Pan-Canadian Strategy for Adoption and Use of Nursing Data Standards

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#CdnNsgData
Session Objective:

Describe the results of a national symposium focused on the development of a pan-Canadian strategy to promote the adoption of a core set of standardized nursing data.

More specifically:

• short-term action plans to promote adoption in clinical administration, clinical practice, education, research and policy domains.
“In attempting to arrive at the truth, I have applied everywhere for information, but in scarcely an instance have I been able to obtain hospital records fit for any purpose of comparison…”

Nightingale, 1863. Notes on Hospitals
“A minimum set of items of information with uniform definitions and categories relative to the nursing care of patients that meets the essential needs of multiple data users”

(Werley & Lang, 1988)
"If we cannot name it...
we cannot control it, finance it,
teach it, research it or put it into
public policy"

(Clark and Lang, 1992, p. 109)
Nursing Data Standards Milestones...

• 1992, Edmonton, Alberta meeting
  Focused on building consensus about what to standardize
  • Service location
  • Service provider (registry)
  • Client/Patient Unique identifier
  • Client Status
  • Nursing Interventions
  • Nursing Outcomes
  • Nursing Intensity
• Health Information: Nursing Components (HI:NC)
• interRAI (HC, MH, LTC), NACRS
• Health Outcomes for Better Information and Care (HOBIC) - ON
• C-HOBIC – CANADA (ON, MB, SK), Synoptic reporting
• C-HOBIC mapping to ICNP and SNOMED-CT
• ICNP-C-HOBIC catalogue
• Addition of concepts to ICNP & SNOMED CT
• National Nursing Quality Report (NNQR-C)
What’s next?

Development of a national strategy to promote the adoption of a core set of standardized nursing data

(Elements and Measures)
Why Now?

• Shifting provider mix and scopes of practice;
• We need evidence to inform administrative and clinical decision-making;
• Support for care transitions;
• Informing value and health $$$ and policy direction;
• Meeting expectations of transparency, accountability & reporting for quality, safety, and funding;
• Shifting focus to outcomes
  • Naylor (2015)
  • C.D. Howe report (2015)

BECAUSE WE CAN!
Why Now?

• Engaged consumers;
• Ubiquitous EHRs – legacy systems being updated or replaced;
• Many organizations still managing nursing documentation on paper;
• If we don’t someone else will

Because it’s 2016!
Big data is like teenage sex...

Everybody is talking about it,
Nobody really knows how to do it,
Everybody thinks everybody else is doing it,
So everybody claims they are doing it.

Dan Ariely
Big data is not about the size of the data, it’s about the value within the data
Imagine having standardized clinical information across the continuum of care...

Capability to analyze health service outcomes on the basis of:

- Diagnoses
- Age
- Region/Sector
- Cost of care
- Skill mix, staff ratios, interdisciplinary team mix

Information to inform:

- Health Care Policy
- Allocation of Resources
- Delivery of Services
- Quality of Care
The Vision

Standardized Data – Collected Once, Used for Many Purposes

- **National**
  - Comparative disease incidence, prevalence, & trends, resource utilization
  - Data Collected, Abstracted, Aggregated, Analyzed
  - Application: Health Policy, Legislation, Research

- **Regional/Jurisdictional**
  - Disease incidence & prevalence, outcomes, cost of care, resource utilization
  - Data Collected, Abstracted, Aggregated, Analyzed
  - Application: Health Policy, Legislation, Health System Performance, Funding, Public Reporting, Research

- **Organization/Sector**
  - Case volumes, outcomes, cost of care, resource utilization
  - Data Collected, Abstracted, Aggregated, Analyzed
  - Application: Safety & Quality, Resource Management, Funding, Accreditation, Public Reporting, Research

- **Individual/CMG**
  - Assessments, interventions, outcomes, provider, hours of care, adverse events, cost of care
  - Data Collected, Abstracted, Aggregated, Analyzed
  - Application: Safety & Quality, Accountability, Outcomes, Evidence

(Nagle & White, 2015)
Five Big Myths

1. We have all the data
2. We have all the right data
3. We are taking full advantage of our EHR investments
4. We can’t reach consensus on the things that matter most
5. We don’t need to do this
April 9-10, 2016

• National symposium held in Toronto, Ontario
• 60 nurse leaders representing: Clinical – Practice, Clinical – Administration, Education, Research, Policy from across Canada

Host organizations:
• Canadian Nurses Association
• Canadian Institute of Health Information
• Canada Health Infoway

Vendor sponsors:
Platinum – Cerner, Orion Health
Gold – Becton-Dickinson, Healthtech Consultants
Silver – IBM, Gevity, HI Next
Bronze – Canadian Nursing Informatics Association, Lawrence S. Bloomberg, Faculty of Nursing, University of Toronto
Symposium Activities:

• Host Perspectives
• Keynote Address: Judy Murphy, CNIO, IBM Global

• Working Group focus:
  • Value of standardized data
  • Reasons to adopt standardized data
  • Strengths, Risks, Opportunities, Challenges
  • Initiatives to be leveraged
  • What data should be the focus?
  • Who should drive the different areas of focus?
Objective:

To focus on the development of a national strategy to promote the adoption of a core set of standardized nursing data. More specifically, the identification of:

• short-term objectives and action plans to promote adoption in clinical administration, clinical practice, education, research and policy domains.

• stakeholders, accountability and sponsorship for advancing this work in Canada each objective and action.
Our Big Five...

1. Practice – Clinical
2. Practice - Administration
3. Research
4. Education
5. Policy
Directions for 2016-2017...

• Practice
  • Pilot of C-HOBIC as component of the Discharge Abstract Database (DAD) at the Canadian Institute for Health information
  • Create demonstration of alignment between nursing documentation and clinical outcomes across the continuum of care
  • Identify opportunities for standards integration within existing and pending clinical documentation implementations

• Administration
  • Identify core messaging on the value of nursing data standards
  • Develop toolkit for nurse administrators that supports dialogue with senior execs, stakeholders and vendors
• **Education**
  - Continue with Digital Health Faculty Peer Network efforts
  - Preparation of a toolkit for nurse educators that addresses the use of data standards, data sets, and demonstration of integration into nursing curricula

• **Policy**
  - Develop a targeted policy advocacy strategy to advance evidence-based nursing practice and quality care across the health system through standardized nursing data
  - Advance a national resolution for the adoption of nursing data standards through CNA
• **Research**
  • Establish national nursing data standards research consortium
  • Identify priority areas for research to advance the adoption of data standards
  • Secure funding for initial research initiatives
Other...

- Proceedings to be published for broad dissemination
- Resolution to Canadian Nurses Association (CNA) Biennium June 2016...

**BE IT RESOLVED THAT** The Canadian Nurses Association advocate for the adoption of two standardized clinical reference terminologies, ICNP® and SNOMED-CT, and a standardized approach to nursing documentation in all clinical practice settings across Canada.

- Creation of a web presence at CNA
- Publications & presentations
- Follow-up Meeting April 2017
- Continued and expanded outreach to stakeholders
“So never lose an opportunity of urging a practical beginning, however small, for it is wonderful how often in such matters the mustard-seed germinates and roots itself.”

Nightingale