



January 30, 2009

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Dear Dr. Bickford,

The Alliance for Nursing Informatics (ANI) is a collaboration of organizations that enables a unified voice for nursing informatics. ANI represents more than 8,000 nurse informaticists and brings together 25 distinct nursing informatics groups in the United States. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with nurses in practice today.

Nurses constitute the largest single group of healthcare workers, including experts that serve on interoperability initiatives focused on standards development, standards harmonization, and EHR adoption, as well as certification of EHR systems. Further, this profession is active in the education, implementation and integration of information systems throughout the healthcare system. In that spirit we respectfully submit this response to the American Nurses Association (ANA) draft Electronic Health Record (EHR) Position Statement.

We are pleased to see the ANA putting forth a position statement on this evolving technology and articulating the importance of the professional nurse in the design and development of the EHR. As we read the position statement, we believe that the concepts of the EHR, the importance of the professional nurse in the design and development of this technology as well as secondary uses of information could be more clearly stated. We have offered some suggestions on how this might be accomplished below.

Respectfully, we would like to make the following recommendations:

- ❑ Broaden the statement "The EHR solution...rural and urban" to state "The EHR must also support the delivery of nursing care and patient information exchange wherever nurses work and patients receive nursing care" (Reference page 1, line 11).
- ❑ Cite an EHR definition early in the purpose (Reference page 1) to help establish a framework. While there is ongoing debate among industry experts as to the differences between the EMR (electronic medical record), EHR (electronic health record) and PHR (personal health record), we believe a concise EHR definition would frame the position statement.



- We would recommend the following EHR definition:
 - “An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.”ⁱ
- In addition to this definition we would recommend a modification to include EHR access by patients, to their own information, as well as access by other stakeholders.
- We also recommend a stronger emphasis on the value of the nurse as a patient advocate, care coordinator, clinical information manager and critical resource in optimizing the EHR toward better patient care in the opening Purpose section (Reference page1).
- We recommend that the value of professional nursing to EHR development is differentiated from the attributes of an ideal EHR throughout the Statement section (Reference page 1, line 23 - page 2, line 29). Many times these concepts seem to be intertwined and would be more powerful if differentiated. For instance, there is a reference to the leadership role of the nurse in the evolution of the system (Reference page 1, line 37-39). The next phrase (Reference page 1, line 39-40) segues into EHR attributes such as the ability to facilitate the nursing process.
- We recommend referencing the ANA Social Policy Statementⁱⁱ as it clearly defines the role of the nurse in advocating for patient’s health and therefore the importance of access to good information on their behalf.
- We recommend including a point of emphasis specific to the discipline of nursing informatics specializing in the integration of information and technology to support patient health. As such, it would be valuable to highlight this role and the value such an individual can bring to the design of an EHR from conceptualization to implementation.
- We recommend integrating the following statement on page 1, line 1 after “...associated documentation activities”...add “Specifically, the EHR must support both standardized language and be efficiently integrated into the nurses workflow. Once effectively implemented into a patient-centric, interprofessional environment, patient care outcomes must be easy to measure and evaluate.”
- We recommend streamlining the attributes from a nursing perspective by using the acronym “*PRIVATE*” which incorporates many of the concepts already put forward in this Position Statement (Reference page 2, lines 10-29):



- **Patient-Centric:** Registered nurses are prepared to serve as advocates for patients when those individuals, families, groups, communities, or populations are absent from the discussions and decision-making activities related to EHRs. Recognizing that eventually this record will be the source of information to both the patient and clinicians across the care continuum and without geographical borders.
 - **Research focused (consider – Reuse of EHR Data):** EHRs not only provide an opportunity to incorporate evidence-based practice, but also should serve as a resource beyond individual patient care. The EHR should also provide a foundation for data and information extraction for quality improvement, risk management, and utilization review as well as clinical research.
 - **Interoperable:** Interoperability permits and promotes the unencumbered and barrier-free transmission of data, information, and knowledge in a vendor neutral technical environment. The use of standardized terminologies should be the basis for system design supporting the workflow of nurses and exchange of nursing data essential for patient care across settings.
 - **Value-Added:** The benefits and value of the EHR are understood by all stakeholders. All settings and authorized stakeholders are serviced by the EHR without barriers or discrimination. It is understood that technology is a tool, not the driver, to support and assist in clinical care and decision-making.
 - **Accessible:** Access to data and information is limited to only those legitimately authorized with a need to know for a specified task or assignment. Role-based access to the EHR must be developed and used.
 - **Trustworthy:** EHRs must be trustworthy, reliable and secure. Audit trails are included in the design and are operational.
 - **Efficient:** Data and information maintained in the EHR can be easily accessed, analyzed, and reported to authorized users, patients and stakeholders. The concept of “enter once; use many times” is embraced in system design and implementation. The attributes of an EHR should work in concert to make the nurse more efficient by reducing data entry, increasing efficiencies, and enabling the nurse to spend more time with patients and less time on entering and managing disparate information. We recommend the adoption *and* effective use of standardized terminology, interoperable and integrated systems, and graphical user interfaces that are clinically intuitive to achieve these goals.
- We recommend moving the summary (Reference page 7, lines 9-23) to the end of the position statement (Reference page 2, lines 31-38).



