

WEBVTT

1 "Vincenza Coughlin" (109981440)

00:00:00.894 --> 00:00:21.620

Alright, great. Okay, we're starting. Welcome listeners to the NYU Lango nursing station podcast. This series will highlight nurses coming together to share information about daily professional practice initiatives and to improve patient outcomes. In today's episode, we'll, we will be discussing an exciting topic in.

2 "Vincenza Coughlin" (109981440)

00:00:21.620 --> 00:00:49.820

Racing AI transforming nursing for the future. As a reminder, this session is eligible for contact hours and in disclosure in compliance with ancc's commission on accreditation, this educational activity does not include any content that relates to the products and or services of a commercial interest that would create a conflict of interest. My name is Benchenza Oglin and I'm the director of Nursing professional practice and education at the Long Island campus. I'm excited to be the facilitator today.

3 "Vincenza Coughlin" (109981440)

00:00:49.820 --> 00:01:08.670

And again at NYU Landgone Health we are committed to being leaders in innovation and technology, hence the topic of our podcast episode. And as such, we've created a work group, which includes proposals actually sorry I'm gonna cut that, sorry guys.

4 "Vincenza Coughlin" (109981440)

00:01:08.670 --> 00:01:28.279

I think for that I'm just gonna pause. So after my introductions I'm now gonna ask you guys to introduce yourselves and then I'll go into the episode highlights, ok? Alright, so I would like to introduce our guests. Can you, can you please share your name and your title?

5 "Kerry O'Brien (MCIT)" (1753553920)

00:01:28.279 --> 00:01:39.365

Sure. My name is Kerry O Bryant. I'm Senior Director of Clinical Systems at NYU Lango Health. I work with the nursing informatics and the epic training team. Thanks Kerry.

6 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)" (1877296896)

00:01:40.073 --> 00:01:49.122

Hi, I'm Liz Douglas. I am a senior Director of nursing in Brooklyn.

7 "Megan Scali" (1531098880)

00:01:49.122 --> 00:01:55.137

Hello, I'm Megan Scally and I'm the nurse manager on four North on the NYU Long Highland campus.

8 "Deborah Jacques" (417414400)

00:01:55.137 --> 00:01:59.997

Hi, my name is Deborah Jack and I'm an informatics nurse specialist.

9 "Vincenza Coughlin" (109981440)

00:01:59.997 --> 00:02:23.258

Excellent. Thank you all for being here. In today's episode, we will highlight NYU Lango health's nursing Practice AI review committee. We will also talk about AI enabled voice documentation and the nurse's role in shaping how AI is used in the hospital setting. So let's start off Carrie, can you please share more about the nursing practice AI review committee?

10 "Kerry O'Brien (MCIT)" (1753553920)

00:02:23.258 --> 00:02:49.710

Sure Vincenza, so in fall of 2024, with the partnership of our CNO, who's dr. Deborah Albert, I started the committee with members from nursing informatics, nursing leadership, nursing professional development and quality, as well as the health sciences library to create a formal process for nurses where they could bring their recommendations forward and discuss how AI will impact nursing practice. And we'll.

11 "Kerry O'Brien (MCIT)" (1753553920)

00:02:49.710 --> 00:03:09.710

IU Landgrawn health. We have a centralized AI governance structure, and that structure includes executive operational leadership and IT. And this group reviews proposals before our group, you know, reviews proposals before they move forward to that centralized governance structure. You know, AI offers potential.

12 "Kerry O'Brien (MCIT)" (1753553920)

00:03:09.710 --> 00:03:29.710

You know, to streamline the work we do through summarizations, documentation, and even agents which can carry out tasks on our behalf. But it's important for us to discuss whether the AI is actually needed for a particular initiative, and if so, what type of AI is needed, so we are able to have those types of conversations.

13 "Kerry O'Brien (MCIT)" (1753553920)

00:03:29.710 --> 00:03:49.710

You know, e.g., do we want to use generative AI, which creates new content like text images or, you know, based on patterns learned from existing data? Or do we want to use machine learning where systems learn patterns from the data to make predictions or decisions without.

