ANIA-CARING

Connecting, Sharing, and Advancing Nursing Informatics

ania--caring is a nursing informatics organization advancing the delivery of quality healthcare through the integration of informatics in practice, education, administration, and research.

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IN THIS ISSUE

BENEFITS OF MEMBERSHIP

- Access to a network of informatics professionals domestically and internationally,
- An active e-list with the option to read e-mails online,
- An online, searchable membership directory,
- Quarterly newsletter indexed in CINAHL, Thomson Gale & EBSCO Publishing,
- Job Bank with employer paid postings,
- Reduced rate for the Computers, Informatics, Nursing (CIN) journal,
- Annual **ania--caring** conference,
- Membership in the Alliance for Nursing Informatics, www.allianceni.org, and
- Meetings and conferences around the nation and the world.

Visit us at www.ania-caring.org and join or renew today!

Presidents Message:
Looking Forward To Our Annual Conference….

Curtis N. Dikes, RN, MSN, ACNP-BC, CLNC, NEA-BC

March brings ANIA-CARING activity to full steam as we: prepare for our annual conference next month in Orlando, place finishing touches on our association management contract, vote on our organizational name change, and begin preparations for transition to the next slate of our Board of Directors.

Our annual informatics conference is fast approaching, and I hope you will join us. As technology continues to advance at a rapid pace, nursing informaticists are poised to make a big "splash" as leaders diving into an ocean of change. I invite you to attend this year's conference in Orlando to network with colleagues and share experiences of how we are making waves in these changing waters.

Our progress in signing our first association management agreement is now within arms' reach. This achievement will allow the Board to concentrate on strategic planning with the day-to-day organizational operations in capable hands, while continuing to interact, share and educate each other.

Our organization – combined from ANIA and CARING and known today as ANIA-CARING – is now more than two years old. As I shared in a recent email communication to all, the original intention when we formed our new organization was to use the ANIA-CARING name for the first year of operation to help everyone recognize our organizations through this transition. Despite this successful name-transition period, we are now a year overdue for our planned name change – the time is now! There is a vote now out to the membership to vote in favor of our new organization's name: after much work and consideration, the Board is recommending that our mission/vision, membership and geographic reach is best reflected as the "American Nursing Informatics Association". Please be sure you vote!

The conclusion of our annual conference will bring a renewed Board as some members roll off and others join with fresh new perspectives. The Board is currently working on preparations as the Nominating Committee prepares to release the slate of candidates for membership voting and approval.

There is much more we will all share at our Conference. But for now, please peruse this edition for updates from the recent BOD working retreat in Houston, new information shared via our affiliation with ANI, and much more.

I encourage you to contact me, or any Board member, with your ideas and/or interest in joining or forming a committee that leads ANIA-CARING members forward.

I look forward to seeing you at the Annual Conference, April 12-14th!

Wishing you a productive Spring,

Curtis

Curtis N. Dikes, RN, MSN, ACNP-BC, CLNC, NEA-BC

President

By Susan K. Newbold,
PhD RN-BC FAAN FHIMSS

ANIA-CARING MEMBERSHIP PROFILE

As of 02/27/2012, there are 2226 members from 50 states and 34 countries: Afghanistan, Australia, Bermuda, Brazil, Canada, Chile, Croatia, England, Finland, Germany, India, Ireland, Israel, Jordan, Kenya, Kuwait, Lebanon, Malaysia, New Zealand, Pakistan, Panama, Philippines, Qatar, Romania, Saudi Arabia, Singapore, Slovenia, South Africa, South Korea, Spain, Taiwan, Thailand, UAE, USA.

GRADUATION

Doctor of Philosophy (PhD)

Wanda Govan-Jenkins, Upper Marlboro, MD, December 16, 2011, successfully defended her dissertation entitled Health Informatics Nurses' Perceptions of Implementing a Clinical Decision Support Tool: An International Survey. ANIA-CARING members participated in her research. Her degree is from Carlow University, Pittsburgh, PA

Post Master's Certificate

Sandy Garman, Natick, MA. completed a Post-Masters Certificate in Health Informatics from Regis College, MA, December 2011.

