The Nursing Role in Next Generation Models of eHealth: An Irish Perspective

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This Presentation



- Reports health and social care is at the edge of an emerging paradigm for care delivery.
- It presents examples of tactical nursing activity demonstrating specific contributions regional national and EU levels

Competing Paradigms –

The responsibility of the patient for self care has to be recognised, affirmed, nurtured and facilitated (McEvoy P. 2014)

People Centred Health
Services demand a paradigm
shift in the way services are
funded managed and
delivered
(WHO, 2015)



"Do you solemnly swear to listen to my advice?"

Transformation is an emotional process

Three exemplars

- 1. A use case on discharge delivery mechanisms and emerging nursing roles
- 2. National resources for advancing informatics competencies
- 3. Delivery clinical practice guidelines in EU projects on ePrescribing



Patient centric - nursing engagement



In 2008 the WHO argued that the medical model was failing to deliver affordable accessible and equitable health, but rather fragmenting healthcare and could be linked with strong commercial undertones (WHO, 2008)

Today this is unchanged, except the demographic profile of older adults and prevalence of multimorbidity continues to rise. Services need to be organised around the health needs and expectations of people rather than diseases (WHO, 2015)

eHealth Ireland - Planned

- 1. eHealth Ireland Strategy Launched in December 2013
 http://www.hse.ie/eng/about/Who/OoCIO/ehealthstrategy.pdf
- Office of the Chief Information Officer
 January 2015
 <u>http://www.hse.ie/eng/about/Who/OoCIO/</u>
- 3. Main objectives for 2015
 IHI Rollout (Health Information Bill and IHI)
 National referral system
 New National Children's Hospital
 EHR phase one
 Cancer care service delivery
 Primary care health and social care information technology infrastructure
 Guiding the decision making process is patient benefit and needs (as opposed to technology)
 Establishment of a health information and knowledge framework.



Regional Use Case Discharge Planning

- Five distinct nursing roles are identified in this Use Case Scenario;
 - Community Interventions Team Nurse,
 - Partnership Nurse,
 - Community Liaison Nurse/Clinical Case Manager,
 - Clinical Nurse Manager 3 and the
 - Advanced Nurse Practitioner Role

Full Report Available to download from:

http://doras.dcu.ie/19996/1/Final_PARTNERS_ Report_170614.pdf



Makes Evident



- Complexity of interagency communication highlighting the dual role
 - As independent practitioner
 - As a key worker in a coordinated multi-disciplinary team

Joe Brown is a 78 year old single man who lives alone. He is not known to Public Health Nurse and is not in receipt of any community supports. He has a medical history of chronic obstructive pulmonary disease (COPD).

Day 1: Joe Brown presents to Accident and Emergency Department (A&E) with a history of being unwell x 5 days with deteriorating condition

Known COPD diagnosed with chest infection and required IV antibiotics initiated in A&E. referred to Out Patient Anti-biotic Team (OPAT), CIT Nurse Initial Review Antibiotic 1st dose is initiated by A&E Dr, prescription given to the nurse and Joe is transferred home

Information Flow – Discharge Pathway Documented Plan, Prescription management, Referral Documentation, Next of Kin Contact with Appointment Schedule Date and to co-ordinate travel arrangements to home environment, CIT Assessment Initiated

Day 3: OPAT Refers Joe to CIT (1) for IV antibiotic home therapy

IV antibiotics administered over 5 days at home by CIT service. Follow up in outpatients by hospital team arranged with OPAT team.

Education and advice given by CIT nurse to Joe on the management and correct use of his inhalers. Joe discharged from CIT service and report sent to General Practitioner, Referring OPAT team and Public Health Nurse to alert of recent episode.

Information Flow – First Assessment Completed, Care Plan – Key areas included education of medical devices, symptom management fatigue breathlessness, Summary Reports 1..*

Day 21: Joe visits his GP – history of dizziness. GP refers Joe Brown to Partnership Nurse (PN) (2) for Blood Pressure monitor to out rule postural hypotension and for home assessment prior to Geriatrician outpatient appointment