14 "Kerry O'Brien (MCIT)" (1753553920)

00:03:49.710 --> 00:04:09.341

Explicitly programmed to do so. We also consider where best to include these tools from a nursing workflow perspective and change management and education, and then are there any ethical, you know, implications and we discussed like where in the workflow, do we need to keep a human in the review process?

15 "Vincenza Coughlin" (109981440)

00:04:09.341 --> 00:04:17.880

Thank you, and AI is transforming healthcare, so it's great to hear that we have this committee. Can anyone join the committee?

16 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)

00:04:17.880 --> 00:04:40.279

Oh yes, we welcome all people. Any new members are welcome to join us. Clinical nurses, more clinical nurses on the team would be amazing. We really want to hear from the frontline staff what they need, what can, what can help them. So we meet every other Friday from three to four via Webex, so we're all across all campuses, so we meet together via Webex.

17 "Vincenza Coughlin" (109981440)

00:04:40.279 --> 00:04:44.330

Great to hear. And so what are the initiatives that are being worked on?

18 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)

00:04:44.330 --> 00:05:00.619

Currently. So the most recent thing was a fall risk prediction model, and we're gonna present that to the falls reduction work group and to so we can review it with the clinical nurses and any other committee members to see if it's an option for us. The model was developed with three organizations and was found.

19 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)

00:05:00.619 --> 00:05:05.339

Want to be useful.

20 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)

00:05:05.339 --> 00:05:25.339

It was, it was found to be equal or better than predicting falls as the most false scale in at risk populations. So we want to evaluate this machine learning tool to understand if it's something we want to adopt or potentially personalize to help direct, to predict those at highest risk for falls. The model is good at predicting those who may fail.

21 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)

00:05:25.339 --> 00:05:50.338

But it casts a really wide net, right? And so we want to really identify those at the highest risk and that should allow us to tailor the interventions for those patients. And then, how can we use that AI to really make the net smaller and smaller and smaller so you know it gets better. As nurses, we work really hard and we want to work smarter. So we need to find, we need to find ways to do efficient work.

22 "Vincenza Coughlin" (109981440)

00:05:50.338 --> 00:06:05.336

Yeah, smarter, not harder. Anything, anything else to add? Okay, i'll, and by the way, if you nothing said he could or he could cut that too if, if there was anything. Did you want to add anything?

23 "Kerry O'Brien (MCIT)" (1753553920)

00:06:05.336 --> 00:06:07.319

No, I think that now. Okay.

24 "Vincenza Coughlin" (109981440)

00:06:07.319 --> 00:06:23.072

That's good. Okay alright so continuing, you know, as nurses were change agents, so we're involved in, again, the technological advancements and I'm interested in, you know, the group here, what do you enjoy most about being on the committee?

25 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)" (1877296896)

00:06:23.072 --> 00:06:48.597

For me, it's really the imagining and the dreaming, right? What can we do with AI? As a nurse leader, what keeps me up at night? What are the processes that are difficult for my nurses? What are, what, what are things that put my patients at risk or my nurses at risk? Really being able to use AI to help augment that nurse's role, not replace the nurse, right? But really augment that role to make practice better.

26 "Vincenza Coughlin" (109981440)

00:06:48.597 --> 00:06:51.704

Awesome. Are there any special events coming up that you'd like to.

27 "Kerry O'Brien (MCIT)" (1753553920)

00:06:51.704 --> 00:07:19.419

Care about. As a matter of fact, there are. So we're actually nursing informatics. We're sponsoring the 1st NYU Langone Health nursing Prompter in collaboration with the Department of Nursing on Friday 14 November. We're really, really excited, and it's going to be held at the Kemo pavilion. But we're simulcasting to our other campuses as well as Rory Myers College of nursing. We're inviting them to participate in the, to hear the.

