

**THINK TANK: NURSING & THE ELECTRONIC HEALTH RECORD**  
**May 10 & 11, 2009**  
**York Room, The Fairmont Royal York, Toronto**

**REPORT**

**INTRODUCTION**

Over the past several years, with the support and guidance of Canada Health Inforoute (CHI), progress has been made toward the development and implementation of the Electronic Health Record (EHR) in Canada. Nursing was represented on many projects and at many of the advisory and working group forums established by *Inforoute* to participate in the dialogue on all aspects of promoting pan-Canadian EHRs. Nurses were particularly involved in assessing needs and developing strategies to support end-user adoption. The Canadian Nurses Association (CNA), the Canadian Association of Schools of Nursing (CASN), the Canadian Federation of Nurses Unions (CFNU), the Academy of Canadian Executive Nurses (ACEN), Health Canada, the Office of Nursing Policy (ONP) and others have met periodically at the invitation of CHI to develop shared thinking on the role and participation of nursing in the implementation of the EHR.

CHI and CNA in particular maintained ongoing dialogue. CNA was regularly invited to nominate nurses to participate in CHI and national standards work. Supported by national and provincial nursing leaders, CNA successfully engaged CHI as a strategic investor in C-HOBIC (Canadian Health Outcomes for Better Information and Care) - - the work of introducing standardized nursing assessments of health outcomes into the EHR across jurisdictions and care settings. This ground breaking work at the national level was built on the achievements of the Ontario Ministry of Health and Long-Term Care's (MOHLTC) *Health Outcomes for Better Information and Care* (HOBIC) program.

The dialogue and partnership activities between CNA and Canada Health Inforoute have grown over recent years. On May 10 and 11, 2009 Canada Health Inforoute, in collaboration with the CNA, invited a small group of nursing informatics experts and national association leaders to a *Think Tank* in Toronto, to identify the key strategic initiatives that are needed to optimize Canadian nurses' utilization of the EHR over the next few years, and to begin to develop a 'roadmap' for moving forward.

**THINK TANK OBJECTIVES**

The objectives for the Think Tank were as follows:

1. To identify major strategies required to increase nurses' adoption of electronic health records.
2. To determine key actions needed to design and implement these strategies.
3. To build a 'roadmap' for our work over the next 2 years.
4. To identify how to engage key stakeholders in the journey.

## PARTICIPANTS

Approximately 22 national association leaders, provincial nursing informatics leaders and informatics experts were invited to participate; 16 were able to accept the invitation. See Appendix 1 for list of participants. An outside consultant was contracted to facilitate the discussions.

## AGENDA

The table following demonstrates the agenda for the Think Tank.

SUNDAY, MAY 10, 2009	
6:00 PM	<b>Registration, Networking &amp; Dinner</b> Guest Speaker: Dr. Vaughan Glover, President, The Canadian Association for People-Centred Care
MONDAY, MAY 11, 2009	
7:30 – 8:30	Continental Breakfast
8:30 – 8:45	Welcome & Overview
8:45 – 10:00	<b>Where we've come from &amp; Where we are now</b> Nora Hammell, Canadian Nurses Association Maureen Charlebois, Canada Health Infoway
10:00 – 10:15	Break
10:15 – 11:45	<b>Where are we going? /What is the destination?</b> <ul style="list-style-type: none"> <li>• <i>Visioning Exercise</i></li> <li>• <i>Identification of key strategies to be pursued</i></li> </ul>
11:45 – 12:30	Lunch
12:30 – 2:15	<b>Key Actions and Roadmap</b> <ul style="list-style-type: none"> <li>• <i>What do we have to DO to get to be successful with this strategy? (What are the key actions that need to be undertaken?)</i></li> <li>• <i>How will we GET IT DONE? (What is the Roadmap)?</i></li> </ul>
2:15 – 2:30	Break
2:30 – 3:30	<b>Consensus Building</b>
3:30 – 4:00	<b>Wrap-up and Where from Here</b>

## SUMMARY of the PROCEEDINGS

The majority of participants were able to attend the **networking dinner** on Sunday, May 10<sup>th</sup>, where guest speaker Dr. Vaughan Glover (President, The Canadian Association for People-Centred Care) made a presentation entitled *The Leadership Challenges of Evolving to a People-Centred System*. The main topics in Dr Glover's presentation included

- An introduction to The Canadian Association for People-Centred Health (CAPCH);
- The CAPCH-proposed Pyramid of Health;
- The differences between doctor-centred and people-centred health management models;
- The four key principles and ten critical elements which CAPCH has identified as the necessary conditions for Canadians to have a truly people-centred health and wellness system; and
- The challenges for leadership (specifically nursing leadership) in moving toward more people-centred care.