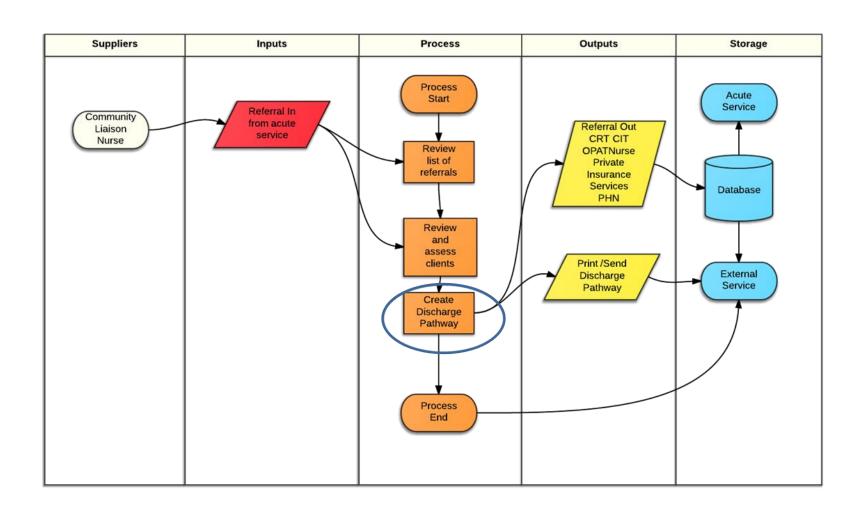
Dizziness on three separate occasions reported and one incident in which Joe nearly fell. Partnership Nurse contacted Joe and home visit arranged.

Some Examples of Findings

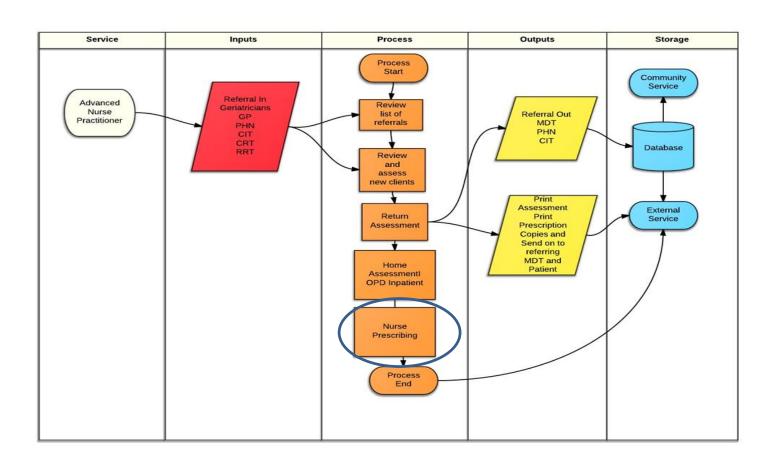


 Subtle differences between service providers that emerging nursing roles offer need to be highlighted and core data concepts included in future subject area models of care

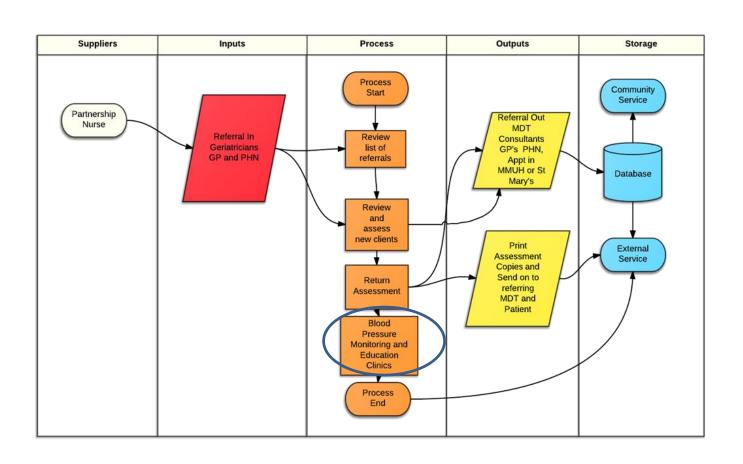
Community Liaison Nurse



ANP Role



Partnership Role



National Informatics Approach - HISINM

Building on reports completed in 2009 this action research approach is working well in Ireland building communities of practice and empowering nurses to innovate and contribute to strategic objectives