Master of Science in Nursing (MSN)

Altha Abercrombie, Temple, TX, graduated April 2011 from the University of Phoenix with a Masters degree in Nursing Informatics.

Lora Brown, Hayes, VA, graduated in 2012 from Walden University with a degree in informatics February 2012.

Kathryn Kiloh, Broomfield, CO, graduated January 2012 from the University of Phoenix with a masters in nursing informatics.

Linda J. Smith, Oregon City, OR, graduated in October, 2011 from Walden University.

Welcome From the Editor and Secretary

Denise Tyler, RN-BC, MSN/MBA,

I hope you are all making your plans to attend the ANIA-CARING conference April 12 – 14 at the Renaissance Orlando at Sea World. We have a great line up of speakers, networking opportunities and fun! We have already sponsored two networking events this year. The event in Region IV was hosted by board members Susan Newbold and region IV director Stephen Prouse. The event in Houston, in Region II was hosted by region II director Brian Norris and the board. Both events included great food and networking. If you are interested in becoming more involved in your regional activities, or in hosting a regional event – please email your regional director! Not sure which region you belong in - see the listing below:

Region I – WA, OR, CA, ID, NV, MT, WY, CO, AZ, NM, AK, HI (region1@ania-caring.org)

Region II – ND, SD, NE, KS, OK, TX, MN, IA, MO, AR, LA, WI, IN, IL & International Members (region2@ania-caring.org)

Region III – MI, OH, PA, NY, NJ, VT, ME, NH, MA, RI, CT, NJ (region3@ania-caring.org)

Region IV – MD, VA, DE, WV, KY, TN, NC, SC, GA, FL, AL, MS (region4@ania-caring.org)

Have you presented (or are you presenting), published, received an award, or completed a degree? Please share on the ANIA-CARING website so we can include in the newsletter membership news! It will not only allow us to share your accomplishments, but will also help inspire others!

Our website also has a list of conferences- if you do not see one in the newsletter that is close – check the website as it is constantly being updated!

It is time to start working on your new year's resolution, if one of your resolutions is to contribute more to your profession, please consider writing for the newsletter. We need both formal and informal articles for each of our four annual publications. If you are interested in publishing, or being on the newsletter team, please email me at secretary@ania-caring.org. We depend on our members to make our organization, and newsletter successes!

◀ *Region II attendees deep in discussion*

▼ *Stephen Prouse, regional director kicks off the Region IV networking event*

Region IV Networking Event

Stephen W. Prouse
MS, RN-BC, Region IV Director

aspecial thanks to all the members who participated in January's Region IV networking event held at Sinai Hospital in Baltimore Maryland. The event was planned in collaboration with Sheri Miller, a Region IV member and host of the NI Boot Camp held throughout the weekend of the event.

During this free member event, over 30 participants engaged in networking opportunities, had delicious food, and received the benefit of a great speaker from our membership. Special thanks to Sherry Church (Region IV Members) for providing an inspiring and thought provoking presentation on nursing informatics. Also in attendance were representatives from two academic institutions, Drexel and Walden. We thank them for their contributions to our event. Stay tuned for more local networking events coming soon!

▲ *Region IV attendees network with board members Stephen Prouse and Susan Newbold*

ANI News

The semi-annual in-person ANI meeting was held during HIMSS12. The National Association of School Nurses (NASN) were welcomed as a new member organization to ANI, and the following were introduces as new Emerging Leaders:

- Audrey Hirsch (clinical content manager for Bon Secours Health System's EHR implementation. She is a family nurse practitioner who has practiced in the emergency department, ICU and in ambulatory care with a focus in cardiology), and
- Sarah Collins (nurse informatician at Partners Healthcare Systems in the Clinical Informatics Research and Development Department and as an instructor in medicine at Harvard Medical School and Brigham and Women's Hospital, Division of General Internal Medicine and Primary Care. Before starting at Partners, she was a National Library of Medicine post-doctoral research fellow at Columbia University's Department of Biomedical Informatics and she completed her PhD at Columbia University's School of Nursing as a National Institute of Nursing Research pre-doctoral informatics trainee)

ANI Pledge to Support Consumer eHealth. Nurses are the most-trusted health professionals and have a long history of patient advocacy. We expect nurses to have a significant impact on consumer participation in Health IT to increase use of Personal Health Records and Patient Portals from 10% today to over 25% in the next 2 years.