- We recommend including the Supportive Materials (Reference page 2, line 40 - page 3, line 28), Characteristics of Today's Healthcare System (Reference page 4, line 12 –page 6, line 40) and Other Organizations' Statements (Reference page 6, line 42- page 7, line 7) as an addendum. We believe including this in the body of the position statement detracts from its focus, however it is interesting background information.
 - Supportive Materials
 - We recommend removing references to personal health records because we believe they unnecessarily introduce another complex concept and dilute from the position statement (Reference page 3, line 30 – page 4, line 10). This position statement is specific to the EHR and would be easier to read if it is kept specific to the EHR.
 - Characteristics of Today's Healthcare System
 - We would also recommend a reference not only to challenges of data exchange but to the challenges of delivering care in our current hybrid electronic environment. Hendrich et alⁱⁱⁱ have presented recent research outlining nurses as the primary caregivers today and improving their efficiency/effectiveness as critical to our healthcare future. The importance of the EHR as an accessible, integrated and usable clinical communication tool to improve patient care, safety and outcomes can be emphasized in this area. It is also important to note that delays in achieving this type of EHR actually increase the complexity of care delivery that translates into additional risks to patients and costs to organizations. We recommend inserting this on page 5, line 34, after the discussion about nursing terminology and before the discussion about quality measures.
 - Update the third paragraph to reference the name change and incorporation of AHIC Successor, Inc to the National eHealth Collaborative. Correct spelling of the Healthcare Information Technology Standards Panel and update the reference to describe it as a standards harmonization body. (Reference page 4, lines 45-46.)

We would also like to submit these changes for additional consideration:

- Replace multiple uses of the word 'solution' with 'systems'. The word 'solution' references a product rather than the more general term of 'systems'. Also use of the word 'systems' more broadly describes information systems, and the incorporation and use of information technology into workflow in the broader healthcare environment (Reference page 1, lines 9, 11, 35 and 39).



- Modify 'healthcare data and information' to state 'health data and information' to be inclusive of the continuum of care from wellness to illness (Reference page 1, line 25).
- Modify the term 'patient monitoring and bar code equipment' to state 'patient care devices' which is more inclusive of the current technology being used in the industry (Reference page 2, line 8).
- Modify "Interoperability permits and promotes the unencumbered and barrier-free transmission of data, information, and knowledge" to instead say, "Semantic interoperability enables and promotes the unencumbered and barrier-free transmission of data, information and knowledge." The term semantic interoperability incorporates the concept that the meaning of the data and information will be consistently understood in the process of health information exchange. And thus there is an implicit enabling mechanism rather than a permission that is realized (Reference page 2, line 27).
- Correct the name of the Healthcare Information and Management Systems Society (Reference page 3, line 23, and page 9, line 34).
- Remove the reference to EHR Collaborative which is no longer active (Reference page 11, line 30).
- Cite a reference to the attributes of an EHR as defined by the HIMSS Electronic Health Record Committee^{iv}. Many of the attributes cited are supported and/or similar the ones cited by the HIMSS Electronic Health Record Committee and would support this initiative.
- To date there is general reference information available that the ANA may wish to consider reviewing about the use of health data:
 - Bloomrosen M, Detmer D. Advancing the framework: use of health data--a report of a working conference of the American Medical Informatics Association. J Am Med Inform Assoc. 2008 Nov-Dec; 15(6):715-22. Epub 2008 Aug 28.
 - Safran C, Bloomrosen M, Hammond WE, Labkoff S, Markel-Fox S, Tang PC, Detmer DE, Expert Panel. Toward a national framework for the secondary use of health data: an American Medical Informatics Association White Paper. J Am Med Inform Assoc. 2007 Jan-Feb; 14(1):1-9. Epub 2006 Oct 31.



Thank you for the opportunity to respond to this important effort.

Respectfully submitted,

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ⁱ Defining Key Health Information Technology Terms(April 28,2008) The National Alliance for Health Information Technology Report to the Office of the National Coordinator for Health Information Technology. Retrieved January 29, 2009 http://www.hhs.gov/healthit/documents/m20080603/10_2_hit_terms.pdf

ⁱⁱ American Nurses Association. (2003) Nursing's Social Policy Statement. Washington , DC: Nursesbooks.org

ⁱⁱⁱ Hendrich, A, Chow, M, Skierczynski, B and Zhenquiang, L (2008) A 36 Hospital Time and Motion Study: How Do Medical Surgical Nurses Spend Their Time. *The Permanente Journal Summer 2008: 12(3)*

^{iv} Handler, T, Holtmeier, R, Metzger, J, Overhage, M, Taylor, S, Underwood, C (2003) HIMSS Electronic Health Record Definition Model Version 1.1 Retrieved January 16, 2009 www.himss.org/content/files/ehraattributes070703.pdf



The Alliance for Nursing Informatics (ANI)

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ANI Member organizations

- Alabama Society for Clinical Informatics (ASCI)
- American Medical Informatics Association (AMIA)
- American Nursing Informatics Association (ANIA)
- Association of periOperative Registered Nurses (AORN)
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
 - CARING
- Center for Nursing Classification and Clinical Effectiveness (CNC)
- Central Savannah River Area Clinical Informatics Network (CSRA - CIN)
 - Cerner Nursing Advisory Board
- Connecticut Healthcare Informatics Network (CHIN)
 - Croatia Nursing Informatics Association (CroNIA)
- Delaware Valley Nursing Computer Network (DVNCN)
 - Health Informatics of New Jersey (HINJ)
- Healthcare Information and Management Systems Society (HIMSS)
 - Informatics Nurses From Ohio (INFO)
 - MEDITECH Nurse Informatics program
- Midwest Nursing Research Society - NI Research Section (MNRS)
 - Minnesota Nursing Informatics Group (MINING)
 - NANDA International
- New England Nursing Informatics Consortium (NENIC)
- North Carolina State Nurses Association Council on NI (NCNA CONI)
 - Perinatal Information Systems User Group (PISUG)
 - Puget Sound Nursing Informatics (PSNI)
 - SNOMED CT Nursing Working Group
- South Carolina Informatics Nursing Network (SCINN)
 - Utah Nursing Informatics Network (UNIN)

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