Introducing HISINM



Examples of ANP Educational initiatives

- http://www.happybones.ie/
- http://www.bonehealth.co/



ENS4Care

Evidence Based Guidelines for Nursing and Social Care on eHealth Services

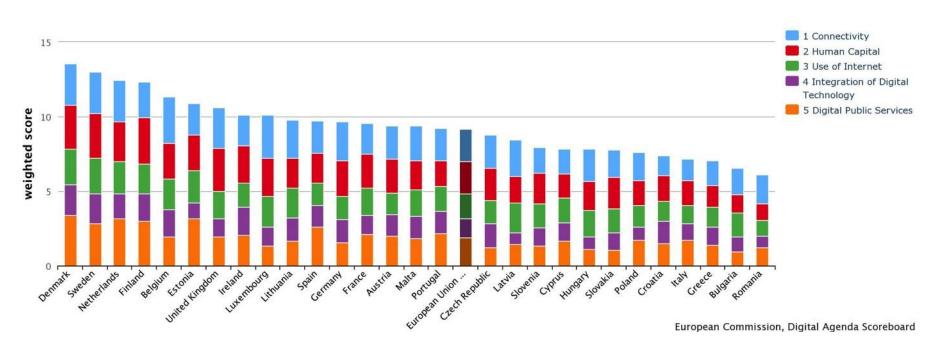
Thematic Network
CIP-ICT-PSP 7 - 2013

http://www.ens4care.eu/ PI Dr Paul de Raeve

EU Background

DESI Digital Economy and Society Index

Digital Economy and Society Index



http://ec.europa.eu/digital-agenda/en/digital-economy-and-society-index-desi

ENS4Care

5 work packages on evidence based practices for eHealth Services

- 1. Prevention
- 2. Clinical Practice
- 3. Advanced Roles
- 4. Integrated Care
- 5. Nurse ePrescribing



ENS4Care Overview

- Data were collected through a cross-sectional, online, questionnaire survey of health professionals (n=122) from 21 countries in Europe
- The final guideline documents will be available through the project website Q4 2015
- Following slides report on WP5 Nurse ePrescribing - Irish Nurses and Midwives Organisation http://www.inmo.ie/

WP5 Overview- Mapping the Journey



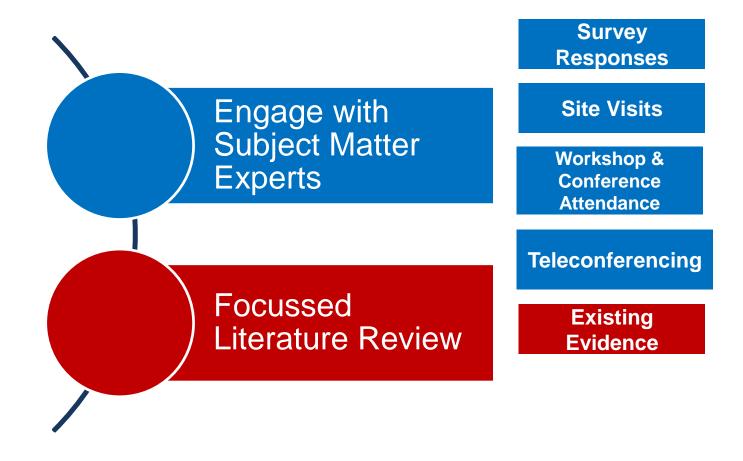


Phase 1 – Development of the Process

Phase 2 – Defining Content & Structure

Phase 3 – Partners Comments & Validation

Development of Process



The Guideline Content



Scope & Outcomes

Case 1 Key Requirements Case 2 ePrescribing as a process Case 3 ePrescribing / eDispensing Additional Initiatives



Case 1 Defines Key Requirements

Tool Kit – What Needs to be Established

Legislative & Jurisdictional Changes

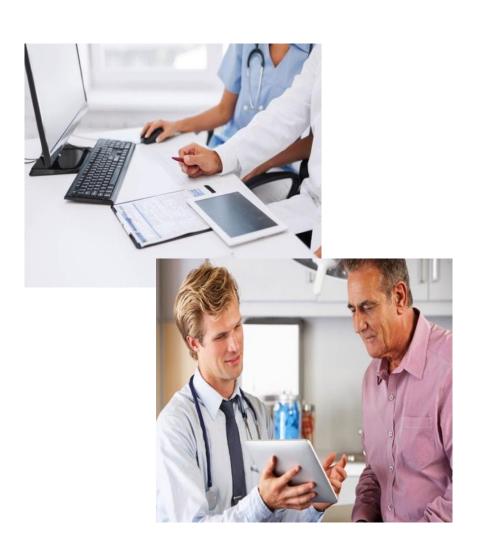
Educational & Training Programmes

Case 2 describes ePrescribing in Process

- Depicts governance and nursing leadership in action within MDT and community services
- Emerging models of eHealth
- Example of workarounds in context



Case 3 ePrescribing / eDispensing



- Enterprise approach
- Cost projections
- Application of health informatics – semantic and syntactic interoperability
- Additional reading

Additional Initiatives - Expert Panel



- Draft 1 sent on to expert panel in July comments integrated into the document in August / September
- Draft 2 submitted to ENS4Care Team for Comment and Evaluation
- Draft 3 validation and comments from partners blind review

Example of Guideline Statements

- Jurisdictional factors and prescriptive authorities should be considered in the initial stages of planning for nurse ePrescribing
- Informatics infrastructure and platform should be considered in the initial stages of planning for nurse ePrescribing
- Competency in clinical decision-making should be considered in the initial stages of planning for nurse ePrescribing.
- epSOS a core resource http://www.epsos.eu/

Nursing contribution



- It is at the edges (of health care provision) that interesting things happen.
- Transformation to eHealth solutions is an emotionally charged process and nursing as a profession at local national and EU can contribute to this process for optimal patient outcome.

Thank You



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