



**Making eHealth a Clinical Priority for Nurse Leaders –  
Transforming and Integrating the Chief Nurse Executive’s Operational  
Agenda with the Corporate eHealth Agenda**

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***Abstract***

Today’s health system prides it’s “branding” of providing patient focused care. However in reality, is the patient actually the focus, if and when one assesses organizational structures, frameworks and processes that deploy health care services? Do present day, traditional structures and processes support the patient or do they support the service provider? Technology driven solutions are changing the landscape of our practice settings where nurse leaders have traditionally been reluctant to incorporate eHealth mandates as a key focus in their operational agenda and planning. The omission of eHealth mandates at the senior leadership table is no longer feasible, since information and communication technologies (ICTs) are influencing practice and changing care delivery models that are inherently patient centric. This paper will highlight the activities and processes that are transforming an academic health science centre’s Chief Nurse Executive’s (CNE) operational agenda to include the corporate eHealth agenda. Specifically, through the creation of a unique corporate eHealth partnership that involves a Chief Information Officer (CIO), Chief Administrative Officer (CAO), Chief Medical Officer (CMO) and the Director of Clinical Informatics will be described. This multi-partnership model and associated structures has had positive impact and is a key strategy that St. Michael’s Hospital, Toronto, ON will leverage to meet its eHealth Agenda.

***Overview***

In May 2005, the Executive Vice President/Chief Nurse Executive (EVP/CNE) and the Nursing Advisory Council presented its inaugural Strategic Plan to enhance the Professional Practice of Nursing at St. Michael's Hospital (SMH). This strategic plan with a sole focus on professional nursing services was to "...create a solid foundation for ensuring that patients have access to and receive the highest quality nursing care." (Merkley, J; Jeffs, L. et. al, 2005). In this 5-year plan, five strategic directions were outlined and the fifth strategic direction, "Embracing Technology and Innovation in Patient Care" would be the lever that initiated the EVP/CNE to transform and integrate the corporate eHealth goals into a traditional operational agenda, creating an eHealth operational agenda. Influencing the creation of the fifth strategic direction was the 2001 Information Management (IM) Strategic Plan that committed the hospital to a significant investment in information and communication technology (ICT) infrastructure and tools for the development of the SMH Electronic Patient Record (EPR) through Project Gemini. In particular, the fifth strategy, "Embracing Technology and Innovation in Patient Care" would be achieved through the Clinical Informatics Program led by the Director, Clinical Informatics in partnership with the EVP/CNE and Chief Information Officer (CIO).

***Professional Practice & Clinical Informatics***

Today's health system, through government eHealth Agendas has shifted its priorities to focus beyond technology and incorporate "informatics" as an essential core foundational element. "Informatics" for the purposes of this discussion encompasses the broad and evolving knowledge base concerned with all aspects of information literacy,

not just computer competence (Saranto, K. and Hovenga, EJS, 2004; Kerfoot, K.M. & Simpson, R, 2002). Today, at SMH and consistent across all sectors of the health system, informatics is still not perceived as fundamental to the practice of clinicians but rather as an “add-on” (Barron-McBride; 2006; 2005; Remus 2006). However, according to the IOM Quality Initiative, Health Professions Education: A Bridge to Quality Report (2003), today’s health professional must be able to “...(1) provide patient-centered care, (2) work in interdisciplinary teams, (3) employ evidenced-base practice, (4) apply quality improvement and fundamental to the preceding four, (5) make use of informatics.”

“Although a relative latecomer to the skill set of most health professionals, informatics is the most fundamental in that it enhances the performance of the four IOM competencies. The understanding and application of informatics facilitates and augments patient or client-centered care, interdisciplinary teamwork, quality improvement, and the incorporation of evidence into practice (Dreher & Fitzgerald-Miller, 2006, p.30)”.

Therein lays the critical and essential relationship integrating clinical informatics with professional practice.

Since, the Nursing Strategic Plan had endorsed the aforementioned IOM professional competencies, after 2 years into the plan; minimal progress had been made at SMH with nurses/health disciplines incorporating informatics as an essential skill set. This finding consistent across the health care system at large is evidenced by slow uptake, limited clinician adoption and lack of clinician engagement with EPR/EHR activities that support multiple eHealth Agendas. In fact, Canada Health Infoway (CHI) has recognized that without “informatics” as an essential skill set embraced by clinical providers, its goal of modernizing the Canadian health care industry through the uptake of EMRs, EPRs & EHRs may be in jeopardy. CHI recently launched a formalized “Peer-

to-Peer Network” led by nurses, physicians and pharmacists to facilitate EHR end user adoption (CHI, 2007 –[www.infoway-inforoute.ca](http://www.infoway-inforoute.ca)).

