

# NURSING INFORMATICS (LEC)

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## TOPIC 1: HISTORICAL PERSPECTIVE OF NURSING AND COMPUTER

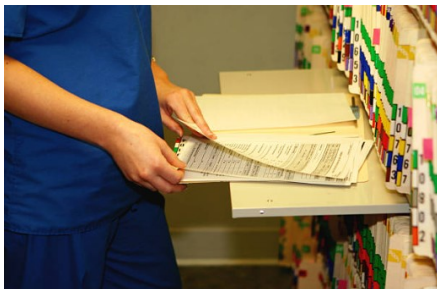
### NURSING INFORMATICS (NI)

- It is a **title** that **evolved** from the **French word** “**informatics**” which **referred** to the **field** of **applied computer science** concerned with the **processing of information** such as **nursing information** (Nelson, 2013).
- “**NI**” has **emerged** as **new term encompassing** these **technologies enabling nurses to manage health care** and **patient care more efficiently** and **effectively** and, **at the same time, make nurses more accountable**.

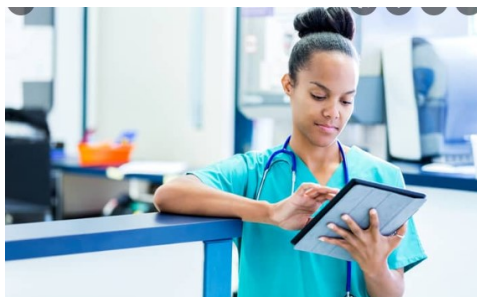
### HIT

- It is an **all-encompassing term referring to technology** that **captures, processes, and generates healthcare information**.
- **Computerization** and/or **electronic processing affect all aspects of healthcare delivery including:**
  - (a) **Provision** and **documentation of patient care**
  - (b) **Education** of **healthcare providers**
  - (c) **Scientific research** for **advancing healthcare delivery**
  - (d) **Administration** of **healthcare delivery services**
  - (e) **Reimbursement** for **patient care**
  - (f) **Legal** and **ethical implications**
  - (g) **Safety** and **quality issues**

### PAPER-BASED



### COMPUTER-BASED



### COMPUTER

- The **computer** is the **most powerful technological tool** to **transform** the **nursing profession** prior to the **new century**.
- The **computer** has **transformed** the **nursing paper-based records** to **computer-based records**.
- The **computer** and the **internet** have **become essential** to the **modern day** which **functions a lot**.
- “**Computer**” is an **all encompassing term** referring to **information technology (IT)**, **computer systems**, and when they are **used in nursing information systems (NISs)**, **nursing applications**, and/or **nursing informatics (NI)**.

### COMPUTERS IN NURSING CARE

- **Computers** in **nursing care** are **used to manage information** in **patient care**, **monitor** the **quality of care**, and **evaluate** the **outcomes of care**.

### COMPUTERS AND NETWORKS

- **Computers** and **networks** are **now used** for **communicating (sending/receiving) data** and **messages** via the **Internet**, **accessing resources**, and **interacting** with **patients** on the **World Wide Web**.

### COMPUTER TECHNOLOGY

- **Computer technology** **emerged** in **nursing** in **response** to the **changing** and **developing technologies** in the **health care industry** and in **nursing practice**.
- It is **analyzed according** to:

### SIX TIME PERIODS

- **Prior** to the **1960s**
- The **1960s**
- The **1970s**
- The **1980s**
- The **1990s**
- **Post-2000**

### FOUR MAJOR NURSING AREAS

- **PERA:**
  - **Nursing practice**
  - **Administration**
  - **Education**
  - **Research**

## STANDARD INITIATIVES

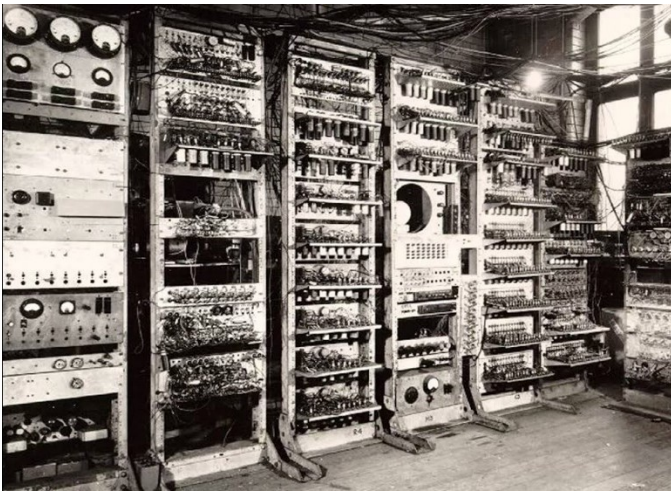
- **Nursing practice**
- **Nursing data**
- **Health care data standards**

## SIGNIFICANT LANDMARK EVENTS

### MAJOR LANDMARK MILESTONE CHART LISTING

- Those **events** that **influenced** the **introduction** of **computers** into the **nursing profession** including the **key “computer/informatics” nurse** that **directed** the **activity**.

