

# IVF Nursing

NEWSLETTER SERIES | ISSUE 4 OF 4

## Managing Online Resources and Referrals in ART Practice

Monica Moore is interviewed by Carol Lesser, Editor of this newsletter series

### Editor's Note

### Making the most of information technology to optimize patient care



Carol B. Lesser, MSN, RNC, NP

Having graduated from nursing school in the 1970s, I have witnessed the monumental impact that technology has had on the practice of medicine.

As health care providers, we have all been involved in this broad and still evolving transformation. How many of us recall the daily reaching for the *PDR (Physicians' Desk Reference)*, an equally hefty medical dictionary, or a copy of Speroff's gynecologic endocrinology textbook to locate an important fact or figure? For most of us, those days are over.

The explosive effect of information technology on the medical field is evident. With a click of a mouse, we have more information at our disposal than could have been imagined just a decade ago.

Many infertility centers have shifted to electronic health record (EHR) systems, which may be specifically designed to address the particular needs of an ART practice. These systems enable us to efficiently manage the ever-increasing volume of information involved in patient care and practice management. EHR by definition means every clinician has access to a computer and the potential for organized and accessible patient information, including prior history, laboratory test results, operative reports, previous cycle outcomes, and current treatment plans. Running to find that missing patient chart will soon be just a distant memory. In addition, many centers allow patients access to their medical records. The future will certainly include patient communication

electronically, in a secure way, with the entire medical staff. (Some clinicians are already practicing in this way.)

Cyber effects are evident in terms of how our patients present at their first visit. Most large centers have active Web sites that offer information on the center, staff members, and a plethora of material on disease entities, treatment protocols, and cutting edge technology in written and even video format. Patients know more about us and our offerings than ever before. They arrive with questions and opinions and, often, demand to have more say in their care than ever before.

Our patients are accustomed to performing Internet research and frequently do Google searches for answers to their questions. Most use social networking sites, such as Facebook. Many ART centers have followed suit, having Facebook or Twitter links to their enhance visibility and contact with patients and potential patients. At our center, I conduct a weekly online chat room hour where anyone can e-mail questions to me, whether they are our patients or not. Sometimes women have basic questions and just don't know where to turn to for advice. In other cases, they may be seeking a second opinion or clarification regarding their next best step.

All of this is to say that, when it comes to managing all of this information and associated technology, the nurse's job is a daunting one. Nurses must learn to help the patient discriminate between the valuable, relevant information and the misleading or confusing "advice" available online.

Experienced nurses have found it imperative to

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*Editor's Note continued*

stay one step ahead of their patients. If their center has an active Web page, then this is a useful resource to refer patients to. Many specialty pharmacies and pharmaceutical companies have sites that assist nurses in educating patients regarding the proper techniques for medication administration. The American Society for Reproductive Medicine (ASRM) Web site ([www.asrm.org](http://www.asrm.org)) is filled with online resources and educational programs designed to educate both staff and patients on various important fertility-related issues. The advocacy group Resolve: The National Infertility Association also has a Web site ([www.resolve.org](http://www.resolve.org)) with reliable information for health care professionals and patients.

When used wisely, the Internet can facilitate and streamline patient care and information dissemination. After all, information is power. Learning to use technology to better educate ourselves and our

patients is no longer a dream, but a realistic goal. A new challenge for the nurse is how to stay connected with the patient who, in the past, turned to us for important information and now often turns to the computer.

In practical terms, storing several important go-to lists on one's computer desk top can be an efficient way to assist patients with a particular problem. For the patient who needs weight loss assistance, smoking cessation, a primary care physician with an open practice, a brochure explaining the merits of elective single embryo transfer, or a list of reputable obstetricians, geneticists, nutritionists, therapists, or psychologists, the organized nurse can address each of these needs—if she is well prepared.

In this issue's interview, Monica Moore, MSN, RNC, NP, an exemplary and experienced nurse practitioner and nurse manager, shares her best practices for managing online information and resources in the service of optimizing patient care.

## Managing Online Resources and Referrals in ART Practice

An expert interview with Monica Moore by Carol Lesser



Monica Moore,  
MSN, RNC, NP

**Ms Lesser:** Monica, please tell us about your current position and role and how long you have been involved in the field of reproductive medicine.

