Annotated Transcripts | Data

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IN4MATX 281 User Needs Analysis
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Ruby 0:29
I am a graduate student at UC Irvine. And studying human computer interaction design part of this program is understanding people in service through observing and interviewing. I would like to know more about communication and technology used at your place of work. To be clear, I'm using this data for academic project and none of your information will be shared outside the class discussion. And because of the nature of the medical field, I'll be asking questions in a general context, and focusing on the intercommunication within your place of work.

Okay, so my first question is kind of a more open ended one, and that is what is your role and your general responsibilities?

Nurse 1:14
Okay, so I'm a staff nurse, or, you know, I'm an RN. But so I work as a staff nurse. So which means I take care of patients. And in my role, I work in a it's called a special care nursery, which is like a step down from, NICU so I take care of newborn babies that, you know, have to come to our unit, for some reason. To be there, premature, they're sick there, but they have to meet our criteria, weight criteria. And you know, that can't be to need too much high level stuff, or I'll say we'd be transferred out that just my chat.

Ruby 1:56
Wow, that's amazing. So it's not exactly a NICU like Intensive Care Unit?

Nurse 2:06
Right. Um, so NIC, and I see us our level of level three level four level depending on what they do a four would be the highest one, they do surgeries, they do everything to a baby. So we have a couple, they're like a children's hospital you know, kind of thing. So I work in a small step down kind of a thing with requirements of a baby's under 1.5 kilos, they have to go out there too little. If they need to need to be on event we can have a baby on event for a little bit but they can't be completely on event all the time. So it's things like that there's certain different things that we we couldn't then keep a baby we have to tend to set it up to higher level care.

Ruby 2:59
Oh, wow. Okay, so you're the patients quote unquote that you work with are solely babies and not mothers?

Nurse 3:11
Just the babies Okay, okay. Oh wow. Sounds a lot you know, obviously teach them Yeah.

Ruby 3:17
Wow. Okay, um, so my next question is do you have a typical day at work or do they vary greatly depending on the day?

Nurse 3:32
I yes, they in my case are all, Okay, so some days can be lighter. Let's say it's all things sort of work every day but they can range from a light day maybe I have one baby two babies. They're not you know, they're like a lower acuity to a day where because I also go to deliveries I guess I should tell you that I go to a lot of deliveries so any baby that sort of high risk we can accompany the nurse practitioner to the delivery you know some babies we know for sure we're gonna get so you know we can have a day where we have a lot of admissions we have some you know rushes in she has a baby right away. It's you know, we know we're going to get a kit, this kid can be really little tiny preme have to go on, you know, like what we call it vapor therm or high flow oxygen. You know, it depends. So there might be more, let's say emergency sort of stock for more admissions in a day, which makes my day a lot heavier. Yeah. Higher acuity acuity. But I it's all baby care. You know, like if I was called to the ER, a two week old baby had come in, I had to go with a nurse practitioner. We do go to that to you. The baby does not stay in our hospital. But we had to resuscitate the baby and the baby went out. But yeah, so Wow. Yeah. Yeah. So baby did okay. Good. All this virus going on right now now COVID other stuff. Yeah.

Ruby 5:20
Oh, like one with newborns?

Nurse 5:23
Yeah, it's RSV. It's a very common virus. Cold and a newborn gets it. It's bad. Yeah. But yeah, yes. We have a lot of it right now in hospitals, children's hospitals.

Ruby 5:39
Wow. Yeah, that's it..

Nurse 5:41
But my unit is just any baby born in labor and delivery comes to our unit. It is not a baby goes home get sick. Like say that baby. It doesn't come into our unit. Okay, we all take. We're not like that. We are just newborns that are just like, let's just say clean. They haven't been out in the world yet. We really call it that they're clean. They're not infected.

work with nurse practitioner

COVID

RSV virus

Ruby 6:09
Oh my gosh. Yeah. Wow. Okay, um, now I have more questions related to the technology use at work. So, in general, how is technology utilized?