## ENIAC (1946)



## SIX TIME PERIODS

### PRIOR TO THE 1960s

- **Starting** in the **1950s**, and as the **computer industry** grew, the **use of computers** in the **health care industry** also grew.
- **During** this **time**, there were **only a few experts** who **formed** a **cadre** of **pioneers** that **attempted** to **adapt computers** to **health care** and **nursing**.
- **During** this **time**, the **nursing profession** was also **undergoing major changes**.
- The **image of nursing** was **improving**, **nursing practices** and **services** were **expanding** in **scope** and **complexity**, and the **number of nurses** was **increasing**.
- These **events** **provided** the **impetus** for the **profession** to **embrace computers**.

### 1960s

- **During** the **1960s** the **uses of computer technology** in **health care settings** **began** to be **questioned**.
  - **Questions** such as **“Why computers?”** and **“What should be computerized?”** were **discussed**.
- **Nursing practice standards** were **reviewed**, and **nursing resources** were **analyzed**.

- **Studies** were **conducted** to **determine** how **computer technology** could be **utilized effectively** in the **health care industry** and what **areas of nursing** should be **automated**.
- **During** this **period**, **computer technology** **advanced**, while the **number of health care facilities** **increased**.

## NURSES’ STATION

- The **nurses’ station** in the **hospital** was **viewed** as the **hub of information exchange**, the **most appropriate center** for the **development** of the **computer applications**.

## CATHODE RAY TUBE (CRT)

- The **introduction** of **cathode ray tube (CRT) terminals**, **online data communication**, and **real-time processing** added **important dimensions** to the **computer systems** providing **more accessible** and **“user-friendly” machines**.

### 1970s

- In the **1970s**, the **inevitable continued integration** of **computers** into **nursing**.
- **Nurses** **began** to **recognize** the **value** of the **computer** for their **profession**.
- **During** this **decade**, **giant steps** were **taken** in **both dimensions**:
  - **Nursing**
  - **Computer technology**
- **Nurses** **recognized** the **computer’s potential** for **improving** the **documentation** of **nursing practice**, the **quality of patient care**, and the **repetitive aspects of managing patient care**.
- They **assisted** in the **design** and **development** of **nursing applications** for the **HISs** and **other environments** where **nurses functioned**.
- **During** this **period**, **several states** and **large community health agencies** **developed** and/or **contracted** for their **own computer-based management information systems**.
- **Generally**, **public health MISs** **provided statistical information** required by **local, state, and federal agencies** for **specific program funds**, whereas **home health agencies** **provided billing** and **other financial information** required for **reimbursement of patient services** by:
  - **Medicare**
  - **Medicaid**
  - **Other third-party payers**

### 1980s

- **During the 1980s**, the **field of informatics emerged** in the **health care industry** and **nursing**.
- **NI became an accepted specialty** and **many nursing experts entered the field**.
- **Technology challenged creative professionals** and the **use of computers in nursing became revolutionary**.
- As **computer systems** were **implemented**, the **needs of nursing took on a cause-and-effect modality**, that is, as **new computer technologies emerged** and as **computer architecture advanced**, the **need for nursing software evolved**.
- **During this period, many mainframe HIS emerged** with **nursing subsystems**.
- These **systems documented several aspects of the patient record; namely, order entry emulating the Kardex, results reporting, vital signs, and other systems** that **documented narrative nursing notes via word-processing packages**.

### DISCHARGE PLANNING SYSTEMS

- **Discharge planning systems** were **developed** and **used as referrals to community health care facilities** in the **continuum of care**.

### MICROCOMPUTER or PERSONAL COMPUTER (PC)

- In the **1980s**, the **microcomputer or personal computer (PC)** emerged.
- This **revolutionary technology made computers more accessible, affordable, and usable** by **nurses** and **other health care providers**.
- **PCs brought computing power to the workplace** and, **more importantly, to the point-of-care**.
- **PCs served not only as terminals linked to the mainframe computers but also as stand-alone systems (workstations)**.
- They were **user-friendly** and **allowed nurses to create their own applications**.