28 "Kerry O'Brien (MCIT)" (1753553920)

00:07:19.419 --> 00:07:39.419

The conversations and discussions in the morning, we're gonna have speakers present on AI basics and prompt engineering. We're gonna be talking about like how are we using AI and nursing practice at NYU Langone Health, and we're gonna have a speaker from the University of Pennsylvania who he's gonna speak about the future of nursing in AI. You know, he was.

29 "Kerry O'Brien (MCIT)" (1753553920)

00:07:39.419 --> 00:07:59.419

A principal investigator on a study which created a machine learning model from nurses observations to predict clinical deterioration and that resulted in, it was about a 35.6 % decrease in mortality. And actually, Jennifer Whithall, who is a, a nurse scientist here at NYU, she was.

30 "Kerry O'Brien (MCIT)" (1753553920)

00:07:59.419 --> 00:08:29.539

She's part of Syak, which is our center for the innovation and advancement of care. She was actually a member of the study team, and so like that's just really exciting to have that connection with her and the

speaker, and her work in that area. And then the afternoon, what we're gonna do is have a hands on workshop, so that our nurses will be able to use nyu's instance of GPT, we have ultraviolet and explore challenges in clinical practice.

31 "Vincenza Coughlin" (109981440)

00:08:29.539 --> 00:08:35.419

That sounds like a an exciting internal event. I think I will be there. So saving my.

32 "Kerry O'Brien (MCIT)" (1753553920)

00:08:35.419 --> 00:08:37.659

Spot. All right. I will.

33 "Vincenza Coughlin" (109981440)

00:08:37.659 --> 00:08:47.296

Thank you. Seguing a little bit, Debra, can you tell us about AI enabled ambient voice documentation and its significance to nursing?

34 "Deborah Jacques" (417414400)

00:08:47.296 --> 00:09:07.489

Sure, so AI ambient voice documentation, it uses voice recognition technology that works quietly in the background such as a hospital setting. So you can imagine it as a virtual assistant that listens in on conversations like those between nurses and patients or during verbal assessments.

35 "Deborah Jacques" (417414400)

00:09:07.489 --> 00:09:27.489

These ambient voice tools, they use advanced technologies such as machine learning, natural language processing, and speech recognition to help transcribe and interpret those spoke spoken words into structured documentation such as flow sheets or notes. It's not just about transcribing the words.

36 "Deborah Jacques" (417414400)

00:09:27.489 --> 00:10:02.089

It's about interpreting their meaning. So the system has to recognize natural conversations, nursing lingo, and understand who is saying what and figure out how it it fits into the patient's chart and also where. The great thing about it is it captures these interactions in real time and nurses have the ability to review it and edit the AI output and document additional assessments that they have not spoken. So this means that nurses they could truly rely on the system to help document those assessments like pain reassessment.

37 "Deborah Jacques" (417414400)

00:10:02.089 --> 00:10:22.429

Physical shift assessments and taking output documentation. Overall, I believe that leveraging AI ambient documentation supports nurse wellbeing. You know, I hear from a lot of nurses after completing various shift works such as admission, medication administration, discharges, and their.

38 "Deborah Jacques" (417414400)

00:10:22.429 --> 00:10:42.429

Their typical patient care and when they finally have an opportunity to sit and document, they're trying to pull all of this information together and it can be overwhelming. And also you may miss key details that you wanted to chart or may even remember it on your commute home. So using AI voice documentation, it can help.

39 "Deborah Jacques" (417414400)

00:10:42.429 --> 00:11:12.139

Reduce that cognitive load associated with remembering every single detail of patient interactions and having to manually enter that in later. It also helps with real time documentation. So improving the flow of treatment team communication and also freeing that nurses time to focus more on patient care rather than just than data entry. Also, it helps enhance the quality of nurse to patient communication as nurses are able to stay more.

40 "Deborah Jacques" (417414400)

00:11:12.139 --> 00:11:28.380

Are present and engaged during their interactions. So it's essentially transforming how nurses are working, making their workflows more efficient, and allowing for more time with with what truly matters, which is patient care.