Dr. Glover's presentation and supporting materials are attached.

During the first half of Monday morning **progress reports** were provided by Nora Hammell, Director Nursing Policy, Canadian Nurses Association and Maureen Charlebois, Chief Nursing Executive & Group Director, Clinical Adoption, Canada Health Infoway.

The **CNA presentation** highlighted progress and current initiatives in the following areas:

- Nursing data (including special mention of the opportunity provided by the C-HOBIC initiative);
- Networking (the Canadian Nurses Informatics Association; and Counterparts teleconferences);
- Education of nurses (the *NursingNOW* series available on *NurseONE*, the Canadian Registered Nurses examination);
- Lobbying for EHR (position statements and the *E-Nursing Strategy*); and
- Supporting evidence based practice (in particular through *NurseONE*).

The **Infoway presentation** was organized around the following headings:

- *Infoway Overview*  
Information about *Infoway's* business strategies, and business drivers.
- Where we have come from?  
Clinical Relevance (including the benefits of EHRs, emphasizing the fact that the Canadian health care system will not fully realize all of these benefits if clinician point of service systems (PoS) are not interoperable with the EHR);  
End User Strategy (objectives and key areas of focus).
- Where we are now?  
Clinical Adoption Team;  
Progress in the End User Strategy (Support Networks, CMA Case Studies, Physician Office System Requirements, Collaborative Engagement; Education and Training; and Innovation and Adoption projects).
- What we have learned?  
Outcomes & Recommendations in three areas: Nursing Peer-to-Peer Support; Nursing Involvement; Collaborative Engagement; and Training and Education.

Both presentations are attached.

The latter part of the morning and the first part of the afternoon were devoted to a process designed to identify the key strategic initiatives that now require attention to move the nursing informatics agenda forward. Participants first worked in small groups in a visioning exercise to imagine what it would look like if Canada was recognized by the International Council of Nurses for 'setting the bar for nurse adoption of EHRs' in four years time.

From these visions a number of common elements were identified, and from the common elements **six key strategic initiatives** were derived, as follows:

1. Identification of key requirements (including both business and functional requirements, as well as the provision of critical nursing input into the *Infoway Blueprint 2015* document);
2. Development of a structure and strategy for collaboration;
3. Development of an education strategy;
4. Development of a communication strategy;
5. Advancing and leveraging the *C-HOBIC* implementation; and
6. Advancing and leveraging *NurseONE*.

In addition to the six initiatives, a number of important considerations were identified, which participants felt should be threaded through all of the initiatives. These **strategic threads** included: research, evaluation, client/citizen engagement, the identification and optimization of leverage points, the use of case studies and stories, and the identification of need for future development of *NurseOne*.

During the balance of the afternoon participants worked in small groups to draft **preliminary Roadmaps** for initiatives 1-4 (suggesting key actions, identifying major stakeholders, suggesting lead organizations, and considering resources which may be required). After the Think Tank, Peggy White from C-HOBIC prepared a comparable document for Initiative 5, and Nora Hammell prepared a comparable document for *NurseONE*, as Initiative 6. The six Roadmaps are provided in Appendix 2.

The session concluded with identification of **next steps**, summarized below:

1. This report will be circulated to all Think Tank participants for comments and corrections.
2. Organizations that participated in the Think Tank and self-identified as the 'lead' for particular strategic initiatives or actions will take the draft Roadmaps back to their organizations for discussion, amendment and action.
3. In alignment with the pending National Governance & Strategy approach appropriate participants will participate in a meeting in the coming months to exchange information with colleagues on the status of the action plan in guiding organizational planning or action and what next steps are needed.