### 1990s

- **Computer technology become integral part of healthcare**.
- **NI was approved by ANA as a new nursing specialty (1992)**.
- **Laptops or notebook to the bedside and all point of care settings**.
- **Linking across the different system**.
- **Introduction of internet**
  - **Information superhighway**
  - **Mainstream social Milieu**
  - **Electronic Mail (e-mail)**
  - **File transfer Protocol (FTP)**

### LOCAL AREA NETWORK (LAN)

- **Local Area Network (LAN)** were **developed**
- **Linking hospital care units**

### WIDE AREA NETWORK (WAN)

- **Wide area network** were **developed (WAN)**.

### WEB

- The **web** became the **means for online communications** and **resources to the nursing practice**.
- **Integral component of all IT system**.

### WORLD WIDE WEB (WWW)

- **WWW use to browse the internet** and **search worldwide resources**.

### POST-2000

- The **early years of the new millennium continued the torrid pace of hardware and software development and growth**.
- This **growth is reflected in healthcare and nursing**, with **developments** such as:
  - **Wireless point-of-care**
  - **Serious consideration for open source solutions**
  - **Regional database projects**
  - **Increase IT solutions targeted at all healthcare environments**
- **Information technologies continued to advance with mobile technology** such as with:
  - **Wireless tablet computers**
  - **Personal digital assistants (PDAs)**
  - **Smart cellular telephones**
- **Post-2000 also witnessed the continued impact of legislation on the U.S healthcare industry**.

### ELECTRONIC PATIENT RECORD (EPR)

- **Further, clinical information systems became individualized** in the **electronic patient record (EPR)**.

### ELECTRONIC HEALTH RECORD (HER)

- **Patient specific systems considered for the lifelong longitudinal record** or the **electronic health record (EHR)**.

### VOICE OVER INTERNET PROTOCOL (VoIP)

- The **development and subsequent refinement of voice over Internet protocol (VoIP)** promises to **provide cheap voice communication for health care organizations**.

## 4 MAJOR NURSING IDEAS

- “PERA”
  - P – Practice
  - E – Education
  - R – Research
  - A – Administration

### PRACTICE “NURSING PRACTICE”

- **Nursing practice** has *evolved* and *changed radically*.
- It has *become* an *integral part* of the *EHR*.
- **Computer systems** with *nursing* and *patient care data*, *nursing care plans* are *no longer separate subsystems* of the *computerized Hospital Information Systems (HISs)*, but *rather integrated into one interdisciplinary patient health record* in the *EHR*.
- The *need* for an *interdisciplinary HER* resulted because of *many initiatives proposed* and *promoted* by the *nursing profession* as well as by *other health care providers*.
- They *all require patient care data* to *track the care process*.

### NURSING PRACTICE DATA

- **Further nursing practice data** emerged with the *introduction* of *several nursing terminologies* that were *recognized* by the *ANA* as *coded terminologies usable* for the *EHR*.
- They are *used* to *assess problems*, *document care*, and *track the care process*, and *measure outcomes*.

### COMPUTER

- Thus, the *electronic version nursing practice* – the *computer* – has *revolutionized* and *transformed nursing practice*.

### ADMINISTRATION “NURSING ADMINISTRATION”

- **Nursing administration** in *hospitals* has *also changed* with the *introduction* of the *computer* that *links nursing departments together*.
- **Most policy** and **procedure manuals** are *accessed* and *retrieved* by *computer*.
- **Further, workload measures**, **acuity systems**, and **other nursing department systems** are *online* and *integrated* with the *hospital* or *patient's EHR system* or in *separate nursing department systems*.

### INTERNET

- The *Internet* is *being used* by *nurses* to *access digital libraries*, *online resources*, and *research protocols* at the *bedside*.

### RESEARCH “NURSING RESEARCH”

- **Nursing research** provides the *impetus* to *use* the *computer* for *analyzing nursing data*.
- With the *advancement* of *computer technology* **databases supporting nursing research** emerged, *principally* for *online searching* and *retrieving information* from the *electronic bibliographic literature systems* or *other databases* that *contain relevant health care content*, such as *drug data*.

### SOFTWARE PROGRAMS

- **Software programs** are *available* for *processing both quantitative* and *qualitative research data*.

### INTERNET

- The *Internet* also *provides online access* to the *millions* of *Web resources* around the *world* which have *increased* the *capabilities* and *expanded* the *field* of *nursing research*.

