

EXECUTIVE SUMMARY

In the fall of 2006, the Canadian Nurses Association (CNA) partnered with three provincial ministries of health to submit a proposal to Canada Health Infoway for funding to support the inclusion of nursing-related information in electronic health records (EHRs). In May 2007, Canada Health Infoway announced funding of \$750,000 for the project. This is the first nursing project funded by Canada Health Infoway.

The Canadian Health Outcomes for Better Information and Care (C-HOBIC) initiative introduces a systematic, structured process and terminology to patient assessments. C-HOBIC measures the impact that nurses have on patient outcomes through the collection of specific information at key times during the patient's care. The goal is to build a comprehensive and reliable database of information that clinicians, planners and researchers can access and use to examine the quality of care.

The project objectives are to:

- standardize the language concepts used by C-HOBIC to the International Classification of Nursing Practice® (ICNP®);
- capture patient outcome data related to nursing care across four sectors (acute care, complex continuing care, long-term care and home care) of the health system; and
- store the captured and standardized data in relevant, secure jurisdictional data repositories or databases in preparation for entry into provincial EHRs.

Implementation occurred in two provinces: Saskatchewan and Manitoba. In Saskatchewan, C-HOBIC was implemented in long-term care homes in the Saskatoon Health Region, and in Manitoba, implementation occurred in long-term care homes and home care offices in the Winnipeg Health Region. As part of the implementation, nurses in the participating provinces were provided with education about using standardized information to plan for and evaluate care.



C-HOBIC

One deliverable of C-HOBIC was to map the standardized concepts to the standardized clinical reference terminology of nursing (ICNP) in order to demonstrate the value of mapping current information and to position nursing-sensitive outcomes for inclusion in the pan-Canadian health record. This would provide an approach for coding nursing information to support interoperability, consistency and comparability of clinical information that is reflective of nursing practice across health-care system(s) and facilitate future mapping of these concepts to Systemized Nomenclature of Medicine - Clinical Terms (SNOMED-CT).

Another deliverable was an evaluation of C-HOBIC. An independent evaluation was conducted to examine the following:

- Do nurses use C-HOBIC information?
- Are nurses satisfied with C-HOBIC information?
- In what ways has practice changed as a result of C-HOBIC information?

While the sample size was small, the evaluation found that clinicians require time and resources to adopt information-intensive initiatives such as C-HOBIC and successfully incorporate them into their clinical practices. Evaluation findings are most positive in care sectors that have been involved in the initiative the longest and have focused resources on assisting clinicians to use the C-HOBIC information to improve their practice.

There are 270,845 registered nurses (CNA, 2008) and 67,300 practicing licensed practical nurses (CIHI, 2007) in Canada. If EHRs are to be utilized by nurses and other clinicians, it is important that they contain information that has value for clinicians and improves their ability to evaluate and plan care.

References

Canadian Institute of Health Information (CIHI). (2007). *Workforce trends of licensed practical nurses in Canada, 2006*. Ottawa: Author. Available at http://secure.cihi.ca/cihiweb/products/Workforce_Trends_LPN_2006_e.pdf

Canadian Nurses Association. (2008). *2006 Workforce profile of registered nurses in Canada*. Ottawa: Author. Available at http://www.cna-aiic.ca/CNA/documents/pdf/publications/2006_RN_Snapshot_e.pdf