41 "Kerry O'Brien (MCIT)" (1753553920)

00:11:28.380 --> 00:11:48.499

So, thanks you know for sharing that Deborah, and it's just, it's it's really like exploding and and and we're gonna be using, seeing ambient boys documentation, you know, we're at the early stages, but where is it going? And so we need to plan for that in the future. You know what.

42 "Kerry O'Brien (MCIT)" (1753553920)

00:11:48.499 --> 00:12:08.499

Actually planning for our inpatient room in the future at our software campus in the new tower and and then you know eventually we'll be opening a new hospital on Long Island and, you know, ambient voice and computer vision are two technologies that are really gonna be a standard part of our design. Computer vision is a type of AI that takes.

43 "Kerry O'Brien (MCIT)" (1753553920)

00:12:08.499 --> 00:12:28.499

Images and videos and it trains computers to understand, interpret and give context to what's happening in a given situation. So e.g., it can be used in like an operating room to identify that it's time to begin a case or even predict falls by understanding patterns in particular body move.

44 "Kerry O'Brien (MCIT)" (1753553920)

00:12:28.499 --> 00:12:43.499

Which would, you know, indicate that there's an impending fall. We're actually using that now and many of our nurses that are listening to this are are familiar with that in in our PCTs. You know, ambient voice.

45 "Kerry O'Brien (MCIT)" (1753553920)

00:12:43.499 --> 00:13:03.499

Will be used for documentation right now, but when nurses, you know, there's gonna eventually come to the point of agentic AI where the nurses can use their voices and these agents to actually trigger a cascade of actions that more like administrative type things where they.

46 "Kerry O'Brien (MCIT)" (1753553920)

00:13:03.499 --> 00:13:19.936

You don't need to spend their time doing that and really thinking about the possibilities when nurses and patients can use their voices to automatically make requests, complete that, look at next best actions. You know, there's just, there's so much opportunity.

47 "Vincenza Coughlin" (109981440)

00:13:19.936 --> 00:13:39.889

Yeah, and I'll say even just as someone who's on the go, using the voice recording or the voice transcription for text is helpful so to have that related to the dialogue in our patient care and then transcribe into the documentation seems very.

48 "Vincenza Coughlin" (109981440)

00:13:39.889 --> 00:14:01.190

Helpful and efficient and you Megan, you know, I I know that you're involved in the ambient voice initiative, so you know what are some takeaways that you may have in being involved in this very pioneering experience, but also what have been the biggest challenges or key lessons throughout the process?

49 "Megan Scali" (1531098880)

00:14:01.190 --> 00:14:21.229

Sure, so it's been awesome having the ambient technology on our unit. We have a really engaged group, that has high integration rates of other types of features in Epic that has allowed them to kind of embrace, some of the good things about ambient and also like you mentioned some of the challenges.

50 "Megan Scali" (1531098880)

00:14:21.229 --> 00:14:40.229

Of integrating something new and, you know, on the cutting edge of of what's to come. So one of the biggest takeaways for me has been really seeing 1st hand how much potential a technology like ambient Voice really has to support nurses in their day to day practice. Documentation, as we all know, is such a big part of.

51 "Megan Scali" (1531098880)

00:14:40.229 --> 00:15:00.229

Capturing the scope of nursing and what we do. So having a tool that can be used alongside us to transcribe our assessments in the background while we really stay present with our patient feels really transformative. So it's been allowing the nurses to spend more time connecting with their patients at the bedside instead of behind a computer screen. And as one of.

52 "Megan Scali" (1531098880)

00:15:00.229 --> 00:15:23.339

My nurses, so fondly referred to it as like supporting the heart of what nursing really is. That being said, any process of change has challenges, so change in healthcare especially when it comes to documenting potential to feel really overwhelming. Nurses understandably are very protective of their patient safety, accuracy and their workflows.

53 "Megan Scali" (1531098880)

00:15:23.339 --> 00:15:43.339

So a key lesson has been in involving the front line nurses really early in the process. Other feedback on what has been working and what doesn't work, has really shaped the projection of what we've been able to change on the back end between myself and the MCIT team so that we can actually make the tool more ea.

