



Pre-Conference Notes, November 22, 2009 CNIA Conference 2009

Question #1

Consider what is the impact of E-Health on the Nurses and their practice/role.

What challenges/barriers are significant?

What knowledge or skills are significant?

- Knowledge about computers- basic knowledge
- Consider practice settings- Impact to roles across the spectrum
- Engagement of nursing leadership
- Impact to roles across the spectrum
- System failure points- people processes technology
- Practice and process changes
- Systems work for clinicians
- Research
- Education
- Clinical
 - EBP
 - Standard
 - Patient Safety
- Administration
- Information access/efficiencies
- Accountability in documentation
- Management of large volumes of data by knowledge workers/care providers
- Change
 - Workflows
 - Enhance clinical decision making
 - Patient education
- Privacy/security of patient information
- Ethics: "What is my here? Why am I accessing this information?"
- Coordination of care- efficiencies and effectiveness
- Bridging distances
- Information seeking behaviours need to encouraged/enhanced
- Clinical Practice guidelines
- Challenges

- Knowledge deficits
- Internet access
- Skills- computer skills, familiarity with search environments and comfort levels
- Communication along the continuum
- Skill levels and individual knowledge levels
- Available resources
- Management/leadership understanding of importance of impact, challenges and barriers
- Standards of eHealth no present in all sectors
- Organizational shifts – full scope of practice for RN RPN NP
- Practice issues – Best practice examples
- Lack of knowledge barrel
 - Knowledge about computers
- Have to consider all practice settings- more than one solution is needed and necessary
- Impact of change – systems fail because they do not take culture/process/practice into consideration
- Need to allow clinicians to have time to understand practice change and to process the change
- Consider system failure- given system made to fit versus making systems work for clinicians
- Barrier:
 - Clinicians not seeing technology as enabler or involvement in technology projects
 - Nursing not involved in PACs project
 - Nursing not involved in pharmacy implementation although stakeholder and end user
- Project management – include nursing
- Leadership/Executive Nurse leadership involvement- wide view inclusive of nursing in IT projects
- IT projects should involve all clinical practice groups
- Nursing is the thread/glue through all practices
- Working smarter with new systems- use the right tools to make good decisions e.g. viewing visits, lab results, diagnostic tests/reports
- Efficient systems for use
- Patient education – communication/information/expectations
- Involvement in project development- including support and training
- Development of sustainable models inclusive of meaningful use in clinical areas
- Adoption/Adaptation- letting go of old practices and embracing the new – challenge of how to attain/achieve
- Competency based practice

- Requirements with CNA and CON- include in student curriculum
- Competency in new exam
- Understand "What's in it for me?"
- Getting to "Transformatic" (Pen to PDA/PC)
- Understanding of specifications/requirements of everyone's needs
- Challenge- operating in isolation- we need to stop working alone- need to duplicate the success of others
- Review standards CNIA Hobic LHIN
- Reduce the "noise" for clinicians to understand what it means

Question # 2

Consider whether the standard for safe care requires the use of technology in nursing practice.

Is this a future skill/knowledge to be learned for all? If so, how?

- Yes- it will be challenging
- Require access to information e.g. Regulatory colleges/ associations – disseminate information
- If information available online (in organization) and standardized- need to ensure that access to information available for nurse
- Tie information technology to support day to day role of the nurse. Role needs to include learning the mechanics of computer technology as a skill
- Include retro fit of same as a competency/standard
- Use of technology will change workflow – incorporation of same is not a choice, being proactive in adaption and adoption is an opportunity- better sooner than later
- Information management literacy
 - Identify the competencies
 - One for 4 domains
 - Baseline information management knowledge
 - Agreement on minimum data standards
 - Common assessments and discharge summaries
 - Determine best practice
 - Level thread to curriculum
- Instead- Use of information
 - Use of technology is the enabler to use information
- Interdisciplinary requirements
- Interdisciplinary trust- reduction in duplication in data acquisition and use of technology to share information

- Patient centered- not clinician centered or driven
- Youth coming into healthcare is looking for more technology
- Current skills to use information to make decisions- lack of skills to use the information or the technology
- Challenge- buy in from leadership to support everyone to achieve proficiencies
- Challenge- how to help nursing to embrace technology when workforce is overwhelmed and over worked

Question # 3

Consider all the models, frameworks and programs for networking. What would be some of the design elements to network nationally as well as locally?

- Collective power in converging groups throughout Canada
- Leveraging other groups
 - Faculty
 - Student nursing groups
 - CNA- competencies
 - Converging SON/jurisdictions
- National standards
- Standardized nursing language
- Utilization of minimum data sets
- Linkages to counterparts- globally e.g. Tiger initiative in USA- where to go/what to do. More influence if we shared our voice
- Suggest consensus conference (e.g. 1989/91) for standards/documentation/terminology to build foundation/cornerstones (same concept as CM)
- In the end- reach for the same goal(s)
- Determine what we are pushing for
 - Clear voice
 - Next steps
 - Process for working together- collaboration
 - Marketing
 - Determine who is the "King"- to drive direct and lead the process and ensure it happens and is sustained
- Determine –the stakeholders- OMP CNIA CAN Provincial nursing groups Peer2Peer Infoway Vendors
- Sustain knowledge exchange
- Get rid of the legacy/silos
- Safe care elements

- Terms of design elements integration into professional knowledge exclusive or inclusive of other disciplines
- Nursing/discipline strategic planning will increase success
- What allows us to network nationally- interprofessional practice linkages need to occur
- Organizations leverage to network- local and provincial
- Need linkages through multitude of organizations
- Vendor groups- target to provide networking opportunities- cross vendor opportunities
- Questions in implementations- are not unique across applications
- Sharing of lessons learned, success stories, failures
- Professionals who can leverage connections, information
- Database of connections/informations
- Strategic planning- informative experience
- Priority setting vs resource availability
- redirect the noise- to hear what you need – what does this mean to my practice

Question #4

Consider the current Nursing Informatics groups/networks and other organization's directions.

Is there specific actions/activities that must be done? Should be done? Could be done?

- Needs to be convergence of knowledge
- Measuring good/best practice- silver to gold standards
- Sharing of information? Resources
- Repository of knowledge
- Communication
- Sharing
- Measurement of "Good/Best Practices"
- Investment in change agents
- 50% investment in change 50 % in software
- Discussion – how from local level to higher level
- Professional practice - embedding informatics
- Work towards convergence and consensus
- Need to speak with one voice – not splitting nursing groups apart
- "whirling in own orbits"
- Leverage existing organizations that we do have- national level- not licensing but professional organ
- Opinion leaders
- Use chapters/provincial/regional that go to CNIA

- Celebrate the small successes
- Establish mechanism for sharing
- Consensus conference in 1989/91 on nursing data standards-
- Suggestion: for nursing informatics and change management
- Foundations and cornerstones, same goals- aim, adoption sustainability, decreased patient risks
- Need for a clear voice and share with other groups
- Marketing and collaboration
- Who is king who keeps us moving- the thou shalt=- what does this look like for this.
- Rid of old /past/practice to keep moving forward
- Lofty ideas ad aggressive time lines.
- Consensus takes time- the forgotten stakeholder and hurt feelings
- Consider:
 - Emerging themes
 - Share and disseminate- data/approach
 - Interdisciplinary strategic
 - Competency
 - Workflow
 - Meaningful use
 - Clinical requirements
 - Business requirements- leads into standards
 - Shared voice converging power
 - Translate to practice
 - Standards info management literacy
- Nursing – largest group of health professional- the common thread, the touchstone