### STANDARD INITIATIVES

- **Nursing practice standards** have been *developed* and *recommended* by the *ANA*.

### AMERICAN NURSES ASSOCIATION (ANA)

- The *official professional nursing organization*.
- The *ANA* published The *Standards of Clinical Nursing Practice (ANA, 1998)* which *focused not only* on the *organizing principles* of *clinical nursing practice* but *also the standards* of *professional performance*.
- They *recommended* that the *nursing process* *serve* as the *conceptual framework* for the *documentation* of *nursing practice*.

### JOINT COMMISSION ON ACCREDITATION OF HOSPITAL ORGANIZATION (JCAHO)

- **Nursing practice standards** have *also* been *set* by the *Joint Commission on Accreditation of Hospital Organization (JCAHO)* which *stressed* the *need* for *adequate records* on *patients* in *hospitals* and *practice standards* for the *documentation* of *care* by *nurses (Namdi and Hutelmyer, 1970)*.
- **Further**, they have *included* in their *recent manual* the *required contents* of an *EHR*, such as what *data* should be *collected* and how the *data* should be *organized* on the *electronic database (Corum, 1993)*.
- These *standards* have *evolved* and *continue* to *increase* as the *federal requirements* *evolve* and/or are *implemented*.

## NURSING DATA STANDARDS

- **Nursing data standards** have **emerged** as a **new requirement** for the **EHR**.
- The **ANA** is **responsible** for the **recognition** of the **terminologies** and for **determining** if they have **met** the **criteria** to be **included** in the **National Library of Medicine (NLM) Unified Medical Language Systems**.

## HEALTHCARE DATA STANDARDS ORGANIZATIONS

- It is **critical** to **review** the **standards organizations** that have **emerged** to **either develop** or **recommend health care data standards** that should be **recommended** to the **federal government** as **required health care data standards**.

## AMERICAN NATIONAL STANDARDS INSTITUTE (ANSI)

- The **American National Standards Institute (ANSI)** is a **private nonprofit membership organization, instituted** to **coordinate** and **approve voluntary standards efforts** in the **United States**.
- **ANSI** was **combined** with the **Health Care Informatics Standards Board (HISB)** to **form ANSI-HISB** to **fulfill** a **request** by the **European standards coordinating organization (CEN TC/251)** to **represent the U.S. standards effort**.

## AMERICAN SOCIETY FOR TESTING AND MATERIALS (ASTM)

- The **ASTM E-31 Committee on Healthcare Informatics** is an **accredited committee** that **develops standards** for **health information** and **health information systems designed to assist vendors, users, and anyone interested in systematizing health information**.

## ELECTRONIC HEALTH / MEDICAL RECORD

- An **electronic record** of **health-related information** on an **individual** that can be **created, gathered, managed, and consulted** by **authorized clinicians** and **staff within one health care organization**.
- Have the **potential** to **provide substantial benefits** to **physicians, clinic practices, and health care organizations**.
- These **systems** can **facilitate workflow** and **improve the quality** of **patient care** and **patient safety**.

- **Despite** these **benefits**, **widespread adoption** of **EMRs** in the **United States** is **low**; a **recent survey indicated** that **only 4 percent** of **ambulatory physicians reported** having an **extensive, fully functional electronic records system** and **13 percent reported** having a **basic system**.
- **Among** the **most significant barriers** to **adoption** are:
  - **High capital cost** and **insufficient return on investment** for **small practices** and **safety net providers**.
  - **Underestimation** of the **organizational capabilities** and **change management required**.
  - **Failure** to **redesign clinical process** and **workflow** to **incorporate the technology systems**.

## INSTITUTE OF MEDICINE

- The **Institute of Medicine** issued a **group of 8 key functions** for **safety, quality, and care efficiency** that **EMRs** should **support, after recognizing** the **role** that **EMRs** can **play** in **transforming health care**, in **2003**
  1. **Physician access** to **patient information**, such as **diagnoses, allergies, lab results, and medications**.
  2. **Access** to **new** and **past test results among providers** in **multiple care settings**.
  3. **Computerized provider order entry**.
  4. **Computerized decision-support systems** to **prevent drug interactions** and **improve compliance** with **best practices**.
  5. **Secure electronic communication among providers and patients**.
  6. **Patient access** to **health records, disease management tools, and health information resources**.
  7. **Computerized administration processes**, such as **scheduling systems**.
  8. **Standards-based electronic data storage and reporting** for **patient safety** and **disease surveillance efforts**.