The Nursing and Midwifery Informatics Agenda in Ireland

A conceptual paper by Dr Pamela Hussey on behalf of HISINM (Health Informatics Society of Ireland, Nursing and Midwifery)

Introduction

'Tread carefully because you tread on my dreams' ......becoming a nurse or midwife is a decision that many of us made primarily to help people and society in general and this quote by Yeats is one that often springs to mind when I talk to student nurses during their initial orientation to the undergraduate nursing degree programme. In contrast many of the practising nurses and midwives I engage with are deeply concerned about the current state of our health and social care services and consider themselves to be either 'battle weary' or so immersed in fire fighting the 'day to day' health care issues and processes that they consider there is actually little time left for quality patient interactions. It is suggested that this is in fact the same for all nurses working across the differing healthcare areas; primary, acute or continuing care and midwifery. But for some of us enough is enough, citizens in Ireland deserve better and whilst we cannot address all of the health issues we can assist in shaping and influencing emerging models of care. This short conceptual paper identifies the collective thoughts and vision of the HISINM group on contributing to the implementation of national eHealth models of care in Ireland. It is our intention that this paper will seek to establish the context for defining first principles on a national nursing and midwifery informatics strategy.

Defining First Principles

The Irish national transformational programme presents clear challenges for those of us with an interest in truly improving and delivering a more efficient and effective quality healthcare service. Citizens, patients and carers in Ireland deserve no less, and HISINM has made a choice to identify this transformational programme as a key priority (Higgins, 2013). As a group HISINM are keen to maximise both value and impact on future implementation processes arising from the transformational programme and which directly involve nurses and midwives, for example electronic health records (EHR). A key priority therefore is for us to be aware of previous lessons learnt from similar programmes and to **validate** the informatics development programme required to underpin the change with our existing

practitioner wisdom encompassing the local, regional, and national perspectives. Concomitantly recent reports from the USA endorse our concerns and approach in regard to implementation and design issues (Brookstone, 2013). This process is complex and it is impossible to address every angle of system implementation without some major issues arising over the duration of the process. Survey findings indicate that health care professionals are increasingly dissatisfied with Electronic Health Records specifically in relation to the impact that EHR implementation has upon routine working practices. HISINM strives to articulate the issues from a nurse/midwife practitioner's perspective and our reflections are based on discussions with practicing nurses and midwives in tandem with supporting reviews of the recent evidence. We present a collective and cohesive voice based on national nursing and midwifery practitioner experience. We also advocate the adoption and integration of 'state of the art' health informatics standards that we consider to be critical factors for effective future implementation of integrated health services for Irish citizens.

Validate — Transfomational Programme

## The Nursing and Midwifery Perspective from Boggy Lowlands of Practice

Discussions with nursing/midwifery colleagues both in Ireland and abroad indicate that more often than not nurses and midwives are practicing within an ambiguous context where additional **clarity** is now required on all plans related to health care reform. Healthcare and the proposed investment in ICT has thus far been veiled in a cloud of secrecy which only contributes to the already ambiguous context that we are practicing within. We recognise that there is an urgent need for design and development of new models within healthcare. We also acknowledge that sustaining health and healthcare is a global economic priority due to increasing population needs and the decreasing budgets (WHO PAHO and EU). The opportunity to implement new models of care which will capitalise on ICT and mTechnology

(mobile technology) promises consumers a choice and this approach is increasingly becoming reality (Stretcher, 2012).


Emerging Models of Care

New models of care will have a direct impact on the role of nursing and midwifery, and for some nurse leaders the seemingly fading voice of nursing and midwifery in practice is perhaps the most concerning aspect of this evolving process. What exactly is it that we as a profession are offering our clients/ patients? And is what we offer important and if so how can we protect it? Data analytics on the nursing contribution to healthcare is now well established in a number of countries for example Belgium, Finland, USA, Canada and HISINM are committed to influencing future design on EPR and EHR models within Ireland (ACENDIO Conference,2013). Ireland is a small country and one may to some extent consider the discussions above to be very removed from where your individual area of practice currently is in relation to this. HISINM however, would err on the side of caution and suggest nurses and midwives take time to reflect on the recent change of practice in relation to Internet banking as one example of the rapid deployment of new models, and possibly a good example of how the pace of change can occur. Complacency however, is a luxury we cannot afford, especially in the current economic climate. Taking a **proactive stance** on the **design of the emerging models of care** and their impact on the role of nursing and midwifery is a priority for patient safety and a key determinant in the future of the profession.
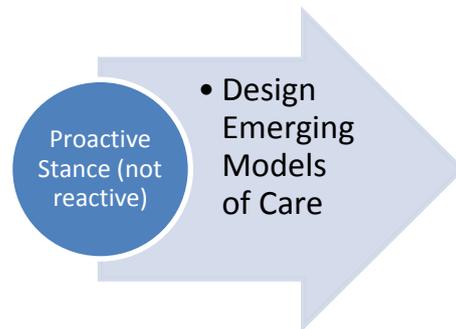
Data- to Information -to Knowledge - to Wisdom

