

REFER TO NOVEMBER 2016 BOARD OF DIRECTORS

- The highlighted sections were submitted as a change following the annual meeting

RESOLUTION 12	National Nursing Data Standards
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BE IT RESOLVED THAT the Canadian Nurses Association (CNA) advocate for the adoption of two standardized clinical reference terminologies, ICNP® and SNOMED-CT, as well as a standardized approach to nursing documentation in all clinical practice settings across Canada, specifically C-HOBIC and LOINC Nursing physiologic assessment panel.

Name of submitter: Canadian Nursing Informatics Association

Rationale: While significant electronic health record (EHR) investments have been made within every Canadian jurisdiction, little effort has been made to unify approaches to online clinical documentation. Regardless of system vendor, the opportunity to adopt standardized models, tools and measures is being supplanted by every health-care organization adopting their own design. Ironically, while this is one of the greatest advantages to be derived from the use of EHRs, it has not yet been addressed within nursing. Canadian nurses are the largest contributor to EHRs; however, there is an overwhelming lack of standardization within nursing documentation. The adoption of a standardized terminology in EHRs for nursing, in all care settings, would advance our understanding of the contribution of nurses and the impact of nursing care on health outcomes for Canadians and the health system.

In Canada, the 1992 Nursing Minimum Data Set (NMDS) Conference, initiated by the Canadian Nurses Association (CNA), was the first step in developing a nursing minimum data set, now called Health Information: Nursing Components (HI:NC).¹ The collection of the data elements comprising the standardized nursing minimum data set will allow for the collection, storage, retrieval, analysis and communication about nursing practice. The inclusion of standardized nursing data in health information systems will support nursing practice, health-system research and health policy decision-making.

In nursing, specific initiatives such as C-HOBIC² and NNQR-C³ have begun to enable the standardized collection of nursing data within specific jurisdictions and health-care organizations. The C-HOBIC dataset is a Canada Approved Standard.⁴ In addition, the C-HOBIC data set has been mapped to both ICNP®⁵ and SNOMED-CT.⁶ Efforts are currently underway for inclusion of the C-HOBIC data set in the Discharge Abstract Database (DAD) at the Canadian Institute for Health Information (CIHI). However, a majority of nurse leaders have yet to appreciate the potential value to be garnered from the use of standardized terminologies, metrics, definitions and approaches within EHRs to documentation and reporting.

The International Classification for Nursing Practice® (ICNP) is the terminology endorsed by CNA for documenting professional nursing practice in Canada.⁷ In 2006, Canada Health Infoway approved and adopted the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED-CT) as the clinical reference terminology to support the design of EHRs.⁸ In January

2014, the International Health Terminology Standards Development Organisation (IHTSDO) and the International Council of Nurses (ICN) announced the release of an equivalency table between ICNP® concepts and SNOMED-CT concepts.⁹ **Logical Observation Identifiers Names and Codes (LOINC)** is a standardized clinical terminology that can be used for **point-of-care nursing observations**.ⁱ It contains a **Nursing Physiologic Assessment Panel** that provides standardized forms, format and codes to support a head to toe **nursing physiological assessment and is mapped to SNOMED CT**. The adoption of these reference terminologies will support health-care organizations in Canada to consistently capture and report standardized clinical nursing data and create the capacity for comparable, sharable clinical data across care settings.

An invitational National Nursing Data Symposium in Toronto held on April 9 and 10, 2016, included the participation of nurse leaders and key stakeholders from across Canada, representing all sectors of care and the areas of policy, clinical practice, clinical administration, research and education. Supported by CNA, CIHI, Canada Health Infoway and several members of the vendor community, the participants indicated strong support and a commitment to move forward with the adoption of nursing data standards within EHRs in Canada.

Relevance to CNA's mission and goals: With an increased focus on primary care and management of chronic illness there is a need to collect standardized clinical information to support patient transitions and examine outcomes as people move across sectors of the health-care continuum. The strategic plan of CNA is focused on the role of nursing in primary health care.¹⁰ To build capacity and lead system change, nurses and nursing leaders require information to support administrative and clinical decision-making and inform health policy directions. The collection of standardized clinical data (such as C-HOBIC and NNQR-C) using standardized clinical reference terminologies, specifically ICNP® and SNOMED-CT, supports the sharing of information between and among health-care sectors and health-care providers for improved planning for appropriate care and resources.

Key stakeholders: Canadian Nurses Association, Canada Health Infoway, Canadian Institute for Health Information, Canadian Nursing Informatics Association, Information Technology Association of Canada, Canadian Association of Schools of Nursing, Academy of Canadian Executive Nurses, provincial/territorial nurses associations, Canadian Federation of Nurses Unions.

Estimated resources required or expected outcomes: Funding for working groups for the next five years:

- Development activities, e.g., standardized clinical documentation, consensus building
- Implementation support tool development, e.g., use of ICNP, SNOMED-CT
- Education, e.g., national awareness, communication and stakeholder engagement
- Evaluation activities, e.g., demonstration of value

References:

- ¹ International classification for nursing practice: Documenting nursing care and client outcomes. (2003, January). *Nursing Now*. Retrieved from the Canadian Nurses Association website: https://www.cna-aiic.ca/~media/cna/page-content/pdf-en/nn_intlclassnrgpract_e.pdf?la=en
- ² Hannah, K. J., White, P. A., Nagle, L. M., & Pringle, D. M. (2009). *Standardizing nursing information in Canada for inclusion in electronic health records: C-HOBIC*. *JAMIA*, 16, 524-530.
- ³ VanDeVelde-Coke, S., Doran, D., & Jeffs, L. (2015, March). Update on the NNQR(C) pilot project. *Canadian Nurse*, 111(2), 10-11.
- ⁴ Canada Health Infoway. (n.d.). Pan-Canadian Standards Inventory. Retrieved from <https://ic.infoway-inforoute.ca/en/resources/standards/infoway-standards/pcs-inventory>
- ⁵ International Council of Nurses. (2012). *Nursing outcome indicators catalogue*. Retrieved from <http://www.icn.ch/what-we-do/icnpr-catalogues/>
- ⁶ Canadian Health Outcomes for Better Information and Care. (2016). C-HOBIC map. Retrieved from <https://confluence.ihtsdotools.org/display/NURSINGSIG/C-HOBIC++map>
- ⁷ International classification for nursing practice: Documenting nursing care and client outcomes. (2003, January). *Nursing Now*.
- ⁸ Canada Health Infoway. (n.d.). SNOMED-CT [Fact sheet]. Retrieved from <https://www.infoway-inforoute.ca/en/component/edocman/9-snomed-ct-fact-sheet/view-document>
- ⁹ International Council of Nurses. (2015, September 4). International Council of Nurses (ICN) and International Health Terminology Standards Development Organisation (IHTSDO) deliver collaborative product [Media release]. Retrieved from www.ihtsdo.org/resource/resource/207
- ¹⁰ Canadian Nurses Association. (2015). *Primary health care* [Position statement]. Retrieved from <https://cna-aiic.ca/~media/cna/page-content/pdf-en/primary-health-care-position-statement.pdf?la=en>

ⁱ LLOINC (2013) Regenstrief and IHTSDO Agreement Retrieved Sept 12, 2016 from <https://loinc.org/collaboration/ihtsdo>