

Simulated Nurse Informaticist Expert Testimony

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As a nurse informaticist, I was asked to review the circumstances surrounding this simulated event and provide an expert opinion regarding the role of health information technology, clinical workflows, and organizational oversight. My opinions are based on the case materials provided, including the documentation record, audit findings, and applicable nursing informatics principles. The following testimony outlines the factors that contributed to this event and identifies opportunities where appropriate informatics and governance practices could have reduced the risk of patient harm.

Nature of the Failure

Having reviewed the case file, the audit data, and the documentation record, it is my determination that this event reflects a sociotechnical system failure rather than a single point of human error, a technology defect standing alone, or a governance failure in isolation. The harm to this patient emerged from the interaction of four separate, compounding weaknesses: an ambient AI tool that hallucinated a safety-critical data element; a signature workflow that permitted a multi-section note to be signed without confirming the allergy field; the absence of a defined audit threshold or escalation pathway despite the organization already collecting the relevant data; and productivity pressure that made a fast signature the path of least resistance for a clinician running forty minutes behind. No single one of these factors would have produced this outcome on its own. Together, they did.

What Should Have Been Recognized and Escalated

The organization's own first-month audit is the most important piece of evidence in this file, and it should have functioned as an early-warning system rather than a retrospective record. Of 150 audited AI-generated notes, 38 percent required edits, eight contained allergy

inaccuracies, eleven contained medication inaccuracies, and six contained fully hallucinated findings. In addition, 41 percent of provider reviews lasted under twenty seconds — not enough time to meaningfully verify a multi-section clinical note.

From a nursing informatics standpoint, this pattern meets the threshold for escalation on two counts. First, the error rate on safety-critical fields (allergies, medications) is not an acceptable operating baseline for any clinical documentation tool, AI-generated or otherwise. Second, the sub-twenty-second review pattern indicates that the human safeguard the organization was relying on — clinician review before signature — was not functioning as designed. Recognizing and escalating this combination should have triggered, at minimum, an interim practice alert to reviewing clinicians and a temporary requirement for field-level confirmation on allergy and medication sections while a permanent fix was developed. Instead, the audit findings appear to have been logged without a corresponding operational response, which is itself a governance failure separate from the individual clinical encounter that led to this patient's harm.

Ethical Responsibilities of the Organization

Introducing an ambient AI tool into a safety-critical clinical workflow carries an organizational duty that goes beyond publishing a policy requiring clinician review. The American Nurses Association (ANA) establishes that technology is adjunct to, not a replacement for, clinical judgment, and that accountability for patient care persists even when a system or technology fails (ANA, 2022). Operationalizing that principle requires the organization to validate clinician competency with the tool before go-live, to build review steps into the workflow itself rather than relying on clinician discipline alone, and to establish a defined audit cadence with a clear escalation threshold and a named accountable owner (NIST, 2023;

Hoelscher, 2025). None of those three elements were reliably in place here. The policy existed; the infrastructure to ensure the policy was followed did not.

How This Harm Could Have Been Prevented

Two changes, implemented together, would very likely have intercepted this error before it reached the patient. The first is a hard-stop confirmation step on allergy and medication fields, requiring the clinician to affirmatively review and confirm — rather than passively accept by default — any AI-generated text in those specific fields before the note can be signed. The second is a defined audit threshold, consistent with the Measure and Manage functions of the National Institute of Standards and Technology (NIST) AI Risk Management Framework (NIST, 2023), that automatically triggers mandatory supervisory review of a clinician's signing practices once their rate of uncorrected errors on safety-critical fields crosses a predetermined limit, pending review. Had either safeguard been active during the go-live period, the sub-twenty-second review pattern and the eight allergy inaccuracies already on record would have prompted intervention well before this specific patient was harmed.

Conclusion

This case should not be understood as the story of one nurse practitioner who moved too quickly during a busy shift. It is the story of an organization that deployed a new clinical AI tool into a safety-critical workflow, collected data early on showing that tool was making safety-relevant errors at a meaningful rate, and did not connect that data to an operational response before a child was harmed. Accountability for the immediate encounter rests appropriately with the standard of individual clinical review; accountability for the conditions that made this kind of error foreseeable and preventable rests with organizational governance.

Generative Artificial Intelligence (AI) Attestation

I attest that I used generative AI tools in accordance with course guidelines and assignment-specific permissions.

I used ChatGPT (OpenAI, 2026) on July 17, 2026, to generate the scenario on which this witness testimony is based. I also fed a rough draft of my testimony and asked ChatGPT to transform it into a more professional sounding document. The prompt(s) used included: “I need you to generate a scenario I can use for this assignment, along with some mock data if appropriate,” and, “can you take this rough draft of my witness testimony and transform it into a smooth, polished version that sounds like an expert wrote it?”

All AI-generated content was critically reviewed, edited, and appropriately integrated with my own academic and clinical reasoning.

References

- American Nurses Association. (2022). *The ethical use of artificial intelligence in nursing practice* [Position statement].
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- National Institute of Standards and Technology. (2023). *Artificial intelligence risk management framework: AI RMF 1.0 (NIST AI 100-1)*. U.S. Department of Commerce.
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