



Open Letter

TO NURSES

IN THE WINNIPEG HEALTH REGION

LORI LAMONT
Vice President and Chief Nursing Officer

National Nursing Week (May 9-15) is an excellent opportunity to celebrate our considerable contributions to the delivery of quality health care in Canada. As Vice President and Chief Nursing Officer, I congratulate all of you on a job well done.

This issue of Open Letter to nurses offers a bird's eye view of how we're working to ensure the impact of the work we do as nurses gets captured in our national health information systems. This will mean that the work we do is well documented, better focused and well understood.

As nurses, we've always known that we make a real difference in the lives of those we serve. Now, as the Winnipeg Health Region moves toward electronic patient records (EPRs) and participates in new initiatives that use information technology to improve care, we have an opportunity to capture and measure that impact in a meaningful way that's beyond dispute.

Having those measures is important. Many of us can recall times in the past when decisions about nurse staffing were largely made based on financial measures. At the time, we lacked the evidence to demonstrate that this was not the best way to go. There are now lots of studies that demonstrate the impact of nurse staffing on patient outcomes.

Today, we have an opportunity to capture real time information that clearly demonstrates and measures our contributions to achieving better health outcomes.

It's an opportunity we're embracing through two current initiatives – the Hospital Information System (HIS) Program at St. Boniface Hospital, and the Resident Assessment Instrument – Minimum Data Set (RAI-MDS) initiative in our Personal Care Homes and Home Care Program. Both of these initiatives are

con't next page



Winnipeg Regional
Health Authority
Caring for Health

Office régional de la
santé de Winnipeg
À l'écoute de notre santé



Left to right :
Bryan Ragasa, RN & Jonathon Mohr, RN
3 South, Grace Hospital

opportunities to capture standardized patient outcome data. RAI-MDS is currently capturing measures developed through the Canadian Health Outcomes for Better Information and Care (C-HOBIC) project, a course of action that's also being proposed with respect to the HIS Program and EPRs.

Simply put, C-HOBIC measures helps us capture and store a standardized set of patient outcome data related to:

- Functional status (basic skills such as someone's ability to wash, dress, walk, etc.)
- Therapeutic self-care (readiness for discharge)
- Symptom management (pain, nausea, fatigue, dyspnea)
- Safety (fall, pressure ulcers)
- Patient satisfaction with nursing care



Joanne Payette, LPN,
2 South, Grace Hospital

At St. Boniface Hospital, nurses are currently participating in the clinical documentation phases of the HIS Program, a province-wide initiative designed to improve access to patient information through a central electronic information system. The goal of the HIS Program is to streamline patient information flow and its accessibility for doctors, nurses and other health care providers. These changes in service will improve patient care quality and patient safety over time.

That's also the case with RAI-MDS, a leading set of computerized care management tools that help nurses and other health professionals in long-term and home care to assess and monitor the care needs of the people they serve.

By embedding C-HOBIC measures, both of these initiatives will help us overcome what, historically speaking, has always been difficult: capturing information with a common language and set of measures that clearly demonstrate why the work of nurses is so important.

In many ways, this is a means of leveling the playing field. Physicians, for instance, have had a better record of their impact on care. The tests they've ordered, their diagnoses, discharge information, etc., has been captured. Meanwhile, impacts related to managing symptoms, helping people with their level of independence,

discharge planning — all things nurses have a huge influence on in terms of helping people manage their health — didn't show up anywhere.

With these new tools in place, we will be able to better measure, quantify, and demonstrate the impact nurses have on patient health outcomes. We can much more easily extract and share that information. It gives us a more systematic way to capture how we're managing patient care, and will allow us to better focus our efforts on those areas where research has shown we can have the greatest impact.

As you know, nurses are no strangers to capturing information. Over the years, we've been asked to record a great deal of information. The difference here is that we will now be recording information in a consistent manner. The measurements and information have meaning, and will help empower nurses and clinicians in managing day to day care. That same information will be available to managers and administration in planning health services. They will be better able to compare what's happening across various units and various programs and sites.