**Ms Moore:** I have been a Women's Health Nurse Practitioner working in reproductive endocrinology since 1997. I currently work at Reproductive Medicine Associates of Connecticut as a

nurse practitioner and one of the nurse managers.

**Ms Lesser:** As a clinician, to what degree has technology been integrated into your workplace? For example, do you use electronic health records? If so, have these replaced paper charts?

**Ms Moore:** We have worked seriously at integrating technology into our practice. We have been using electronic medical records (EMRs) since 2002 at my current practice and recently started scanning all of our records into an online storage facility. All of the scanned paper-

work (except for consent forms) is then shredded, greatly reducing the volume of papers needing to be filed. Our EMR is set up so that outside laboratory results are entered directly into the patient's record. The nurses review the results and sign off on them electronically. We also use mobile digital tablets, instead of paper worksheets, in morning monitoring to record patients' ultrasound findings. We still keep a paper chart for our operating room (OR) records and consent forms.

**Ms Lesser:** Do you and your staff allow e-mail correspondence with patients on a regular basis?

**Ms Moore:** We allow and encourage patients to use e-mail to communicate. They need to sign an e-mail consent form in advance, and we explain upfront that we use an encrypted e-mail system that requires a password each time they sign on. Many patients like this option, as it offers "instant access" to their nurse, as opposed to leaving a voicemail message and waiting for a response.

We e-mail patients their medication protocols and scan in a copy of their medication order so that they can compare it to the meds that were delivered to ensure that

they have received the appropriate medications. Our EMR also generates a calendar, based on the patient's stimulation sheet, that lists all the patient's daily medications and doses. This is then converted to a PDF file and e-mailed to the patient. We receive a lot of positive patient feedback about this calendar.

The doctors are less likely to offer their e-mail address to patients, preferring that patients speak with their nurse first. Sometimes, the physicians are unable to access their e-mail account until the end of the day—for example, when they are in the OR—and therefore cannot respond in a timely manner. They also feel that some questions are better answered in person.

**Ms Lesser:** Does your center have an active Web site? If so, please describe what patients can find there.

**Ms Moore:** We have a Web site and we update it often. We would like our patients to obtain information on infertility treatments and their treatment cycle specifically from us as opposed to some other (less reliable) Internet sources. On our Web site, patients can learn about our practice, view staff biographies, and read descriptions of relevant laboratory procedures.

We have a newly developed patient portal where patients can sign in and download forms, consents, and even watch videos of our instructional class on IVF. This feature has been very valuable to patients, since they can refer to the site at home.

Our blog is one of the most frequently visited sections of our Web site. Our lead blogger, who is a former fertility patient and our yoga instructor, posts every day. In addition, a clinical staff member (physician, nurse, nutritionist, acupuncturist) posts once a week. Many patients subscribe and tell me that they read the blog regularly. They find it helpful while they are undergoing infertility treatments and/or testing.

The integrated fertility and wellness arm of our practice is growing rapidly. Our Web site provides a calendar of upcoming events and services, such as acupuncture, nutrition, yoga, and support groups.

**Ms Lesser:** Do you discourage patients from visiting certain infertility chat rooms?

**Ms Moore:** I don't refer patients to online chat rooms. For couples who want to share their experiences with others in similar circumstances, I think it is more valuable to refer them to a support group, led by either a peer or a professional, or direct them to our blog. That being said, patients often find chat rooms on their own, so we discuss choosing reputable ones and employing skepticism when

reading the posts. Some posts in unmonitored chat rooms can increase patient anxiety, particularly for those new to the infertility treatment process. It is then the nurse's job to temper the patients' reaction and redirect them to appropriate resources.

**Ms Lesser:** Regarding your Web site, to what extent has the online availability of information changed how patients are educated in your practice? For example, is IVF teaching and medication instruction done online or in person? Are there exceptions to the rule?

**Ms Moore:** We routinely provide group instructional ("teach") classes, but we also have videos of our IVF teach class online for selected patients to view. Couples who view the online teach will receive a follow-up nursing call to answer their questions and to ensure that they understand important concepts. We also created files of our medication mixing instructions, which are available online. And, we refer patients to some specialty pharmacy Web sites that provide instruction on

medications. Many patients use these as a resource once they are home and nervous about mixing or administering medications.

