

A Communications Service to Nursing School Deans, Administrators, and Faculty

Published by Anthony J. Jannetti, Inc. as a service to the National Student Nurses' Association, Inc.

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Campaign for Nursing Curriculum Reform In Information Technology: Got IT?

Part II: IT and the U.S. Government

Veronica D. Feeg

Government Speaks – Industry Responds



Veronica D. Feeg

The Health Insurance Portability and Accountability Act of 1996 legislated the use of national standard data sets for financial and administrative data and the “how’s” of providing access to protected health information. In its final regulatory form in April 2003, what was clear to everyone was that the issues of data representation, translating information across systems and among different groups of practitioners, and enforcing compliance with the regulation

would present a daunting task. Over the years of the Federal Government’s National Information Infrastructure’s (NII) work, challenges and pitfalls became more evident, resulting in the creation of an ambitious plan from the Department of Health and Human Services (DHHS). In an Executive Order issued on April 27, 2004, President George W. Bush called for the widespread deployment of health information technology within 10 years. As part of this announcement, he formed the Office of the National Coordinator for Health Information Technology (ONCHIT). An important aspect of the President’s initiative is the development of a nationwide interoperable health information technology infrastructure that will facilitate improvements in safety, quality, efficiency, and care coordination.

DHHS Secretary Tommy Thompson released a major report entitled, *The Decade of Health Information Technology* (2004) to outline steps that implement widespread adoption of the Electronic Health Record (EHR) and the new nationwide interoperable health information network. He has made enhancing the quality and safety of health care for all Americans, through better use and wider application of information technology, one of his most important priorities. He states, “America needs to move much faster to adopt information technology in our health care system...to...provide a quantum leap in patient power, doctor power, and effective health care. We can’t wait any longer.” The report coincided with a special Secretarial Summit on Health Information Technology (HIT) in conjunction with the NHII Conference, “Cornerstones for Electronic Healthcare,” and was keynoted by

The Honorable Bill Frist, MD, United States Senate Majority Leader. The Secretary also appointed Dr. David J. Brailer as the National Coordinator for Health Information Technology in the newly created office. It was during this meeting that IT expert Dr. Charles Safran called for the preparation of 6,000 nurse informaticians.

Numerous offices within the federal government will be directed to report on how they will advance the adoption of health information technology, including the Department of Veterans Affairs (VA), the Department of Defense (DoD), and the Office of Personnel Management (OPM). The areas to which Secretary Thompson promises that health information technology will transform the delivery of health care without heavy-handed regulation or upheaval in the health care sector include:

- Interoperability.
- Quality care.
- Decision support.
- Cost-effective care.
- Bench-to-bedside.
- Medically underserved.
- Consumer involvement.
- Accuracy and privacy.
- Public health monitoring.

David Brailer’s *Framework for Strategic Action* sets in motion “the decade of health information technology” with four major goals and describes how the various government agencies within DHHS will be doing their share to move those goals forward.

- *Inform clinical practice* by incentivizing adoption of the electronic health record (EHR); reducing the risk of EHR investment; promoting EHR diffusion in rural and underserved areas.
- *Interconnect clinicians* by fostering regional collaboration; developing a national health information network; coordinating federal health information systems.
- *Personalize care* by encouraging use of personal health records; enhancing informed consumer choice; promoting use of telehealth systems.
- *Improve population health* by unifying public health surveillance architecture; streamlining quality and health status monitoring; accelerating research and dissemination of evidence.

Where Is Nursing in IT?

It is painfully clear that these activities fit within all we know as nursing practice and that we must have a say and a seat in the evolution of policy-driven initiatives that will impact

patient care and our practice. Groups are mobilizing within the nursing informatics communities, medical informatics associations and constituencies, and vendor groups to vocalize what IT can do for advancing patient care. These efforts must be followed up by nursing education leaders committing to produce a significant number of knowledgeable informatics professionals who will serve in their variety of informatics clinical practice, management, and leadership roles. This is why it is important to “get it” in order to get IT – and all IT can promise to improve patient care, especially with the crisis in our workforce future.