Thanks were extended from the hosts to all participants for their hard work and brainstorming of the day. Special thanks were made to Judith Skelton-Green, who facilitated the wide-ranging discussions to help create direction.

#### Post Script on the Nature of *Think Tanks* and *Roadmaps*

Think Tanks are just that. They are the places where we boil down ideas to see the essence of our combined thinking. While the strategies developed in this think tank are the products of small group discussions, taken in total they are rich with the energy and expertise of the individuals who came together.

This Roadmap, therefore, is offered to all participants to inform their work and explore options for coordinated or individual initiatives. We look forward to working with as many of you as possible in future discussions, be they in person or by distance.

Sincerely,



Chief Nursing Executive & Group Director,  
Clinical Adoption  
Canada Health Infoway



Nora Hammell, RN, MN, Director, Nursing Policy  
Canadian Nurses Association

## APPENDIX 1 – THINK TANK INVITEES & PARTICIPANTS

Name	Organizaton	Jurisdiction
<b>Attending</b>		
1. Dr. Kathryn Hannah	C-HOBIC	National
2. Peggy White	C-HOBIC	National
3. Sharon Paton	National Project Manager C-HOBIC & Lecturer, Daphne Cockwell School of Nursing, Ryerson	ON
4. Dr. Ellen Rukholm	Canadian Association of Schools of Nursing	National
5. Dr. Sandra L. Bassendowski	College of Nursing, University of Saskatchewan	SK
6. Dr. Lynn Nagle	Nagle & Associates Inc.	ON
7. Linda Silas	Canadian Federation of Nurses Unions	National
8. Amanda Crupi	Canadian Federation of Nurses Unions	National
9. Mary Eileen MacPhail	Capital District Health Authority, Halifax & Canadian Nursing Informatics Association	NS & National
10. Shelley Brown	Capital District Health Authority, Halifax	NS
11. Sandra MacDonald-Rencz	Office of Nursing Policy	National
12. Maureen Charlebois	Canada Health Infoway	National
13. Agnes Wong	Canada Health Infoway	National
14. Nora Hammell	Canadian Nurses Association	National
15. Sally Remus	St. Michael's Hospital	ON
16. Larisa Szyrajew	Canada Health Infoway	Project Coordinator
<b>Regrets</b>		
1. Patrice Drake	Government of Prince Edward Island	PEI
2. Dr. Joy Richards	Academy of Canadian Executive Nurses	ON
3. Janice Currie	Academy of Canadian Executive Nurses	ON
4. Debra Allen	College and Association of Registered Nurses of Alberta	AB
5. Louise Hanvey	Canadian Nurses Association	National
6. Shari Glenn	Office of Nursing Services	National
7. Mike Villeneuve	Canadian Nurses Association	National
<b>Guest Speaker – May 10</b>		
Dr. Vaughan Glover	President, The Canadian Association for People-Centred Care	National
<b>Facilitator</b>		
Dr. Judith Skelton-Green	President, Transitions: HOD Consultants	National

## APPENDIX 2 – KEY STRATEGIC INITIATIVES AND PRELIMINARY ROADMAPS

(Materials in the tables following are as prepared by the working groups; and are incomplete in some areas and have not been officially endorsed by the identified Lead Agency and other Key Stakeholders)