The participation of nurses in these initiatives has been crucial, but not easy. As with any change, there are some skeptics. Some nurses may not want to stop collecting information in the manner they've become accustomed to.

Some may see it as an addition to an already substantial work load. In reality, the amount of information collected by nurses will likely be reduced, given the focus the C-HOBIC measures provide. (Information collected is specifically targeted to those measures most sensitive to nursing outcomes.) What's important to remember is that we have, for the first time, the opportunity to help build information systems that offer a better way of looking at what's going on, and of measuring our impact on the health outcomes of the people we serve.

Armed with that information, we can better demonstrate our value, advocate for ourselves and profession, and, ultimately, more effectively focus our skills and efforts on those factors that have the greatest effect on the health of those who entrust their care to us. At long last, we have the tools we need to confirm what we've always known: nurses make a difference.



Lori Wakeman, RN,
ICU, Grace Hospital

DID YOU KNOW?

The Continuing Education Fund for Nurses supports the continuing education of Graduate Nurses, Licensed Practical Nurses, Registered Nurses and Registered Psychiatric Nurses who are employed by a Winnipeg Health Region facility and provide direct patient care. The fund is also available for educators and front-line managers who fall under this professional umbrella. To ensure the funds benefit as many nurses as possible, the number of days a nurse can apply for the fund in a calendar year has

been reduced to two. Application forms or more information can be obtained in the following ways:

- Download forms from the website: www.wrha.mb.ca (follow the links under WRHA Staff/Info for WRHA Staff/Nursing/Continuing Education Fund. There is also a Frequently Asked Questions document on the website that answers a number of commonly asked questions.
- E-mail coned@matc.ca
- Phone 334-3433

In THE Spotlight

**CELEBRATING ONE
OF YOUR NURSING
PEERS EACH ISSUE!**



"I never thought I'd be in a role like this. That's the great thing about nursing, there is so much out there, so many paths you can take in your career."

– Caroline Deerpalsing

Tell me about your role as Clinical Informatics Lead at St. Boniface Hospital.

The role is relatively new to St. Boniface Hospital and the Winnipeg Health Region. As Clinical Informatics Lead, I facilitate implementation of information technology (IT) systems that support staff to effectively collect, store, retrieve and share patient information required to improve decision making and the delivery of care. Through the Hospital Information System (HIS) Program, St. Boniface Hospital is currently upgrading to a new version of the Electronic Patient Record (EPR).

That sounds like a bit of a departure from the type of duties people normally associate with nursing. What drew you to the role?

I have 20 years of nursing experience, all at St. Boniface Hospital. I've worked in a number of clinical areas, including acute medicine, cardiac surgery, urology and vascular surgery to name a few. I also worked in education services to coordinate and develop educational programs for nurses. Using my education experience, this role allows me to act as a bridge between the IT professionals at Manitoba eHealth, and the health-care staff who will be using the new systems. The goal is to provide improved access to the information they need to care for the patient. We're working to build systems that put the right information in the right hands at the time it's needed.

Are you enjoying the role?

I've been doing it for about three and a half years now. In terms of building information systems that work in the real world, it can be a challenge to build consensus. There were health care professionals from a variety of disciplines who were initially skeptical about the changes we are making, but are now suggesting more ways we can continue to improve our methods of collecting and sharing patient information. That's very gratifying.

EVENTS

**CANADIAN ORTHOPAEDIC NURSES
ASSOCIATION CONFERENCE**
in Winnipeg, June 5-8. For more information:
www.cona-nurse.org

NATIONAL NURSING WEEK
May 9-15, 2011.
Theme: "Nursing the Health of our Nation"
www.cna-nursing.ca

**WOUND CARE
EDUCATION SESSIONS**
are available until June.
Whra.mb.ca/osd/clinical_woundcare.html

**WRHA REGIONAL APPROACH
TO PAIN CONTROL**
November 7, 2011