President Bush promises to invest millions of dollars, and many speculate that much more money will be spent to move the HIT agenda forward. Plans to modernize the UK technology-based information systems are also being supported by the British government’s commitment to an ambitious IT project that will encompass electronic records, e-booking, and e-prescribing. This will require over £5 billion of IT investment between 2003 and 2009 (Murphy, Stamer, Clamp, Grubb, Gosland, & Davis, 2004). To address the outcomes of these activities, nurses within the vendor community, professional societies, systems administration, and practice communities are taking steps to come together, unified as an “alliance” of nursing professionals from among their respective large interdisciplinary and professional associations. Internationally and nationally, nursing must be part of these transforming IT efforts, and nursing education is the place to cultivate the potential for developing champions of health IT that will incorporate the “nursing” part of the process, or it will be noticeably absent from the product development.

Campaign for Curriculum Reform

Clearly, curriculum reform is indicated. Nursing institutions can no longer afford to circumvent the essential informatics competencies required of our graduates to be successful in practice. Our graduates will need these IT skills to prepare themselves with the knowledge that will allow them to make significant contributions to the design, development, and implementation of clinical information and decision support systems. Most importantly, deans and directors of nursing education need to begin the process of promoting innovative programs to recognize the critical importance of producing an IT-competent nurse graduate. Deans must inform their administrators that they will not be able to rest on trivial or truncated lectures or computer experiences about IT without a serious commitment to funding for purchase of the necessary tools to support education and clinical practice in informatics. The environments in which their students and graduates will practice are not places for the IT squeamish.

Finally, core competencies for using informatics need to be agreed upon for graduate and undergraduate educational curricula, and incorporated into practice-level position descriptions, accreditation standards, and performance appraisals. Fortunately, incentives are destined to become more available as the government initiatives play out between nursing, service, and the vendor communities, so keep your eyes open to new opportunities. Look for new surveys that will be sent out to update what we know about IT in nursing education curricula across the country, and articles in journals and newsletters across nursing specialties. It is becoming

more evident that the call for improved informatics knowledge and skills, and the associated possibilities will be everywhere – and how each program succeeds in moving its students’ technology competencies forward will depend on each nursing education leader’s vision, voice, and will.

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Acknowledgement: A special note of thanks to Patricia Abbott (Johns Hopkins University), Marion Ball (Johns Hopkins University), Holly Farish-Hunt (Johns Hopkins University), Angela McBride (Indiana University), Joyce Sensmeier (HIMSS), Diane Skiba (University of Colorado), and Charlotte Weaver (Cerner Systems) for their contributions to this manuscript.

Note: Part I of this article appeared in the November 2004 issue of Dean’s Notes.

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2005 Convention Spotlight

Salt Lake City Utah is the site for NSNA's 53rd Annual Convention, April 6-10, 2005. With over 3,000 nursing students, consultants, and faculty expected to attend, it will be an exciting week of networking and meeting new friends, learning about your chosen profession, and enjoying this beautiful city. The convention theme, "Breaking the Mold: Breakthrough to Nursing," celebrates 40 years of the Breakthrough to Nursing project. Workshops, posters, and discussions will feature issues and information on diversity in nursing.

We have invited the U.S. Surgeon General to be our keynote speaker. Watch the NSNA Web site for updated information on this session. Dr. Richard Carmona began his career in health care as a registered nurse before he attended medical school. He has a lot to share about his life, career, and health care in America.

Top nursing leaders will present two plenary sessions addressing timely topics. On Thursday, April 7, Dr. Rumay Alexander, director of multicultural affairs at the University of North Carolina, and Mary Ann Tuft, NSNA executive director 1970-1985, president Tuft & Associates, Chicago, IL, will discuss the "Breakthrough to Nursing Program: Yesterday, Today and Tomorrow." On Friday, April 8, Dr. Jean Logan from Grand View College, Des Moines, IA, will moderate a panel on "Mentorship: The Experience of a Lifetime." The panel will consist of Dr. Connie Vance, author of "The Mentor Connection in Nursing," and Dr. Daniel Pesut, president of Sigma Theta Tau, International Honor Society of Nursing.

The educational opportunities do not end there. Focus sessions sponsored by associations, companies, and hospitals will be offered on a variety of topics including spirituality in care, the lighter side of pharmacology, humor in nursing, plan-

ning your career, simple steps to writing and getting published, being a nurse anesthetist, how to take an occupational and environmental exposure history, career mobility and advanced education, caring for yesterdays heroes, the healing power of presence, selecting an employer, fundraising for your chapter, running a state convention, community health projects for your chapter, leadership, and much more.