In May 2007, SMH launched their eClinical Documentation Project where all inpatient medical-surgical nurses/health disciplines will migrate to electronic clinical assessments from traditional paper records. As an Executive Sponsor and committed to SMH’s EPR activities, the EVP/CNE has embraced new role dimensions for the CNE, as outlined by Knecht, K; Simpson, R and Weaver, C (2006). These authors emphasize that the new CNE’s “informatics leadership” in EPR activities is about “owning” a vision of ITs potential uses and value in nursing. Whether it involves new work processes creating new care delivery models, patient quality improvement initiatives, etc., this actualization requires a vision that is clear, attainable and aimed at meeting the needs of nursing. The Nursing Strategic plan strategy recognized the importance of a clinical informatics leadership role and with the recruitment of this role verified the CNE’s understanding and commitment to the value of IT in clinical practice. Embracing the understanding of “informatics leadership” lays the foundation for the CNE to design and focus eHealth into the corporate practice agenda, according to Brady& Hassett (2000, p. vii). SMH’s vision of clinical transformation focuses beyond automating its existing paper systems, while concurrently designing a patient centered; best-practice framework for its EPR implementation demonstrated the CNE’s commitment to the corporate eHealth agenda. The model is based upon an interprofessional practice perspective, includes the use of evidence based care processes and decision-support systems to achieve the best outcomes for its patients. According to the American Medical Informatics Association (AMIA), transformation is defined as “a state of profound, lasting individual and organization behaviour, enabled by strategic acceptance of information systems, resulting

in health practices of optimum value, safety and appropriateness” (AMIA, 2001) .To ensure successful clinical transformation, commitment to SMH’s eHealth agenda is equally shared by the Chief Medical Officer (CMO) with the CNE. Both roles actively engage in dialogue and decision-making at the hospital’s Project Gemini Executive/Leadership tables and to a variety of front line staff/physician forums where the EPR vision and the value of incorporating clinical tools and applications (IT) into one’s practice through clinical transformation is articulated.

### ***Sustainability Structures & Strategies that Support ICT Adoption***

In addition to key clinical partnerships, other essential partnerships and structures are required to guide the required clinical transformation. The Clinical Informatics program is operationally defined under the information and communication technology (ICT) department and strategically partnered with the Professional Practice Leadership portfolio (i.e., clinical practice & programs) under the direction of the Executive Vice President & CNE. The Director, Clinical Informatics has prime accountability to the Executive Vice President & CNE with a formalized matrix reporting relationship to the Chief Information Officer (CIO). This unique formalized ICT and Professional Practice partnership structure serves as the interface vehicle that integrates SMH’s patient care programs/services with the information and communication technology (ICT) department. Thus, the CNE or CMO do not require technical or IT knowledge and “...the technical expertise can reside in the nurse informatician or other informaticians.” (Knecht, K; Simpson, R and Weaver, C, 2006, p.58) within the organization. At SMH, the CIO has been innovative in creating two full-time IT – Clinical Informatics Specialist (CIS) positions which report to the Director, Clinical

Informatics and reside in IT under the clinical informatics program. Ambrosini (2006) endorses this structure and associated partnerships enjoyed at SMH which will facilitate the integration of clinical practice and IT strategies that will guide the necessary care transformation with EPR activities.

These unique partnerships, EPR structures additionally endorsed by the CAO and CEO form the SMH sustainability infrastructure that will support EPR activities now and in the future.

### ***Organizational Learnings & Experiences***

Learnings and experiences that have fostered the impetus for the development of this corporate eHealth practice agenda, as follows:

- EPR projects require consistent executive and clinical leadership at all levels; input and formal participation to ensure the needs of our stakeholders are met in achieving corporate goals/objectives.
- “Informatics education” is needed for all clinicians through a formalized clinical informatics program. Without a clinical informatics program taking the lead to drive a clinical informatics education partnership model to realign current traditional, corporate /programmatic education infrastructures, professional practice adhering to legislative/ corporate policies leveraging clinical applications will not be achieved. In turn, the requisite clinical transformation that creates new care delivery models that better serve our patients, the public, health providers and government will not be realized impacting patient safety and quality patient care delivery.
- Pilot sites are key to effective hospital wide implementations.

- Monitor “suspect” timelines that may be too ambitious given the complexity of the project.

### ***Summary***

The alignment of the Clinical Informatics Program with the “clinical vision” and the system’s strategy is well positioned at SMH as a result of the unique formalized ICT and Professional Practice partnership structure. The Clinical Informatics Program infrastructure supports the shared vision for sustained transformation (e.g., clinical care enabled technologies) that will be required. With this essential infrastructure, SMH’s future viability in meeting its vision and mission with corporate, provincial and national eHealth, professional practice, education and research agendas will be achievable.

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