INTRODUCTION

Health registries are a common tool for many organizations. It allows clinicians and researchers to gather data of a particular population. Despite the decreasing numbers of armed forces in Iraq and Afghanistan, many soldiers are still coming home with extremity trauma and amputations. A standard of care and the cost of life-long care for this population is unknown. A registry was needed to (1) track number and type of conflict-related extremity trauma and amputation, (2) develop a standard of care and track clinician rehabilitation methods, and (3) manage health system resources. A contract team consisting of an assistant Project Manager, an Administrative Assistant, and a Nurse Informaticist was hired to develop and build an extremity trauma and amputation registry.

PURPOSE

The purpose of this presentation is to discuss the challenges and successes used by the Nurse Informaticist to build and implement a DOD-wide extremity trauma and amputation registry. Focus will concentrate on (1) challenges of an NI within a non-clinical area, (2) strategies used to work with headquarters leadership and training of clinical users, and (3) results and successes of building and implementing a registry.

STRATEGIES

Build Trust & Relationships
- Establish relationship with new contract team
- Establish relationship with organization leadership
- Utilize resources

Use Effective Communication
- Convey organization mission and vision in all correspondence and briefings
- Use different communication formats (t-cons, face-to-face meetings, Adobe Connect)
- Weekly huddles to manage tasks and expectations

Demonstrate Skills & Expertise
- Provided expert knowledge and opinions with systems life cycle
- Provided encouragement to organization leadership by envisioning end product
- Acted as the change agent by educating organization on new processes

CHALLENGES

❖ The Clinical Informatics and Technology Division did not have a clinical team member.
❖ Unfamiliar with business dynamics of organization.
❖ First time organization had employed contractors to complete a project.
❖ Needed to build a rapport with new team.
❖ Staff resistance to clinical knowledge of nurse informaticist.

RESULTS

❖ Contract team was able to successfully secure funding for the project for the organization by revamping functional requirements for submission.
❖ Nurse Informaticist worked closely with architects and engineers to develop design of registry.
❖ Nurse Informaticist successfully implemented beta testing and moved project into “go-live” status.
❖ Nurse Informaticist developed training plan and provided initial training to organization leaders prior to “go-live” date.

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