Explore our new Consumer Engagement tab
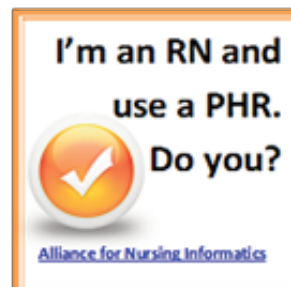
Take the ANI Pledge to use eHealth on Facebook now

MEMBER NEWS

Certification in Nursing Informatics from the American Nurses Credentialing Center (ANCC):

Margaret Chase, Silver Spring, MD, December 2011

Sharon R. Fergus, Reston, VA, was recertified December 2011

Carole Hill, Santa Rosa, CA, January 4, 2012

Cheryl D. Parker, Dallas, TX, December 8, 2011

Jeanine Peterson, Santa Monica, CA, January 31, 2012

Fellow in the Healthcare Information Management and Systems Society (HIMSS)

Ida Androwich, La Grange Park, IL, 2011

Kathleen McCormick, North Potomac, MD, 2011

Cheryl D. Parker, Dallas, TX, December, 2011

Health IT/HITPro

Susan K. Newbold, Franklin, TN, passed the Clinical/Practitioner Consultant Health Information Technology Professional (HIT Pro) Examination 14 December 2011.

Healthcare Information and Management and Systems Society Certification - CPHIMS

Davis Austria, New York, NY, January 2012

Sandra E. Eppers, Racine, WI, July 9, 2011

Lillian W. Fulton, Fayetteville, GA, 2011

Cecilia K. Page, Lexington, K.Y, 2011

Jean "Libby" Willard, Mount Airy, NC, June 27, 2011,

Barbara Wroblewski, South Deerfield, M.A., December 9, 2011

PMP certification (project management)

Davis Austria, New York, NY, August 2011

PRESENTATIONS:

The following members are speaking at the AORN 59th Congress March 24-29, 2012 in New Orleans: **James Finley**, Vallejo, CA, **Lisa Bove**, Raleigh, NC. **Susan K. Newbold**, Franklin, TN, **Michelle Troseth**, Hudsonville, MI, and **Charles Boicey**, Mission Viejo, CA.

Curtis Dikes spoke twice at the HIMSS12.

PUBLICATIONS:

Cynthia Davis, Palm Harbor, and **Marcy Stoots**, Dunedin, FL. co-wrote the following article:

Davis, C., Stoots, M., & Bohn, J. (2012). Paving the Way for Accountable Care: Excellence in EMR Implementations. JHIM, Vol. 26(1), pp. 38-43.

Linda Q. Thede, Aurora, OH, "Informatics: Where Is It?" Thede, L.Q. (2012) Online Journal of Issues in Nursing (OJIN) http://www.nursing-world.org/MainMenuCategories/ANA Marketplace/ANAPeriodicals/OJIN/Columns/Informatics/Informatics-Where-Is-It.html

CONFERENCES:

12-14 April, *2012 ANIA-CARING Annual Conference*. Renaissance Orlando at SeaWorld®, Orlando, FL. www.ania-caring.org, Conference@ania-caring.org

23-27 June, 2012, *NI2012*, Hilton Montreal Bonaventure, Montreal CANADA, www.ni2012.org. Sponsored by the International Medical Informatics Association. ***ANIA+CARING is a co-sponsor of this event.

3-7 March, 2012, *HIMSS13*. New Orleans, LA. www.himss.org

2-4 May, 2013, *ANIA-CARING Annual Conference*, Marriott Rivercenter, San Antonio, TX. www.ania-caring.org, Conference@ania-caring.org

21-23 August, 2013, *MedInfo2013* Copenhagen Denmark, http://www.medinfo2013.dk/

16-20 November, 2013, *AMIA 2013 Annual Symposium*, Hilton Washington & Towers Washington, DC, www.amia.org

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CPOE: Friend or Foe?

