

NAON Position Statement Using Uniform Health Care Data Bases

Issue

With use of electronic medical records (EMR) or electronic hospital records (EHR) becoming the standard of documentation in many health institutions including hospitals, outpatient facilities, home health care and more, NAON recognizes that orthopaedic nurses must be involved in implementation of these systems and encourages members to identify and include in the EMR terms in the uniform health care data sets (standardized nursing languages of actual health care information consisting of demographic, clinical, and service content) that are most applicable to orthopaedic nursing practice. Including uniform health care data sets will allow synthesis of this data to be used in nursing research and in nursing practice to improve care in the patient care and the work environment.

Position

The National Association of Orthopaedic Nurses endorses the use of uniform health care data sets as tools for the improvement of health care. NAON will assist its membership in understanding the role standardized nursing language plays in the creation of uniform data sets. Further, we will keep the membership updated of projects involving the incorporation of standardized nursing language into comprehensive health care terminology and coding systems. Recognizing that the Institute of Medicine (IOM) has called for nurses to take on leadership in transforming the environment in which care occurs, NAON will continue in cooperation with other nursing organizations to contact legislators and federal agency administrators to inform them of the importance of requiring that commissioned data sets include nursing components.

Background

Computers make it possible to store large amounts of data on individual cases and then access selected elements for analysis as body of data, i.e., as an aggregate. Health care decision makers are increasingly relying on large data sets to inform their decisions. Care giving agencies, health systems, payors such as Medicare and insurance companies, and governments look to large data sets for information to guide the development of their policies and mandates to care. For example, data sets within a hospital can be used to identify patterns of care with the aim of redesigning care processes. At the state and national level, large data sets are used to consider issues such as the access of various groups to preventive health care services, the profile of persons being admitted to hospital for a certain problem, and the proportion of persons requiring after hospital care. In the past, these data sets included data relative to medical care but very little data about nursing care. Thanks to the foresight of visionary nursing leaders this is changing--information regarding nursing care is being documented, stored in data sets, and analyzed to improve care.

Standardized languages are necessary for input, storage, and retrieval. Data must be electronically input in a consistent manner so that the terms used have shared meaning to all those who will subsequently access them. Standardized language is also necessary for the orderly storage of data and transmission of data across information systems. The American Nurses Association Steering Committee on Databases to Support Clinical Practice (ANASCD) describes the nursing minimum data elements necessary for defining the cost and quality of nursing care must include the nursing care elements, patient demographic elements and service elements. Several classifications of nursing interventions and outcomes exist in the United States and efforts are underway on the International Classification for Nursing Practice (ICNP) with a lexicon describing nursing events and interventions. A national database, National Database of Nursing Quality Indicators (NDNQI) supported by the ANA and other regional or state databases are available to nurse researchers.

Importantly, as these systems develop, care must be taken to protect the patients' identity while still enabling the data to be retained as an intact case. This is an issue in which the technology must serve the ethical principles that are put at risk by using actual patient information. Secondly, access to the data base must be carefully controlled. Explicit policies and procedures for authorizing access must exist.

As more and more nurses document care into patients' records electronically we must assure that the elements required for the data set are available, prompts will remind the nurse of required information. Using carefully controlled procedures, data will be extracted from the patient's record to be included in aggregate data sets. These data sets are used within the institutions to improve the processes of care, make resource allocation decisions, and control cost. They are also used in bench marking networks to compare processes of care and outcomes achieved at different health care facilities with the aim of identifying best practice. At the state and government level, they are used to decide what specific approaches to care yield the most benefit to patients at costs that are congruent with their benefits. Orthopaedic nurses need to be interactive in developing electronic databases so that they can be used to further orthopaedic nursing research and to provide evidence of the similarity with other nursing disciplines, as well as the uniqueness of orthopaedic nursing.

References:

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Links:

<http://personal.uncc.edu/macurran/macurran3/coni/nmds.htm>

<http://www.nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/PatientSafetyQuality/Research-Measurement/The-National-Database.aspx>

<http://www.iom.edu/CMS/3809/4671/16173.aspx?printfriendly=true>

http://www.jointcommission.org/PerformanceMeasurement/MeasureReserveLibrary/nqf_nursing.htm