Nurse 6:28
Okay, so in general, every nurse has to our charting is all on computer. So we have medical charting, EMR electrical medical charting, I think they call it or the you know, every patient's chart is in a computer you know, in the computer. So you know, every time I take care of a baby to end even infant care it has to be charted their vital signs of feedings there you know, what I did there assessment is all charted. Any interaction is charted in computer. So, you know, I signed myself to my patients, I go into their chart, there's a various, you know, like different types sorts of pages. I forget what they call them, what pages are airy, you know, that we chart we have when you admit a baby, you do this whole lineup of admission charting. When you discharge a baby, you do, all kinds of discharging, teaching. Yeah, that's, we use Cerner or power chart is our program that we use, but there is another big one I forget what it's called, that other people use. That's supposed to be really good, too. I think it was a bit. I know my friends who works at ******** they just started it supposed to be really good. Little more people friendly. But, yeah, so there's a couple of main ones. You know, software. Yeah,

Ruby 8:16
Yeah. And how is this done? On what devices or their computers in each room? Are you using iPads?

Nurse 8:24
We have, okay, so we have a variety. So we have computers like PCs, computers, laptops and sit there. At our desk, we have 1-2-3 at our desk, we have a back desk, there's one in the back. Our you know, our nurse practitioner has one in their office. Then we have like, we call them wow with which are wireless on wheels I think is what they stand for. Like hospital they have a while. Like it's like a laptop connected to wheels, like connected to like a table that rolls. So you can roll it into the room and then plug it in. And then if you have to ask questions. Say a baby gets admitted we usually have a W-O-W in that room. Because we we have to scan medicine is another big deal. I forgot about this one. Okay, so our computer has a scanner. So you have to scan every time you give a medication, you have to scan the patients band, then scan the medication. So that you know it's the right patient and the right medication that's ordered that you're giving.

Ruby 9:45
Oh wow.

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electrical medical charting

everything is charted

charting software

PCs, computers, laptops

wireless on wheels

scan medication

every medication scanned in

Nurse 9:46
Oh yeah, everything is scanned in so it's easier to scan a patient's band when you're have a laptop in the room. Yeah. Yeah. So you'll see like our unit we have some we can scan some at the desk too, but a lot of units feels the nurses going around with rolling laptops

Ruby 10:09
Wow. And those are taken from room to room essentially, or just roll around one room?

Nurse 10:17
Room to room. Yeah, we have a few of them, we have a small unit. So we have a few homeowner units.

Ruby 10:29
Wow, is there any technology that negatively impacts your workflow or like general areas that you could see that need improvement?

Nurse 10:42
Okay, I would say anything that makes charting faster, I know that all other software program is quicker. So like, when you assess a patient, say, you know, and if things had not changed the next time he says the patient, you can just say unchanged, so it's quick, or you don't know he said of like, you know, because a lot of times I have to write things down. You know, like vital signs, I don't remember them. When I go to chart thumb, like, bless you chart right away, like you have a computer right there next to you right away, you know, so it's almost like, I'm double doing my work, I'm writing it down, and I gotta go sit down and type it into a computer. You know, some things, I think when computers started, as opposed to when when we would, you know, just have, you know, we would actually, we had like, clipboards, and we would just write everything down, we wouldn't put it into a computer. You were doing it once. Yeah, it was done. You know, now, I got to put it all into the computer. It does take more time. But, you know, I mean, if you could dictate it all, you know, I know, doctors do dictate, and it gets put right in. I guess there's some level of that too. You know?

Ruby 12:09
Okay, that's interesting. I never thought for dictation. What do you know, in general? What are what cases the doctors would use that versus the nurse? Or the the nurses don't have access to that?

Nurse 12:24
Right, they don't have enough of, they don't have enough of that, you know, Yeah. Yeah, it's just because, like, it's I mean,

laptops, rolling laptops

smaller practice

charting faster

unchanged status

writing down on paper, then going to computer

clipboards to write

doctor's use of dictation

need for more technology resources to reduce redundant workload

computers, you know, computer in each room, they you can have a handheld computer. We did try that first, like a tablet. It was so small, like to use a pencil and, like, carry it around with you. And I don't know, we kind of people were still using the other bigger computers, you know? Yeah. It's just, yeah. But I'm sure everything will be there always. You know, they're always advancing things.