Irish nursing and midwifery informatics is in its relative infancy with the exception of local or regional projects offering exemplars of successful implementation .The development of the national nursing metrics programme is one such initiative that comes to mind. There is therefore time for us to stop, reflect and take stock of what it is we want the nursing/midwifery voice to say. What actually represents our nursing and midwifery contribution to the health care process? More importantly, not only what represents our voice but how can we define and translate this voice into concepts for inclusion into Electronic Health Records. How can this be best achieved to protect our citizens and the role that we provide.

A priority is to tackle the complex mix of data collection processes that we have established in our practices and translate these established data collection structures and processes into **nationally agreed set of data sets** for inclusion in future EHR. This is not the time to be tribal or sensitive when it comes to sharing your expertise and wisdom. Investing time and energy into this collaborative sharing process is critical as we will have specific opportunities to shape new models in healthcare and these opportunities may not arise again for many years. The process will take time and will require agreement from both a top down and bottom up approach. HISINM's role will be bottom up and ensure that key information is not diluted in the translation process. Simply stated we want to ensure what is developed is both pragmatic and fit for purpose.

National Data Sets

Key priority
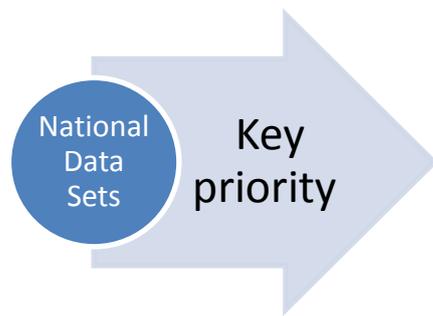
What We Cannot Agree To.....