54 "Megan Scali" (1531098880)

00:15:43.339 --> 00:16:03.689

Useful, and not really about just implementing a new technology but making sure that it really supports the clinical practice instead of adding another layer of complexity. So they've had a lot of great ideas that we've been able to help use to really develop the tool since it really is on that cutting edge of technology like we mentioned.

55 "Megan Scali" (1531098880)

00:16:03.689 --> 00:16:23.689

Another lesson that has kind of helped to bridge some of the, the challenges in initiating was being transparent and even involving an aspect of creativity during the change management process. So when we were rolling out ambient voice, we actually did a series of team challenges.

56 "Megan Scali" (1531098880)

00:16:23.689 --> 00:16:43.689

And kind of like gamifying the process. So some of those things included weekly contests that it really encouraged our team to work together, share best practices and also celebrate individual successes. So that kind of helped to turn the integration process into something really fun, and highlighted one of the strengths of our teams, which is really just how well they.

57 "Megan Scali" (1531098880)

00:16:43.689 --> 00:16:55.054

We all work together and kind of, learn from each other. So that, that really helps to feel, make the rollout feel a little less scary and unite the team in the process. Thanks.

58 "Vincenza Coughlin" (109981440)

00:16:55.054 --> 00:17:28.104

Great. From the nursing professional development lens at you know utilizing engaging strategies definitely helps not only reinforce information but those that are participating have a fond and fun memory. So I'm glad to hear that you've incorporated that and just kind of, you know, talking about your roles in Debra as a nursing informaticist,

sorry, as a nurse informaticist and our clinical nurses, how have you been able to influence the development of the tool?

59 "Deborah Jacques" (417414400)

00:17:28.104 --> 00:17:48.199

Yes, so as an informatics nurse, my role involves bridging the gap between technology and also clinical practice. So my role is all about making sure that the tools that we implement actual support nurses in their day to day work. So I leverage data to investigate, like where are the pain points in the system and how those.

60 "Deborah Jacques" (417414400)

00:17:48.199 --> 00:18:08.199

Workflows are being adopted. But one of the most rewarding aspects of this role for me is collaborating with frontline nurses to help shape technology in a way that truly meets their needs. So when they're telling me their stories, what's working, what's frustrating, it gives a richer context and also a picture than data.

61 "Deborah Jacques" (417414400)

00:18:08.199 --> 00:18:28.199

Alone. It also helps me understand that human side or the nursing side of their workflow. And that kind of insight helps me to understand what nurses really need from a tool and also understand what is the problem statement or the issue and to bring that to the forefront of MCIT and other develop.

62 "Deborah Jacques" (417414400)

00:18:28.199 --> 00:18:40.061

Developers that we may work with. So our feedback ensures that the technology not only addresses that specific nuance of the nurse's workflow, but it's also supporting on patient care.

63 "Vincenza Coughlin" (109981440)

00:18:40.061 --> 00:18:49.623

Yeah, absolutely. And so how would you say the nurse engagement contributes to the overall success of the project or any other technology adoption project?

64 "Deborah Jacques" (417414400)

00:18:49.623 --> 00:19:20.019

Yeah, so engaging nurses and technology and innovation projects, it's pivotal to a successful adoption of new features. Like I mentioned earlier nurses, they're often at the front line of patient care making their insights and then also their lived experiences invaluable. So when we're integrating these tools into their clinical settings, it's important to gather their feedback. And ways that nurses are able to participate is by testing prototypes, letting us know what's working, how.

65 "Deborah Jacques" (417414400)

00:19:20.019 --> 00:19:40.019

All should re rearrange the screen or where the button should be. And this also contributes significantly to tailoring the design of the

product. So it also allows us to know that we're creating a tool that aligns seamlessly within their clinical workflows. So nurses have a great opportunity to be early adopter.

66 "Deborah Jacques" (417414400)

00:19:40.019 --> 00:20:00.019

And also have a meaningful voice in shaping and also implementing the new technology. I think it's very important for us to have a collaborative approach that involves both the clinicians, IT professionals. You know, it guarantees that the solution that we're creating is supporting their practice.

