

RNs Participating at the Policy Table



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Leading with Innovation
Serving with Compassion

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Topics

- Why I got involved
- Nurses and Nursing are key
- Relevance of Standards to Nursing & EHRs
- Overview of Nurses at the Policy Tables

Why I Got Involved

1. Variety of Work Experiences/Professional Organizations
2. Promote Nursing & Nursing Informatics (NI)
3. Time is Right for Nurses

Promote Nursing & the Importance of Nursing Informatics at the Table

Kathryn Hannah (C.N.A.,1998) identified two key reasons for NI that supports :

- Role of nurses as information brokers between patients and the health system
 - Assists in our role as communicators – if we do not have the information then who needs us?
 - Nurses can use informatics to gather information for clinical practice, management, education and research.
- Nurses require data to prove their effectiveness but currently data is not stored – thus nurses and nursing remain invisible with the following consequences:
 - Nursing practice may be described as the practice of others
 - Nursing costs are not differentiated from other costs
 - Professional accountability is difficult to demonstrate

Time is right for nurses to be at the Health Standards Table

Changing healthcare landscape and its contributing factors

- technology development
- consumer expectations
- funding agendas – e-health

Consumer Expectations

Meet Public Expectations:

- Industry recognized Patient Safety Reports demand that E.H.R.s will support patient care that is timely, efficient, equitable and free of mistakes.
- Overall, 85% of Canadians support the development of electronic health records (E.H.R.), a very high level of endorsement.
- Specifically, Canadians strongly believe that electronic health records will improve the ability of healthcare providers to provide quality care
 - Increase effectiveness for doctors **85%**
 - Increase effectiveness for pharmacists **83%**
 - Increase effectiveness for nurses, patients and the healthcare system in general **81%**

*EKOS Survey



Funding Agendas - Ontario's eHealth Vision

- Developing our information resources to drive transformation of healthcare delivery in Ontario into an integrated care system supporting timely access to services, patient safety and accountability



*MOHLTC – eHealth Project Office, 2005

If we are going to realize the eHealth vision, we need data and technology standards

- Lack of standards is the most significant barrier to the sharing of information
- Allow disparate systems to communicate
- Control costs through elimination of duplication and the need for proprietary systems

*MOHLTC – eHealth Project Office, 2005



Nurses are key contributors in the success of eHealth Agendas

Goal to deliver better health care that is:

- Patient focused
- Results driven
- Integrated, &
- Sustainable

Achieving this goal is critically dependent upon information and information technology

Information and information technology → e-Health

The above eHealth goal place nurses & nursing as the most qualified to respond to the current changes in our health system*

- * Sources - MOHLTC eHealth Program Management Office - OHISC Communication - Pat Jeselon Feb.2005.
- RJWF & Institute for the Future - Health and Health Care The Forecast, The Challenge 2010, Jan. 2000.



Why Nurses are key to success

Nurses are “key foundational providers” that will support clinical transformation and the successful evolution of new eHealth care delivery models across the continuum of care*

- Largest contributors to patient care in all sectors of the health care system*
- Educational preparation focuses more on the behavioural and preventative aspects of health care – “patient centric”

** Sources - RJWF & Institute for the Future - Health and Health Care The Forecast, The Challenge 2010, Jan. 2000.
- MOHLTC Nursing & Health Outcomes Project – Project Background ,2001*

Why Nurses are key to success (cont.)

- Nursing skills are in demand in an environment that is moving towards outpatient care and requires providers to function as teams and assume management roles in facilitating care across the continuum
- Basic nursing education skills' components include -
 - change management, group/team processes, therapeutic communication and patient assessment skills
 - philosophical premise of patient management is from an integrated holistic perspective - mind, body and spirit.

Why Nurses are key to success (cont.)

Recent community stakeholder feedback* indicated that eHealth should focus on:

- The patient and their information, NOT on technology or applications
- Patient-Centric Care
- Collection of information at the point-of-contact

* Source - MOHLTC eHealth Program Management Office – Stakeholder Community Feedback - OHISC Communication – Pat Jeselon Feb.2005.



Relevance of Standards to Nursing & EHRs

All Nurses as central coordinators of patient/client care have the capacity to meet the E.H.R. imperative through the advocacy of, and contribution to, the use of standardized nursing languages.*

Thus, nurses can ensure that E.H.R.s contain clear and unambiguous language to describe patient problems, nursing interventions and nursing outcomes.*

Source – Lunney, M., Delaney, C. & M.Duffey (2005). Advocating for Std. Nursing Languages in E.H.R.s.
JONA 35(1):1-3.



Relevance of Standards to Nursing & EHRs (cont)

Without standardized nursing languages, nurses and/or nursing will never realize the advantages of the E.H.R.*

- Relevant patient information at the point of care
- Real-time decision support
- Computer generated nursing data that is evidence -based

* Source – Lunney, M., Delaney, C. & M.Duffey (2005). Advocating for Std. Nursing Languages in E.H.R.s. JONA 35(1):1-3.





Where nurses are making a difference at the standards policy tables today...

FEDERAL LEVELS – Nurses are at the table influencing health policy & decision making

- In 2004, Canada Health Infoway (CHI) requested the participation of nurses at a number of policy tables that would influence and support the evolution of a Pan-Canadian Electronic Health Record (E.H.R.) through Standards Collaboration Processes & Policy Development through the Canadian Nurses Association.

CHI EHR Standards Committees

- E.H.R. Standards Steering Committee

Appointed Representative – Kathryn Hannah, RN, PhD.

Purpose: “To lead and approve the establishment of pan-Canadian E.H.R. information standards within the context of Infoway investment programs.” (CHI-TOR: December 2004)

- E.H.R. Standards Advisory Committee

Appointed Representative – Sally Remus, RN, MScN.

Purpose: “To recommend health information standards for approval by the E.H.R. Standards Steering Committee and to coordinate and guide the activities of pan-Canadian standards groups in accordance with direction from the E.H.R. Standards Steering Committee.” (CHI-TOR:February 2005)

CHI EHR Standards Committees (cont)

Canadian Nursing Informatics Association (CNIA)
participates in the:

Health Informatics Association Collaborative

Representative – Lynn Nagle, RN, PhD.

Includes: CMA, CHITTA, CHRA, CNA, COACH, Telehealth Society etc.

Purpose: Forum designed for sharing ideas on national health informatics issues. This collaborative will support dialogue among key health system stakeholders, knowledge exchange, and facilitate coordinated leadership on health ICT sector policies, strategies & initiatives.*

** Source – Nagle, Dr. L. (2004). CNIA Newsletter – August 18th – Update #1.*

PROVINCIAL LEVELS – Nurses are at the table influencing health policy & decision making

Ontario Health Informatics Standard's Council

Appointed RNAO Sector Representative – Sally Remus, RN, MScN.

Purpose: SSHA established the OHISC to work in collaboration with the MOHLTC to ensure health sector participation in recommending health information standards.*

MOHLTC - Nursing & Health Outcomes Project

Project Director – Dorothy Pringle, RN, PhD – (U of Toronto)

Project Manager – Peggy White, RN, MN – (MOHLTC)

Purpose: Identify nursing-sensitive outcomes & their attendant nursing inputs and processes that could be entered on and abstracted from patient charts.*

* SSHA – OHISC TOR - 2001.

* MOHLTC – Nursing & Health Outcomes Project (1999)

Thank You!