Ruby 13:21
Definitely.

Nurse 13:24
Yeah. So you kind of get your own method that's gonna work the fastest for you.

Ruby 13:35
Yeah. That you, you figure it out for yourself how to leverage the technology as you're working.

Nurse 13:59
Okay, so when they have new forms that come out, like, if they're changing the software, we have to have little inservices on it. Yeah. But other than that, you know, like that we have modules all the time. And like in our emails, you know, they're like, Okay, you gotta look in this module on this. Blah, blah, they're changing this form, whatever. Yeah, it's always layout. Yes. And they always come around, you know, we, there's actually nurses in our hospital. There's actually a specific nursing degree that and I forget what it's called, informatics, so there's that, can go on and get a degree in informatics or whatever that is. So they work they actually help in a hospital to help medical charting. But you have a nursing background to do that.

Ruby 14:59
I did not know that.

Nurse 15:01
Yes, there is, So we have informatics person. Actually we, yes with, we just got a new now that you, This is an example. So we have a new form. So we can chart on babies that are going through withdrawal. We do have babies that go through withdrawal. Yeah, so we didn't, we had a specific form because we switched the way that we evaluate them. We went to a different type of an evaluation process or it's a little bit simpler. It's hard to explain like, before we use this sort of scale, now we use this sort of scale to evaluate the whether they have to go on more morphine or not. Okay, so now it's more like can they sleep? Can they eat? Can they are they able to be consoled and so on, you know, it is a little simpler. But anyways, so it's called eat sleep console. So now we have these new eat sleep console forms that are in our computer. So, yeah, before we had to go through this other way to chart on it.

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use of tablets and pencils

develop own methods to adapt to technology

software updates

modules and emails to showcase software updates

informatics nursing degree

specifics to medical charting specialization

informatics and charting evaluations

scales for evaluations

updated forms for charting

Ruby 16:21
So it it simplified the process then, of that charting?

Nurse 16:28
Oh, yeah, yeah.

Ruby 16:33
That's good to know, um, the department that I'm in for school, the broader department is called the Department of Informatics. So that's interesting that it can be applied specifically within other fields such as nursing. That's cool.

Nurse 16:53
Yes. Yeah, there is nurses that can go on and get I assume it's a master's or another degree that, so they become that role in the hospital, we have a few of them. I know, one particular **** went out, okay. For instance, I used to be on a pharmacy committee. So I represent Bacuna worked pediatrics. So I was, so they had one person from every unit on the committee, like adult units, everything. And, you know, pharmacists were there, and they talk about blah, blah, this layout, whatever. And when they needed to have a change within the medical within the computer charting. You know, say they brought out a new sort of mat, or they wanted to chart it differently. Like that. The informatics nurse was at the meeting. It was on the committee to help to make the form. So just kind of how to prop it up. Yeah, so being a nurse, she knows what's involved in taking care of the patient. So yeah, wow, that is a degree and go and get it. Or like, I could do that. Yeah.

Ruby 18:06
Yeah. Okay, thank you for answering those questions about technology. Okay. I just have a couple more about just general communication within work. So, do slash how do doctors and nurses communicate during the duration of a patient's stay?

Nurse 18:37
There verbally, okay. But I'm going to make an addition on to this.

So, we do have a computer aid. Since this was an interesting thing. I used it the other day, actually, that rolls around. It's like, goes on a long pole. And it's like a big computer screen, flat screen. And touch screen. It's called a Marty. I don't know if you've heard of them already.

Ruby 19:09
No, I have not.

Nurse 19:11
So it's, I think it's M-A-R-T-T-I or M-A, each letter stands for

different committees to have specializations

master's degrees

informatics nurse in medical charting updates meeting

touch screen computer

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something. Okay. And we have a few of them. So we share with labor and delivery. So what it does is it translates so we have a I have a mom from Costa Rica. And we had expected she had pretty good English and stuff, but we were explaining a lot. So one to make sure with her child, she was understanding it all so the doctor was in the room. We got them already. And then you just pick what language you need. And then the person it's like, it's like face timing. Somebody the person just comes right up on the screen. So and so from? I can speak this. So then Yeah. So then the person the man speaks to the screen and the different language and then the Doctor will speak in English. And then the lady said it all in Spanish. Yeah.