### 1. KEY REQUIREMENTS

Key Actions	Suggested Lead (agency, person)	Key Stakeholders	Resources Required (human, fiscal, other)
<b>1. Influence EHR Blueprint 2015</b> a) Participation in further detailing of nursing content of EHR b) Utilize structure developed to support nursing eHealth initiatives c) Utilize nursing representatives within the standards collaborative d) Support development of clinical nursing reference group to inform the Blueprint e) Provide a briefing to the clinical reference group to be created f) Brief/educate the project leaders for the Blueprint 2015 about the modern nursing practice	<i>Infoway</i>	<ul style="list-style-type: none"> <li>• Nursing Community</li> <li>• Consumers</li> </ul>	<ul style="list-style-type: none"> <li>• Working group</li> <li>• Workshop</li> <li>• Representative of all practice sectors and jurisdictions</li> </ul>
<b>2. Identification of core nursing data elements</b> a) Revalidation of HI:NC b) Promoting awareness c) Consensus building d) Map HI:NC to SNOMED see C-HOBIC	C-HOBIC		
<b>3. Identification of key functional elements of the EHR to support nursing practice</b> (e.g. single sign-on, intuitive design, internet access, mobile access) a) Monitor and follow working group 2 of TC215 focused on design issues b) Monitor and follow IMIA – Workflow Process Standards working group c) Establish ad hoc working group to identify key functional elements and link with Infoway clinical reference group currently being created d) Validate functional elements with nurse peer leaders e) Present findings and recommendations of key functional elements to the clinical reference group f) Contribute to gap analysis being undertaken within <i>Infoway</i> identifying gap related to desired end state versus reality of today's EHR solutions	Jurisdictions		
<b>4. Demonstrate and communicate value proposition of these requirements</b> a) Case studies and success stories that convey value re: clinical care and outcomes and nurses adoption of EHRs b) Provide relevant literature/bibliography to support same	Communications		

Key Actions	Suggested Lead (agency, person)	Key Stakeholders	Resources Required (human, fiscal, other)
c) Environmental scan to understand the state of the art of benefits realized to date by virtue of standardized approaches			
5. <b>Create statement of work</b> related to all of the above including phasing, timelines, and deliverables			
6. Synthesis of 2, 3, & 4 for <b>presentation to Blueprint Steering Committee</b>			

## 2. STRUCTURE AND STRATEGY TO GUIDE STRATEGIC INITIATIVES

Key Actions	Suggested Lead (agency, person)	Key Stakeholders	Resources Required (human, fiscal, other)
<b>1. Establish Structure, Terms of Reference and Membership</b> a) National Interprofessional Informatics Steering Committee (NISC) b) National Discipline Specific Advisory Committee: Nursing, Physician, Pharmacist c) Discipline Specific Working Groups	<i>Infoway</i>	<ul style="list-style-type: none"> <li>• National key leaders</li> <li>• Provincial key leaders</li> <li>• National CIO group</li> <li>• Point of care clinicians</li> <li>• Community care representatives</li> </ul>	<ul style="list-style-type: none"> <li>• Core functions of BE and Research and Change Management, Adoption Knowledge Generation built into NISC</li> <li>• Need link with National CIO Committee *****</li> </ul>
<b>2. Engagement Forums to operationalize the work of NISC</b> a) Provincial, discipline specific and interprofessional	Advisory Committee	<ul style="list-style-type: none"> <li>• Peer-to-Peer</li> <li>• Project specific</li> </ul>	<ul style="list-style-type: none"> <li>• NurseONE</li> <li>• Physician &amp; Pharmacist Portal</li> </ul>

