Mi Response Programme in a single centre*. Radcliffe Cardiology. https://www.japscjournal.com/articles/system-delays-and-target-points-analysis-st-elevation-mi-response-programme-single-centre