Ruby 20:07
So it's having a virtual translator right there in the room to communicate with a mother?

Nurse 20:10
Yes yeah.

Ruby 20:12
That's really cool. So that you said it shared with labor and delivery? And then that I would assume wouldn't be utilized much within the just the area with the babies.

Nurse 20:29
We use it with a, yeah. You know just parents Yeah, take child, you know, like, it's usually if you want explain a lot, like, I mean, explaining a little sometimes you can get away with stuff, just you know, but like, we went through different testing on him, for certain reasons, he was having some symptoms, and we're like, a you're the mom was very concerned. You know, it was a little more of a explanation. And a lot of times if you're teaching like discharge teaching, or if you're admitting a patient, and you want to find out some history, like, you really need to ask them a lot of stuff. So you need to really should have a translator. I mean, we have, she happened to be Costa Rican. But there is, we have a big Japanese environment by us. And we do have some Japanese interpreters in the hospital. But I mean, they're not always available. So sometimes we use them already. Or an actual person we have here with our hospital. Yeah. And then, yeah.

Ruby 21:47
Wow, that's really cool. Yeah. I'm sorry, I just lost my train of thought, um, when you're using that, to communicate, Do you? Are there any, like, ethics that you can think of are like, where you would draw a line and be like, Okay, we need to use this technology, or, like, we need to have someone to communicate based on the severity of the medical testing that needs to be done.

essentially facetimes the translator to communicate between doctor or nurses and patient

interpreters physically present

Nurse 22:27
Yeah, so um, do you mean using a translator? Or are you saying, you know, or? You mean, some more books me in some form of privacy? Like, I'm not sure what you're getting it?

Ruby 22:45
Yeah. Or you said, some, sometimes we need one. And sometimes we don't that is, is solely based off of just how well they speak English or making sure that they're fully aware of the testing that's going to be done to their child?

Nurse 23:01
Yeah. You know, some of them have a really big, you know, we call it language barrier. Some have a huge barrier. Some of the little you can tell why, because this mom was there a lot. And how she was answering me and different things. I was like, no. You know, I just want to make sure she's gotten this. Yeah, yeah. Yeah. Yeah. Let's just put it that way.

Ruby 23:31
Yeah. Um, okay. My next question is, how is technology utilized in communication between doctors and nurses? And or is? Oh, you answered that kind of already. It's mainly verbal, right?

Nurse 23:51
Yeah. Yes. Okay. Yes. It's totally verbal. I mean, you know, like, sometimes you have to call them if they're on call or you know, or, you know, over the phone, but it's verbal, it's not, yes. If you rarely, you don't text them or email them or, you know, it's verbal, either on a phone or in person. You know,

Ruby 24:18
What about between nurses to other nurses?

Nurse 24:22
It's verbal, okay. Yeah.

Ruby 24:29
Let's see. I think that is pretty much all of my questions here. Do you have any? Oh, my last main question was more personable. What is your favorite part about your day?

Nurse 24:52
Um, well, my favorite part would be, you know seeing the babies. Of course they, In the different babies and how they are and, you know, interacting with the parents and teaching them and stuff, you know, every situation is going to be trickier than others. And again, the parent how they are with the baby, you know, but yeah, seeing the baby improve. Yeah, I have goals in my head, the beginning of the day like this baby. You know, hopefully I can get

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language barriers

understanding medical procedures to be done

verbal communication with doctors

don't text or email them

goals set for patients

this baby off the I-V. Hopefully I can get this done today with the baby how they. And you always wanted to go forward. So, yeah.

always have positive momentum

Ruby 25:42
Wow. Um, and one more that I just thought of I was interested in this process when you, I guess the verbiage would be, discharged a child? Is there any paperwork or documentation that goes to the parent?