## EDUCATION STRATEGY

Key Actions	Suggested Lead (agency, person)	Key Stakeholders	Resources Required (human, fiscal, other)
<p>1. <b>Identify Basic Education Key Elements:</b></p> <p>a) Create an inventory of existing education EHR and Informatics education best practices (environmental scan) i.e. Building on existing work (there is lots)</p> <p>b) Create a plan to ‘disseminate’ those ‘best practices’ to educators</p> <p>c) Identify areas for research related to the implementation of EHR and Informatics in all nursing education programs</p> <p>d) Put together an Advisory Committee with representatives from nursing education leaders for RNs, RPNs, LPNs and stakeholders for a common understanding of EHR and Informatics utility and to then explore ways to implement existing Informatics Competencies at the provincial approval level and nationally (CASN) at the accreditation level</p> <p>e) Engage stakeholders and educators in the process with the ultimate goal of integrating key components of Informatics into RN (basic and graduate) education, LPN and RPN education (possibly a FORUM)</p> <p>f) National CASN integration of competencies with Accreditation processes</p> <p>g) Competencies in sync between education, practice and regulation (licensure competencies); Identify education exit competencies then link these to education and approval</p> <p>h) Provincial Regulatory bodies</p> <p>i) CNA competencies: CRNE</p> <p>j) How-to strategies: collecting and sharing leading practices that demonstrate and support implementation</p> <p>k) Supportive learning environment (comfort; knowledge about why EHRs are important for faculty and students; learning modules)</p> <p>l) Explore US TIGER – multidisciplinary</p>	<ul style="list-style-type: none"> <li>• CASN for RN basic and graduate education</li> <li>• LPN national body</li> <li>• RPN national body</li> </ul>	<ul style="list-style-type: none"> <li>• CASN Accreditation Bureau</li> <li>• Education leaders (RN, RPN, LPN)</li> <li>• Education faculty</li> <li>• CNA (Regulators)</li> <li>• Informatics</li> <li>• ACEN</li> <li>• Direct care givers</li> <li>• CNSA</li> </ul>	<ul style="list-style-type: none"> <li>• Human</li> <li>• Fiscal</li> </ul>
<p>2. <b>Environmental scan to create an inventory of best practices</b> (or if an inventory exists build on it)</p> <p>a) Basic computer skills learning modules and face-to-face</p> <p>b) Learning environment: comfort curve time what’s in it for them</p>		<ul style="list-style-type: none"> <li>• Employers.</li> <li>• Care givers</li> <li>• Educators</li> <li>• CNA</li> </ul>	<ul style="list-style-type: none"> <li>• Human resource time and money</li> <li>• Commitment of institutions,</li> </ul>

Key Actions	Suggested Lead (agency, person)	Key Stakeholders	Resources Required (human, fiscal, other)
c) Mentoring – between those with the skills and those without d) Links to Portal Nurse One (tutorials) e) Learning modules; train the trainer f) Face-to-face support combined with print or online learning modules (makes sense in how they work; intuitive with drop downs draw parallels to existing skills; i.e. Cell phones) g) National collection of existing modules - and development of a dissemination/diffusion strategy		<ul style="list-style-type: none"> <li>Maybe CASN, RPN, LPN education leaders</li> </ul>	leadership supports for adoption

### 3. COMMUNICATIONS STRATEGY

Key Actions	Suggested Lead (agency, person)	Key Stakeholders	Resources Required (human, fiscal, other)
<b>1. Umbrella message</b> – EHR not an option <ul style="list-style-type: none"> <li>Health Care Reform</li> <li>Patient Safety</li> </ul>			
<b>2. Nursing and Health Care Leaders</b> <ol style="list-style-type: none"> <li>Develop campaign slogan</li> <li>Develop a value proposition</li> <li>Success story - Improving practice environment for example, retention, reducing overtime</li> </ol>		<ul style="list-style-type: none"> <li>CHI</li> <li>CNIA</li> <li>Jurisdictional rep &amp; Provincial Organizations</li> <li>CNA –including NurseONE and member organizations</li> <li>Academy of Canadian Executive Nurses</li> <li>CFNU</li> <li>CASN</li> </ul>	<ul style="list-style-type: none"> <li>Video clip and written version</li> <li>Dissemination Plan</li> <li>Bilingual – French and English</li> <li>Funding from CHI</li> <li>Dissemination and promotion from reminder of stakeholders</li> </ul>
<b>3. Front-line Nurses</b> <ol style="list-style-type: none"> <li>Develop a value proposition Success story (saving time, safer practice, better patient care)</li> <li>Develop campaign slogan</li> </ol>		<ul style="list-style-type: none"> <li>CHI</li> <li>CNIA</li> <li>Jurisdictional rep &amp; Provincial Organizations</li> <li>CNA –including Nurse One and member organizations</li> <li>Academy of Can Executive Nurses</li> <li>CFNU</li> <li>CASN</li> </ul>	<ul style="list-style-type: none"> <li>Video clip and written version</li> <li>Dissemination Plan</li> <li>Bilingual – French and English</li> <li>Funding from CHI</li> <li>Dissemination and promotion from reminder of stakeholders</li> </ul>

