**Respond** **to each post separately with at least 2 references for each**, offering one or more additional interaction strategies in support of the examples/observations shared or by offering further insight to the thoughts shared about the future of these interactions.

**DISCUSSION POST 1**

Main Post: Week Three Discussion

            A comprehensive study by Moen & Mæland (2016) posits that the first conceptualization of nursing informatics specialty was set by a seminal paper by Graves & Corcoran (1989). According to McGonigle & Mastrian (2017), Graves & Corcoran (1989) had defined nursing informatics as a blend of information science, nursing science and computer science disciplines that is choreographed to aid in the processes of management of nursing data, information—and knowledge to reinforce nursing practice and facilitate care delivery. Darvish et al. (2016) and Staggers & Thompson (2020) posits that the role of nursing informaticists is to enhance healthcare promotion, participate in designing and implementation of advanced technological systems and management of healthcare data.

            I work in a psychiatric mental healthcare facility where nursing informaticists, nurses, technicians, and physicians interact and work collaboratively and synergistically to enhance healthcare delivery. I’ve observed that nursing informaticists have minimal interactions with RN nurses in my healthcare facility—unless systems development programs are being coordinated. As Darvish et al. (2016) posits, most RNs in different states across the United States were found to believe that nursing informatics is a complex discipline and career. It could be possible that these perceptions are the driving forces of the minimal interaction between nursing informaticists and other healthcare providers in my facility. Such interactions can be enhanced by involving nursing informaticists in direct care at the point in which their expertise, advice, and time will be more needed. Such involvement implies that nursing informaticists will spend more time with other healthcare providers, leading to healthy and productive idea sharing opportunities.

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**DISCUSSION POST 2**

  In the 1960's EHR was developed but not widely used do to multiple factors. One factor used the age of the computer hadn't made it full vision yet. This system was still evolving, same as the world of computers and Internet. According to (Atherton, 2011) Fast forwarding to 2009 Obama had help reinvest the EHR again. now that computers and Internet were up to speed the EHR now could blossom into a new way of medical care.

  I have experienced the boom of EHR. When i was a novice nurse I was taught by preceptors and other seasoned nurse to document and prepare orders for signatures in writing. Sadly as i look back this boom of technology and data collection gave the final push to my seasoned nurses that taught time management due to lack of speed charting took. The EHR allows the nurse to see patients and chart more effectively. 

  Now that we have established the EHR, We are constantly upgrading and trying to make the EHR the ultimate source of information to a patient and all medical personal involved with their care. This has impacted me greatly in the ER as i see many patients a day. However downtime when the EHR stops working for minutes to hours can be detrimental to the speed and accuracy of patient well being. This is where our team of experts IT personal will work to fix the problem or do the upgrade as fast as they can. THe need of collabertaion with the departments is cruicial in the time of "downtime" Some scenoerios of downtime involve hand writting orders and narritoves about pateitns on paper. My expereinces have taught me how to do this, but some nurses do not and can not do this part of the job. This creates a monumental problem in the ER while still providing care for the sick or injured. This problem needed be helpout by individuals that we call "super users" According to,(Gomez, 2010), The hospital implemented a shceduled downtime the staff had to have peoiple that are invested by the hospital t be sure users. These people are the eye and ears of dierect department and IT. Individuals can have access to more than normals users in the IT areas divisions and have taken classes to help with updates to software. They are the people that teach others how to manage through new technology and fix problems that may come up.

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