An 8-hour NCLEX® mini-review is offered at a time when everyone can attend. This review has received outstanding evaluations in the past and promises essential information, an outstanding handout, and a discount coupon to purchase the *2005 Delmar Thomson Learning Review* book. The cost is an additional \$20 for members who preregister.

The First Night Party and the Awards Ceremony and Reception offer an exciting time to honor leaders, award winners, and outstanding sponsors. These events are fun and offer time to network and meet students from other parts of the country. The faculty will have the opportunity to network and learn as well. The full schedule offers continuing education credit, three NLN sponsored luncheons with speakers and discussions, special workshop for consultants, time to meet and greet the Board of Directors, and the popular faculty roundtable. Watch the NSNA Web site for details and schedule (www.nсна.org).

The convention will end with Tamra Merryman, MSN, RN, FACHE, our closing speaker, who will present a session entitled, "Transforming Care at the Bedside." Transforming Care at the Bedside is a national initiative sponsored by the IHI and the Robert Wood Johnson Foundation and focuses on nursing workforce development, nurse satisfaction, and patient care outcomes.

You are invited to join us in Salt Lake City, so plan your schedule now! The convention brochure will be on the NSNA Web site shortly after January 1, 2005. If you are interested in

*Once you have finished with this newsletter,
please pass it along to share with a colleague or friend.*

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DEAN'S Notes is indexed in Cumulative Index to Nursing & Allied Health Literature.

DEAN'S Notes is published five times a year (September, November, January, March and May) by Anthony J. Jannetti Inc., East Holly Avenue Box 56, Pitman, New Jersey 08071-0056. Telephone 856.256.2300. FAX 856.589.7463. All rights reserved. No part of this publication may be reproduced without the express written permission of the publisher. Address changes should include mailing label and be forwarded to the publisher.

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See you in Utah!

NCLEX® Review

The National Student Nurses' Association and *Nursing Spectrum* are launching an expanded NCLEX-RN® Review Course. Three programs have been scheduled for 2005:

January 28-30, 2005

Atlantic City Convention Center
Atlantic City, NJ

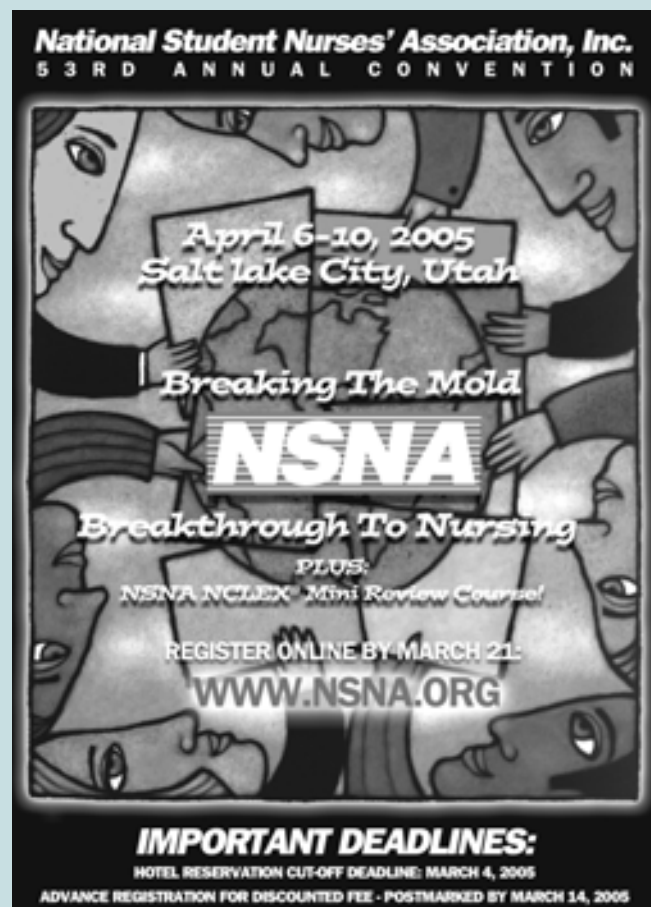
February 26-28, 2005

Disney's Coronado Springs Resort
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June 2-4, 2005

Chicago Marriott Northwest
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These programs follow a successful pilot course that was held in June 2004. For details on registration, pricing, and hotel information, please go to www.nsna.org/pdf/NCLEX0904.pdf



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