#### 4. ADVANCING AND LEVERAGING C-HOBIC (Subject to Project Extension)

Key Actions	Suggested Lead (agency, person)	Key Stakeholders	Resources Required (human, fiscal, other)
<b>1. Project Initiation</b> a) Development of Statement of Work	C-HOBIC	<ul style="list-style-type: none"> <li>Provincial partners</li> <li>CNA</li> <li>Canada Health Infoway (CHI)</li> </ul>	<ul style="list-style-type: none"> <li>Identified in funding submission</li> </ul>
<b>2. Alignment of C-HOBIC concepts from ICNP® to SNOMED-CT</b> a) Consultant recruitment b) Expert Panel and consensus meeting	C-HOBIC	<ul style="list-style-type: none"> <li>ICNP representatives</li> <li>SNOMED representatives</li> <li>CHI</li> </ul>	
<b>3. Implementation of standardized suite of measures</b> a) IT build b) Education of nurses in new provinces and/or sectors on Collection of C-HOBIC suite of measures c) Collection of C-HOBIC data d) Education for nurses on use of C-HOBIC information for planning and evaluating care	C-HOBIC	<ul style="list-style-type: none"> <li>Provincial partners</li> <li>Nurses in participating provinces</li> <li>Vendor engagement</li> <li>CNA</li> <li>CHI</li> </ul>	
<b>4. Incorporation into nursing education programs</b> a) Consultant recruitment b) Engagement of faculty in provinces (3) c) Development of toolkit	C-HOBIC	<ul style="list-style-type: none"> <li>CASN</li> <li>CNA</li> </ul>	
<b>5. Evaluation</b> a) Recruitment of team b) Development of proposal c) Review by <i>Infoway</i> d) Conduct evaluation e) Report on use by nurses and nurse managers	C-HOBIC	<ul style="list-style-type: none"> <li>CNA</li> <li>CHI</li> <li>Provincial partners</li> <li>Nurses in participating provinces</li> </ul>	
<b>6. Engagement of Key Leaders</b>	C-HOBIC	<ul style="list-style-type: none"> <li>Office of Nursing Policy</li> <li>CNA</li> <li>ACEN</li> <li>Provincial <i>Peer-t- Peer</i> groups</li> </ul>	

## ADVANCING AND LEVERAGING NurseONE

Key Actions	Lead (agency, person)	Key Stakeholders	Resources Required (human, fiscal, other)
1. <b>Support nursing practice with access to knowledge:</b> For example, NurseONE can develop a “knowledge feature” (multiple interactive and non-interactive information resources) on nursing informatics, particularly electronic health records.	NurseONE / CNA	<ul style="list-style-type: none"> <li>• CNA</li> <li>• Health Canada</li> <li>• Canadian Association of Schools of Nursing (CASN)</li> </ul>	<ul style="list-style-type: none"> <li>• Content providers and contributions</li> </ul>
2. <b>Education:</b> Accessing on-line education on informatics. Currently we have basic set of modules that provide a certificate of completion (HITS). An advanced program is under development with NurseONE as a partner. Other continuing education linkages will be made.	NurseONE / CNA	<ul style="list-style-type: none"> <li>• Canadian Nursing Informatics Association (CNIA)</li> <li>• Canada Health Infoway (CHI)</li> <li>• P/T RN associations and colleges</li> </ul>	<ul style="list-style-type: none"> <li>• Possible resources needed for program development or adaptation. Existing courses on EHRs to be researched and reviewed.</li> </ul>
3. <b>Communities of Practice:</b> As a virtual meeting place for nurses with a shared interest in implementing the EHR, a community of practice allows for connecting with colleagues and the exchange of resources and materials.  A variety of nursing discussions could take place, such as working groups on clinical nursing terminology or data requirements (supporting other strategies in the action plan; <i>Infoway’s</i> peer-to-peer groups that offer support for best practices in implementation; CNIA and P/T interest groups.	NurseONE / CNA	<ul style="list-style-type: none"> <li>• National and P/T LPN associations and colleges</li> <li>• Nursing speciality associations</li> </ul>	<ul style="list-style-type: none"> <li>• Technology is available for functions of communities of practice. Resources are needed for infrastructure support (technology upkeep, administration, registration, helpline, coaching on how to run a community etc.) Each community that begins would also need to be resourced in order to have an expert moderator, who is contracted to provide a specific level of service.</li> </ul>