Nicole Mohiuddin, RN-BC, MSN

Studies imply that preventable medical errors are responsible for thousands of deaths each year, and two out of every 100 admissions experience a preventable adverse drug event (Kohn, 2000). Implementing advanced clinical systems can facilitate improved patient outcomes and greater productivity for clinicians. One triad of technologies: computerized physician order entry (CPOE), bar-coded medication administration (BCMA) and "smart IV pumps" will result in safer medication administration. Implementing these technologies, specifically CPOE, can be an improvement - or a nightmare for all involved. Here are some critical factors that can "make or break" a successful CPOE implementation:

Executive Sponsorship

Success or failure begins at the top of the organization. The project must be recognized, supported and funded as a critical, strategic initiative. The specific system must be carefully matched to the particular needs, capabilities and strategic vision of the hospital. Professional development and continuous improvement of clinical practices must be re-emphasized as cultural values and behavioral norms. The unmistakable, consistent message must be that CPOE is a positive *and mandatory* step forward for the organization and its members.

Identified Champions

Specific individuals (preferably volunteers, but assigned if necessary) must be identified as key contacts for various areas (i.e., cardiology, ob/gyn, pediatrics, radiology, nursing, pharmacy, etc.). The role of a champion includes acting as a communicator, educator, advocate, and coordinator who can interact collaboratively with physicians, other clinicians and executives (Massachusetts Technology Collaborative). Both champions and cheerleaders, these individuals will be focal points for information to, and from, their peers. They will ensure that order sets, policies, etc. are appropriate and inclusive to their respective responsibilities and activities. They can also assist in demonstrating, training and encouraging others, speeding the acceptance and proficiency with the system.

Realistic Redesign

CPOE both necessitates, and facilitates, changes in the workflows, thinking processes, and behavior of all clinical departments. At the same time, when and as possible, the specifics of the CPOE implementation should be tailored to the organization's needs, a system that is easy to use will help facilitate user acceptance (Nace, G., Graumlich, J., & Aldag, J. 2006). This "meeting in the middle" must be acknowledged and demanded from the outset. It should be embraced as an opportunity for improvement, not dreaded as a disruption. Ultimately, CPOE is an organizational and clinical change-initiative, *not* "just an IT project."

Project Management

Major undertakings don't just happen on their own: plan the work, and work the plan. Meticulously inventory and analyze requirements, constraints and resources; identify timelines with multiple intermediate milestones; hold regular progress reviews; realistically assign responsibilities and deadlines; and hold individuals accountable for those deliverables.

CPOE: Friend or Foe?

Ongoing Support & Communication

The "go-live" of a clinical implementation is not "the end" but a beginning (Altuwaijri, M., Bahanshal, A., & Almehaid, M. 2011).. Inevitably, problems, issues and questions will arise. The first several days of widespread use should be heavily "front-loaded" with support staff to receive, to analyze and to address such reports from users. Planning and collaboration will decrease problems – but will not avoid the need for quick changes or modifications, both during the go-live event and after. The flexibility, responsiveness, empathy and respect shown in this phase - by all involved - will set the tone for ultimate acceptance or resentment of the system, as well as the involvement in post implementation improvements.

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Three Deadly Sins of Device Fairs – Part Two

By Cheryl D. Parker, PhD, RN-BC, FHIMSS

In the third quarter issue of 2011, I enumerated my top three deadly sins of device fairs. I said at that time there are more, so, by request, here are my next three.

The examples given have been seen in multiple events, so I hope no one feels I am pointing a finger at them. The opinions expressed in this article are based on my experiences and discussions with others and do not represent any specific vendor or facility.

Deadly Sin #4: But I Want this One!!!!

This is an expansion of my tip "Never show end-users a product that they can't have." One of the responsibilities of a vendor representative is to show their products in the best light…. This means that they will discuss every option, model etc. if you have not put any parameters in place. As informatics nurses, I feel that it is our responsibility to work with IT to help determine the parameters and then share them with our vendor partners. I recently heard a story about one vendor fair in which the invited vendors were given a specific list of what they should bring and demonstrate, down to model number and options. One vendor brought devices that fell outside the parameters and was asked to leave immediately for breaking the "rules" of participation. This facility had done their homework, knew exactly what was needed and did not want their end-users to evaluate anything outside what was on the "approved" list. In my book, that's a smart use of everyone's time and money.

