Nursing Informatics:

A Valuable New Tool for Nursing in Canada

BY
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If you were asked what you did to contribute to the overall health of your patient/clients, how would you respond? What if you asked 100 of your colleagues the same question? Would you get a consistent answer?

What if your pay was directly linked to the health outcomes of your patient/client? Could you differentiate your care from the overall care they received from all the providers that provided services to them? If asked how you contributed to patient/client care and why your job should be secure, could you clearly articulate your value to the Chief Finance Officer of your hospital or organization?

If you were to ask the public, politicians or other health-care providers what contribution nurses made to patient/client care, what would they say? Did you know that because nursing care is considered part of the "hotel costs" of care and not captured on the patient discharge sheet in a standardized way (Nursing Minimum Data Set) it is assumed that nursing has had no concrete effect on patient outcomes no matter what level of practice or what discipline? In the words of Katherine Hannah, the Health Informatics Advisor to the Canadian Nurses Association (CNA), "If we cannot name it, we cannot control it, finance it, teach it, research it, or put it into public policy."[1]

Informatics revolves around data acquisition, storage and analysis. Nursing informatics, a relatively new specialty, has been defined by the American Nursing Association as "the combination of nursing, information, and computer sciences to manage and communicate information to support nurses and health-care providers in decision-making.[2]

Florence Nightingale knew the importance of nursing informatics. "She used information she gathered through careful observation and documentation to represent the health problems she encountered while pursuing her goals for improving and reforming hospitals and health care."[3]

Kathryn Hannah states, "The CNA has taken the position that registered nurses and other stakeholders in health-care delivery require information on nursing practice and its relationship to client outcomes." This is essential for human resource planning, to expand our knowledge and to set research agendas.[1]

It is inconceivable that in the year 2007 nurses cannot fully articulate standardized constituents of their care that impact the health outcomes of their clients.

Nurses and all health-care providers must become familiar with the methods of analyzing and manipulating information to improve the care of our clients, describe and evaluate what we do and market our value to the public.[2] Nurses especially will have to re-educate themselves about nursing informatics, as many members of this profession did not learn this information during their academic preparation.

Wound care in Canada is delivered by a wide variety of "wound specialists." As wound-care specialists we intuitively know (think, hope) that we bring value to the Canadian health-care system by improving healing outcomes of our patients/clients and supporting cost-effective practices. However, we have not "proven" this value nor can we differentiate the values different disciplines bring to the patient. The Canadian Association for Enterostomal Nursing (CAET) has taken

the lead in assessing the cost effectiveness of ET Nurse interventions in a recently sponsored "Cost Outcomes Study" to provide this valuable data. This is an excellent first step. I urge the membership of the CAWC to make this a priority for future research.

To learn more about nursing informatics and the utility of databases, please check out some of the following sources:

- Canadian Nursing Informatics Association, www.cnia.ca
- What is nursing informatics and why is it so important? www.cna-nurses.ca/CNA/documents/pdf/publications/NursingInformatics, Sept_2001_e.pdf
- Canadian Institute for Health Information Web site http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=hhrdata_nursing_data_e
- The Players: Getting Nurses into the Equation by Jan Carter http://secure.cihi.ca/cihiweb/en/downloads/event_partner_apr04_equation_e.pdf.

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2. Thede LQ. *Informatics and Nursing Opportunities and Challenges*, Second Edition. Philadelphia: Lippincott Williams & Wilkins. 2003.
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Deep Tissue Injury: What, Why and When?

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Ms. DZ is admitted for observation and treatment of the DTI, which could decline rather quickly. She is given a high-protein diet due to her pre-albumin level being slightly decreased at 15 g/L. She is also prescribed a 100 per cent RDA multiple vitamin-mineral supplement to make sure she is receiving optimal levels of crucial elements for wound healing. Skin care consists of gentle phospholipids cleansers, an amino acid and vitamin enhanced skin-repair cream and a protective cream containing a silicone blend to prevent further damage. A silicone-faced foam dressing is ordered for the DTI since it is slowly oozing serous fluid and remains very tender to touch.

The wound does not open—rather sloughing the necrotic tissue after Ms. DZ is discharged to a long-term care facility. The physiotherapist is also contacted to assess Ms. DZ's wheelchair and cushion. She eventually is able to rehabilitate and go home. Simone, her support dog, is taught to alert 9-1-1 via a special phone that she can operate, making sure that this unfortunate accident never happens again.

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