It is important to reiterate that we do not anticipate a monolithic dataset 'one size fits all' approach as this has been proven to have limited value and uptake in the past , but rather we seek to define core concepts for inclusion in locally implemented records thus facilitating creativity and local ownership. HISINM is engaged with patient advocacy groups and formal collaboration is now underway. It is critical for citizens in partnership with practising nurses and midwives have focused and dedicated time to engage on such initiatives collaboratively as without a joint contribution key decisions made on the design process will be prioritised perhaps from solely an economics and business perspective. Patient safety and care need to be the driving force in shaping the design process underpinned by strong business cases affording value for money.
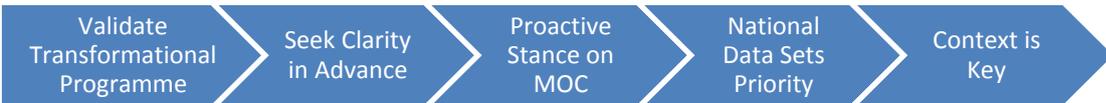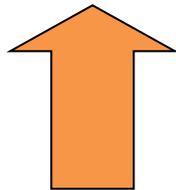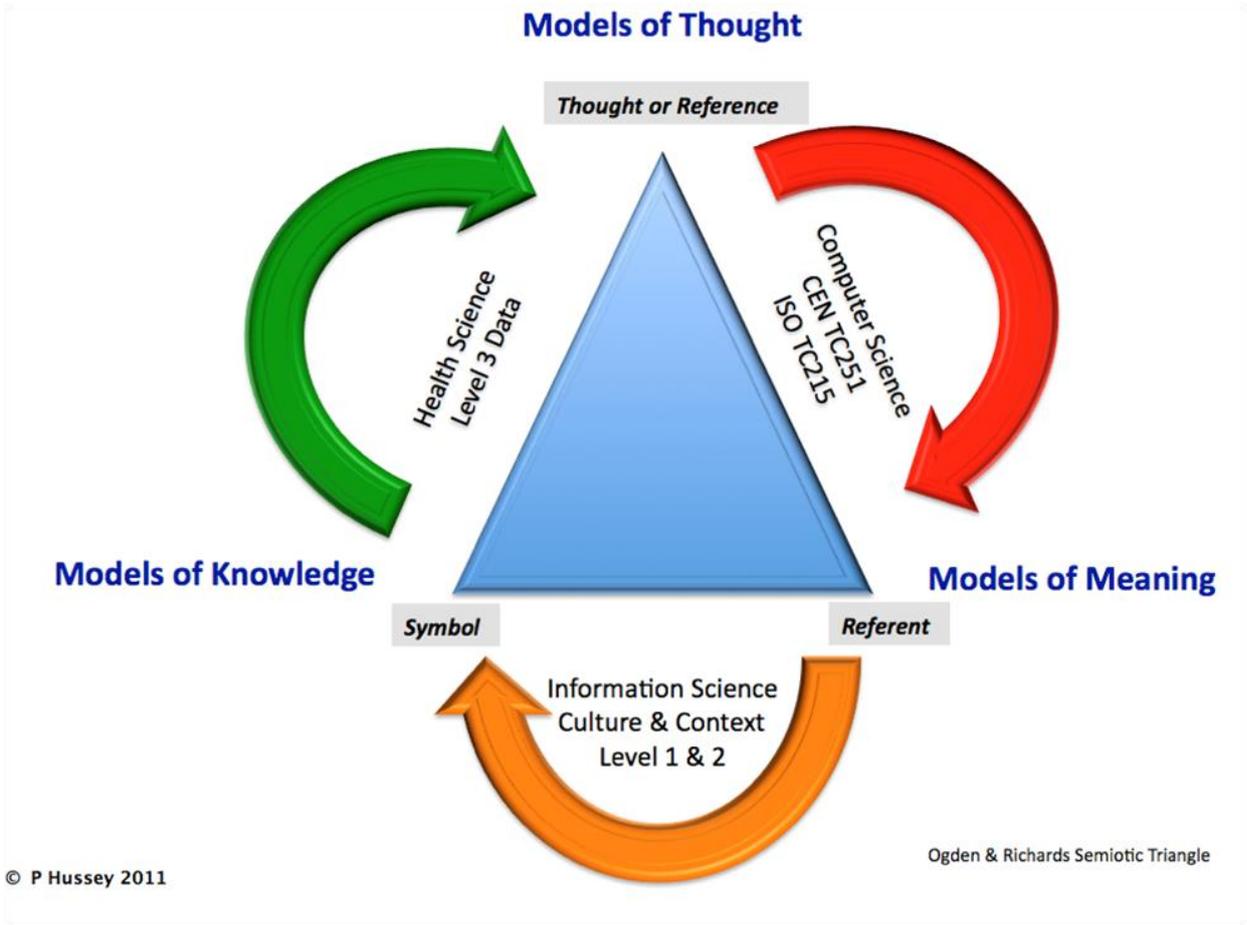
The holistic approach that nursing and midwifery contributes in partnership with citizens to facilitate optimum health and social care is important and cannot be overshadowed by competing agendas in driving the design brief forward. Our contribution is legitimised and strengthened by the fact that our intentions are to enhance person centred wellbeing and not solely for nursing and midwifery sake. **Nursing and midwives know the context of healthcare very well,** we operate in a dual role both as part of the multidisciplinary team and as individual practitioners, our sheer numbers and the fact that we are on duty 24 hours a day strengthens and reaffirms our position within the transformational process. This also identifies nursing and midwifery as key stakeholders in implementation, uptake, and integration of new service models. Strategically our focus is simple we want to gather the professional expertise and contextually rich information that forms the core of nursing and midwifery practice in Ireland. HISINM will focus on maximising the translation of this wisdom into emerging models of care that will be presented as part of the eHealth MDT agenda. This is very important and critical for patient centred care as the evidence base indicates without meaningful engagement national programmes have limited benefit

(UK National Audit, 2011).
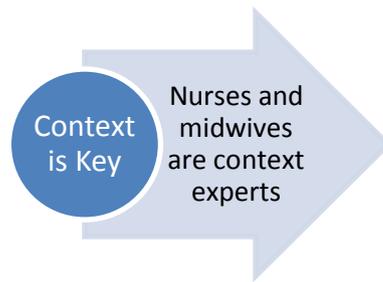
A Conceptual Framework to underpin our work

The aforementioned principle guidelines will be used to guide the short to medium plans for HISINM. It is apparent to us that such principles will require a conceptual framework embedded in the health informatics evidence base. Figure 1 offers an illustration of the first section of our conceptual model which we intend to build upon over time.

Ogden & Richards Semiotic Triangle

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| Validate Transformational Programme | Seek Clarity in Advance | Proactive Stance on MOC | National Data Sets Priority | Context is Key |

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