Deadly Sin #5: Location, Location, Location

Yes, space is scarce and device fairs typically take up a lot of room so preplanning the location and space is critical. Don't try to cram too many vendors into a small space – I attended one fair at which the vendors were literally standing shoulder to shoulder. The noise level was incredible and the end-users could not interact with the various products which was the purpose of inviting the vendors to come on-site. It was a waste of time and money for everyone. Determine what products you want each vendor to bring and then ask them the minimum amount of space they need to exhibit those products. Think about the traffic flow especially if using multiple rooms. Is there adequate signage to guide people? Remember many end-users may be going into parts of the facility that they have never visited before. Where will people pick up and submit their evaluations if you are using paper ones? How long will it take staff to get from their units to the location? If it's a 10 minute walk one way and they are using their lunch break – then they only have 10 minutes to evaluate products before they need to start the return trip. More good reasons to pre-vet and limit the invited vendors!

Deadly Sin #6: Forgetting that Vendors are People too….

And most of them haven't developed "nursing bladders!" Scheduling can be a huge issue. Yes, as an old night nurse, I recognize the importance of getting the input from night shift but scheduling a 14-16 hour day without a break isn't reasonable either. Many times, there will only be one representative per company and they will need breaks. If you want all shift coverage, then schedule a 2-4 hour break in the afternoon so that they can eat, check VM/Email, and come back refreshed for the evening/night shift. And if there is not a cafeteria or vending machines close, it would be a nice gesture to provide water/coffee at a minimum. Also, provide good directions, shipping instructions, and contact information including cell phone numbers.

In conclusion, I hope my ramblings have given you a few good ideas. I would love to hear any more stories or tips or even questions…you can always reach me at cheryl.parker@rubbermaidmedical.com

EHealth Literacy for Older Adults – Part I

Robin Austin, MS, RN-BC, CPHQ

electronic health information or eHealth, has potential to improve quality of care, increase patient engagement, and provide opportunities for self-management of diseases. In today's healthcare environment, it is vital for individuals to be active participants in their care in order to make informed decisions, yet, nearly nine out of ten adults have difficulty using common forms of health information found in the internet, media, communities, and health care facilities (Kutner, Greenberg, Jin, & Paulsen, 2007). Unfortunately, a large portion of the population, lack the appropriate knowledge and technology skills to do so. This presents challenging barriers to accessing accurate and useful health information. According to the Centers for Disease Control and Prevention (CDC) (2009), improving health literacy is critical as choices, information, and decisions about health care are more complex. Low health literacy is prevalent throughout the population, however, older adults are at greater risk for low health literacy skills. Increase in the aging population, coupled with higher incidence of chronic disease places a tremendous stress on the healthcare system. eHealth resources and tools could help alleviate strain on healthcare delivery by improving care coordination, access to personal records, and online tutorials for self-management.

Individuals need to have the correct skills and tools in order to make informed decisions. The ability for older adults to find safe and accurate information online is essential. This section discusses the background of health literacy, eHealth, older adults, and chronic disease.

Health Literacy

According to the Institute of Medicine (IOM) (2004), almost half of all American adults, approximately 90 million, find it challenging to process and understand complex text common in health information from insurance forms to medication labels. Patients need an adequate level of health literacy to make informed healthcare decisions, improve ability to self-manage chronic disease, and promote positive health outcomes. Health literacy, as defined by The Patient Protection and Affordable Care Act of 2010, Title V, is "the degree to which an individual has the capacity to obtain, communicate, process, and understand basic health information and services to make appropriate health decisions" (CDC, 2011). In the United States, the average reading level is at the 8th grade level or below; and most health-related material is written at the 10th grade reading level or higher (IOM, 2004). Health literacy is a complex issue and involves more than literacy skills, it also requires ability to interpret medical language and apply it to one's own specific health condition. Low health literacy leads to poor patient compliance, and a lack of medication safety and receiving preventative services. Limited health literacy affects people's ability to find and use health information, modify behaviors towards health, or act on public health alerts (U.S. Department of Health and Human Services (HHS), 2010)). Furthermore, there is a link between low health literacy and higher utilization of health services, thus higher healthcare costs. Initial approximated costs range from $106 billion to $238 billion annually which is 7% and 17% of all personal healthcare expenditures (Vernon, Trujillo, Rosenbaum, DeBuono, (2007).