**Ms Lesser:** To what degree do you find yourself using the Internet in the service of your patients on a daily basis?

**Ms Moore:** I rely on the Internet often, not just in the obvious ways, such as utilizing Web sites and e-mail, but tangentially as well. For example, I am becoming involved—and fascinated with—the field of Web analytics. We work with a digital strategist who closely monitors our Web site and our social networking pages (Facebook, Twitter) for the type and amount of activity. The data analysis reveals which sections of our site receive the most "hits," the implication being that these areas are the ones patients find most interesting, so we spend more time and effort developing them. It also gives us an idea of what "key words" prospective patients are typing into search engines that lead them to our Web site, which is crucial information for marketing a practice.

We see many young patients in our PCOS (polycystic ovary syndrome) program. These young women obtain most of their information from online sites, so I try to stay current with Web sites that would appeal to this particular subset of infertility patients.

**Ms Lesser:** How do you use your computer to stay organized in the service of providing better patient care? Do you have online resources for patients at your fingertips to address particular needs as they arise?

*Patients often find chat rooms on their own, so we discuss choosing reputable ones and employing skepticism when reading the posts.*

**Ms Moore:** We scan all lab results, consents, outside records, other physician correspondence, and so on into the patient's EMR. That way, all the information is easily accessible when we are on the phone with a patient. We use a genetic testing laboratory that e-mails us once a patient's results are complete and available for viewing. This saves nursing time, since we no longer have to track down lab results.

To organize the local resources we recommend for patients, we utilize our software system's "V card," which is a standard format for electronic business cards. In addition to the card's sections for first and last name, there is a "file as" field. That's where we list the category of the resource, which makes it easy to retrieve. For example, I would enter our acupuncturist's first and last names, but then file as "acupuncture."

Cards can be generated for all outside referrals patients may need. A patient is more likely to follow up on our recommendations if we can suggest a person or service we have had positive experience with. Clinicians who make frequent referrals can keep resources organized and accessible for when a need arises.

**Ms Lesser:** How has the use of computers improved our ability to deliver high-quality care?

**Ms Moore:** We now use a mobile digital tablet during our morning monitoring of patients. It allows us to not only enter information directly into the patient's record, but also to immediately view her past cycles. That way the physician can make medication decisions while the patient is in the office.

I can't imagine running our satellite offices without the benefit of EMRs. When I worked at another center, we used to lug charts from office to office, which was cumbersome, time-consuming, and nerve-racking because of having patients' charts in our car. Nowadays, many practices have a portal through which you can electronically send prescriptions to pharmacies, thus greatly reducing the chance of transcription errors and minimizing the nursing

time needed to write out and fax prescriptions. All of these advances can improve and facilitate patient care.

**Ms Lesser:** Have we lost some of the personal touch and contact with our patients since technology has been incorporated into how we practice nursing and medicine?

**Ms Moore:** I do worry that we could forfeit compassion for convenience. E-mail, in my opinion, should be used to complement verbal or in-person nurse-patient communication, and should not be the sole method of contact. For example, no matter how often I communicate with a patient via e-mail, I would not be comfortable informing her of a negative pregnancy test this way. Also, if a patient

e-mails me that she is anxious or upset, I phone her to talk about it personally. Even if a patient is in a place where she can't speak freely, she can listen to my support, and the reassurance that the nurse can provide is always well received.

I am careful not to type on the computer in front of a patient or even while I am talking with one on the phone. Doing so might make her feel that I am not providing my full attention, and it would disturb the normal flow of conversation.

Overall, though, the benefits of the Internet, e-mail, and computerized medical records greatly outweigh the drawbacks. One of a nurse's most important roles is to anticipate and meet patient needs. In my opinion, information technology is an excellent tool to help accomplish this.

#### DISCLOSURES

**Carol B. Lesser, MSN, RNC, NP,** reports that she has served as a consultant for Columbia Laboratories, Inc, which sold its Crinone product to Watson. She received compensation from Watson for her participation in preparing this newsletter.

**Monica Moore, MSN, RNC, NP,** reports that she has no commercial or financial relationships from any sources. She received compensation from Watson for her participation in preparing this newsletter.

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Comments or questions for Carol Lesser? Email your thoughts to [SRMnurses@QHC.com](mailto:SRMnurses@QHC.com)

## Resource

### RESOLVE: THE NATIONAL INFERTILITY ASSOCIATION

Nonprofit organization that promotes reproductive health and provides online information and support for men and women experiencing infertility.

[www.resolve.org](http://www.resolve.org)