67 "Deborah Jacques" (417414400)

00:20:00.019 --> 00:20:25.349

Then rather than us changing how they're working just to accommodate the technology. So it also helps foster that great enthusiasm and when we're doing these prototypes and work groups with nurses, we're able to see that they're engaged and then they're also committed in providing their feedback and knowing that their opinion matters, which ultimately drives the success of the project and also adoption.

68 "Deborah Jacques" (417414400)

00:20:25.349 --> 00:20:26.840

Okay.

69 "Vincenza Coughlin" (109981440)

00:20:26.840 --> 00:20:46.639

And exciting, AI is now integrated in various NYU and go into Health programs such as Microsoft Copilot chat, GPT, et cetera. I'm excited to hear how you all view nurses role in AI. Megan and Liz, what role do you think nurses should play in shaping how ai's.

70 "Megan Scali" (1531098880)

00:20:48.739 --> 00:21:08.659

I'm sure, so nurse leaders have a really critical role in shaping kind of the perspective of, the frontline staff and how AI can be introduced and used to enhance our practice alongside of us. So we really need to be advocates for our team and utilize our platform as leaders to really help shape the technology.

71 "Megan Scali" (1531098880)

00:21:08.659 --> 00:21:31.549

So that it's designed with nursing practice in mind. It's also really important to help create conditions in our own work environment to help nurses feel comfortable experimenting with these new tools as they are coming out. Something that's helped me is really personalizing how I approach integrating the the AI technology into each person's individual practice by really knowing like what they're.

72 "Megan Scali" (1531098880)

00:21:31.549 --> 00:21:53.839

Their patterns are and their, their usage and different types of technology so that I can kind of tailor suggestions to their specific practices and just helps to introduce, and kind of open the door to new,

new things and new technologies as we're kind of starting to learn how to integrate them into nursing practice. And I guess at the same time we're.

73 "Megan Scali" (1531098880)
00:21:53.839 --> 00:22:13.839

Also responsible for making sure that the technologies that we are using with AI really align with our standards and ethical obligations and patient centered values. So nurse leaders can really help bridge the gap between the innovation and also the the safe and compassionate care that is really important to us. So for me that sometimes means asking.

74 "Megan Scali" (1531098880)
00:22:13.839 --> 00:22:32.056

Looking like does this really align with our goals? Does this technology help to free up more time to provide human connection and deliver safe and high quality care? And when the answer is yes, like it has been with some of the things that we've been adopting, it helps us to kind of move forward, to help prepare our teams for what's to come next.

75 "Vincenza Coughlin" (109981440)
00:22:32.056 --> 00:22:34.620
Yeah, and what about you Liz? Well.

76 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)
00:22:34.620 --> 00:22:52.529

I agree with Megan on a lot of those things, right? Ultimately nurse leaders, as nurse leaders, we really need to make sure that when we bring in AI tools, we're not using them to replace the human side of nursing. We should only boost it, right? We need to provide those opportunities. This we, this needs, We need to make sure we're addressing, you know.

77 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)
00:22:52.529 --> 00:23:12.529

Nurse's concerns about job security. You know, we promise that robots cannot take the job of nursing, right? That's, that's not something that that we can do. But we also want to really help prevent the burnout by getting rid of those tedious time consuming tasks. We want to make sure that these systems are easy to use and they understand them. That.

78 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)
00:23:12.529 --> 00:23:35.839

Will also help us promote adoption of the, of the of the technology. We I agree we have to keep an eye on the tech on the ethics, right? We have to make it make sure that this is a nurse driven technology of aligning with our goals and our standards and not and not something that, that, that, you know, brings us down in any way.

81 "Elizabeth Douglas (Nursing + Patient Care Svcs-Brooklyn)"
(1877296896)
00:24:17.149 --> 00:24:27.003

Those resources are. We have to be the role models for the innovation. We have to be the early adopters so that they can see that it's ok and it's safe.