eHealth

Using electronic sources of health information is becoming a major part of healthcare, eHealth has the ability to connect with consumers, empower individuals, and provides tools to help consumers make informed health decisions. According to

Fox (2006), nearly 80% of Internet users, or 95 million American adults, have used the internet to search for at least one major health topic. eHealth tools include digital resources, mainly available through the internet, to help consumers, patients, and caregivers find, store, and manage health information. eHealth literacy is defined as the ability to seek, find, understand, and evaluate health information from electronic sources and then apply the information to address or solve a health problem (Norman & Skinner, 2006).

The vast amount of health information on the internet can provide valuable resources, at the same time, it can be overwhelming, frustrating, and disjointed if the person lacks the necessary skills. CDC (2009) states information seeking on the Internet is complex as it requires general knowledge of the topic of interest, understanding of software and hardware operations, information seeking skills, and ability to judge whether sources of information are accurate and reliable. According to Norman & Skinner (2006), the six core literacy skills needed to use electronic health information effectively are:

- Traditional literacy
- Health literacy
- Information literacy
- Scientific literacy
- Media literacy
- Computer literacy

Consumers need to have the necessary skills to effectively locate information, evaluate it, and then apply information toward their health problems (IOM, 2009). Without the proper skills, portions of the population are at a disadvantage for gaining health information necessary to promote health.

EHealth Literacy for Older Adults – Part I

Older Adults

Currently one in eight Americans is 65 years of age or older, 12.9% of the population, and by 2030, 19% of Americans will be over the age of 65 (Administration on Aging (AOA), 2011). The increasing number of older Americans will place unprecedented demands on the current health care system and aging-related services (CDC, 2011). As previously stated, health literacy affects the population as a whole but older adults are at greater risk. Zamora & Clingerman (2011) state poor health literacy in older adults is a pandemic, as less than 5% of older adults are proficient. The level of health literacy and age-related changes are all factors that contribute to poor eHealth utilization. The CDC (2009) states current research indicates that effectiveness and use of eHealth tools are low for many segments of the population particularly for older adults.

According to Pew Internet (2011), 42% of older Americans' ages 65 and older use the internet. With the demands on the healthcare system, it is imperative that older adults are able to take advantage of eHealth resources.

Chronic Disease

Chronic disease requires consistent, ongoing care, and may involve multiple providers. This is a significant implication for the healthcare system financially and the use of healthcare services. Over 55% of adults 65 and older report having hypertension, nearly 50% have arthritis, and over 18% are diabetic (Federal Interagency Forum on Aging-Related Statistics, 2010). Furthermore, 76% of adults ages 60 years and older use two or more prescription drugs and 37% use five or more (Gu, Dillon, & Burt, 2010). The increasing number of older adults along with a higher incidence of chronic disease will place a severe strain on current health care delivery. Those with chronic disease would greatly benefit from eHealth resources, but they are less likely to be online than those without a chronic disease (Fox & Purcell, 2010). Poor understanding of a chronic condition can lead to poor compliance with a treatment regimen, missed or wrong medication dosages, and place individuals at a higher risk for rehospitalization.

eHealth has the ability to transform healthcare delivery. However, segments of the population are unable to access and utilize these valuable resources. Older adults face significant challenges and barriers to overcoming the digital divide. Future research

directed towards identifying best practices to reduce barriers will be beneficial. eHealth literacy is a complex issue involving many components and will require a collaborative and multi-disciplinary approach to improving access for all.

The next newsletter will contain Part II – eHealth Literacy for Older Adults: Current Programs and Interventions.

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ANIA-CARING
Connecting, Sharing, and Advancing Nursing Informatics

2012 Annual Conference
Nursing Informatics:
Making a Big Splash

Register online:
www.ania-caring.org
Renaissance Orlando
at SeaWorld
April 10-12, 2012