Nurse 25:58
Yes, you print out. You know, it's our discharge form, And it has education, it has, you know, their follow up visits through meds or whatever the baby needs. The plan is when they go home, blah, blah, blah, you know, a few things that went on while they were there. Discharge Summary. But yeah, it then gets printed out and you give it to the parent.

forms are printed out and handed to patients

Ruby 26:29
Is there a way, is there like patient portals where they can access that later on or solely printed?

Nurse 26:39
That No, no. It's not affiliated with a portal. Like, like, Acension does have portals but it's more like when they go to take their child to a pediatric pediatricians office. Okay. They'll have a portal. But they're because if they go to a private pediatrician that's affiliated with our hospital, they could probably, they can those doctors can access the information that went on when the kid was in the hospital.

patient portals

Ruby 27:16
Oh, like access all of the charting progress. Yeah.

Nurse 27:20
The history when a baby is born, you know, the doctor's rate. It's called a history, you know, a health history or maybe a physical in history, you know?

Ruby 27:36
Okay. Yeah. Is, have you ever found that, pediatricians reach out for further information, or it's mainly the charts and they go off of that?

Nurse 27:49
They go off of charting a lot. They read histories all the time, they get a new baby a new this and that they'll always look back in the histories. Doctors read a lot of histories on babies. What is in all their medical background.

patient history

full medical background

Ruby 28:10
What are the, I guess in general, the main points that go on these charts, things I would assume, like height and weight, or is there

more than that, that, that pediatricians always refer to?

Nurse 28:24
Oh my gosh. Oh, wow. Like the whole history of the mom. Oh, okay. Like, like, okay, for instance of the gestational age when the child was born, were they a 38 week or a 39? Week or a 30? Were they born? You know? Like, did mom have an infection when the baby was born was there you know, did that what were the Apgar scores? I mean, you probably don't know what that is. But that's the baby come out. They, we score baby when a baby first comes out, like how their heart rate is how fast they're moving, how their flexion is how if they're very low. That means a baby came out came out pretty floppy. Oh, you know, it a baby's after scores. I'll look at a baby's you know. Yeah, they looked at a lot of stuff. Yeah, we Yeah.

Ruby 29:18
I didn't know that. Even like, units to measure it, you know,

Nurse 29:26
They look at the mom. Moms have prenatal tests. We have the five of all that we look at prenatals or, you know, did you go restrap does she have HIV? Does she have any venereal diseases does she have you're tested for all that and measles mumps, rubella, you know, herpes. You know, she positive. There's a certain there's five they call them the prenatals was negative for all those okay, you know, these look at it. How are prenatals so negative. How's that? under that, how's that did it? You know? They you know, and I'm saying they go through it fast. Yeah. They there's a lot. Yes. And they'll know like what to let go weight height weight head circumference. Abdominal circumference.

look at lots of different data points to assess patient

full medical histories to gain a full picture to assess patients properly and accurately

Reflection

From qualitative coding my interview transcript I have a couple of insights that correlate to my project focus. The main topics are the charting process, patient and nurse communication techniques, and other technology used in a healthcare setting. The charting process was first highlighted in this quote "so in general, every nurse has to our charting is all on computer. So we have medical charting, EMR electrical medical charting, I think they call it or the you know, every patient's chart is in a computer you know..". Which is a great general explanation of what this means and how nurses have to be continuously charting everything. Another quote that stuck out to me was "..so it's almost like, I'm double doing my work, I'm writing it down, and I gotta go sit down and type it into a computer." This point in the interview highlighted a technological processes issues that could use improvement. The process of charting in this environment is done physically, then at a later moment entered digitally. I plan to emphasize on this insight later by asking about the use of tablets, which were mentioned that some nurses use but not for the particular nurse I interviewed here. The next main insight is related to how nurses use technology to communicate with patients. The most interesting case was the use of a portable computer with a large monitor to chat with a live translator in the patient's room. I thought it was also interesting that although everything is digitized and recorded, the patients still leave with paper documentation rather than digital. This is noteworthy because it also shows some areas that communication could be improved in the patient care realm. Overall, the communication styles between the doctors and nurses also shows insights on the hierarchical expectations within a healthcare setting. That you would never email or call a doctor, the standard is solely verbal communication in person. Overall, these codings I think will lead to concrete insights that have been outlined here.