82 "Vincenza Coughlin" (109981440)

00:24:27.003 --> 00:24:30.076

What are your thoughts Deborah?

83 "Deborah Jacques" (417414400)

00:24:30.076 --> 00:24:47.749

Sure, so for me, I think that nurses come with such a wide variety of perspectives and it really opens up an opportunity for new ideas and innovation. As an informatics nurse, I'm able to get all of that information from nurses, patients, nurse leaders.

84 "Deborah Jacques" (417414400)

00:24:47.749 --> 00:25:07.749

And for me to be able to stitch all that information together and then to see how we could use AI technology to actually support those needs. So I'm able to be an advocate. It's also really important for nurses to be engaged and be vocal about their pain points or how they envision the future of health care to be. So that is ensuring.

85 "Deborah Jacques" (417414400)

00:25:07.749 --> 00:25:39.379

That we have AI solutions that actually tackle those issues. We also have to ask ourselves, if we implement this AI tool, will it really solve the problem? We have a great opportunity to design these AI projects that will support those issues and also support nurse well being. To me, it's all about collaborating across different roles, creating AI tools that are safe, easy to use, and helpful in patient care. We also most importantly want to create a tool that nurse.

86 "Deborah Jacques" (417414400)

00:25:39.379 --> 00:25:48.220

Does actually use and will trust. So this journey is all about being open and willing to explore together. Okay.

87 "Kerry O'Brien (MCIT)" (1753553920)

00:25:48.220 --> 00:26:07.159

I, I I agree with that Deborah, you know, as, as a nursing informatics leader, I think it's critical for us to number one, educate our staff about AI through different programs, provision of educational resources, and also encouraging self practice because it's difficult to trust new.

88 "Kerry O'Brien (MCIT)" (1753553920)

00:26:07.159 --> 00:26:27.159

Technology or understand how it can be used if you don't really have a good understanding of how it works. So I think that's like foundational. It's important for you know us as informatists to dig into these technologies, ask the right questions of our vendor partners, as well as our, our nurse, the nurses.

89 "Kerry O'Brien (MCIT)" (1753553920)

00:26:27.159 --> 00:26:46.169

That we're working with so we can A, understand how the tool really works and if it's gonna meet our needs, but also understand what are those challenges pain points as well as new opportunities that nursing operations really wants to work through and and can we make an impact with this technology?

90 "Kerry O'Brien (MCIT)" (1753553920)

00:26:46.169 --> 00:27:06.169

We need to make recommendations to our nurse leader partners, and we, we work to drive adoption with our operational partners. You know, the partnership between informatics, nursing nurse leadership, nursing quality, and nursing professional development, as well as with our data science teams. It's really central.

91 "Kerry O'Brien (MCIT)" (1753553920)

00:27:06.169 --> 00:27:40.276

To success. Partnership is critical. Nurse leaders need two full vision, right? We're looking at what are the problems of today, that may still be the problems of tomorrow, but also like how might we approach them differently in the future? And we're also using these tools to help us forecast what's out there, you know, what's gonna come based on the trends of today and what we do not know yet, but what can we anticipate, prepare for so that we future proof our designs and our technologies planning for the next five to ten years?

92 "Vincenza Coughlin" (109981440)

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Thanks Carrie, and the technology is innovating every day. It's it's learning from itself as are we, so it is really helpful to hear, you know, all of what you shared today, including the AI review committee, ambient voice.

93 "Vincenza Coughlin" (109981440)

00:28:00.439 --> 00:28:20.439

Documentation and how we as nurses can help influence and shape the future of AI in nursing clinical practice. So thank you all for joining me today and sharing your, your stories and also resources for our staff for what's to come. And we hope that the listeners found the.

94 "Vincenza Coughlin" (109981440)

00:28:20.439 --> 00:28:39.569

Discussion helpful for any questions or comments, please email our hashtag nursing station podcast. And as a reminder, this session is eligible for .5 contact hours. The survey will be posted with the recording. Please access the survey and complete the evaluation to attain the certificate. Thanks again for joining.