January 22, 2019

To the Office of the National Coordinator,

I am concerned that care delivery by nurses isn't considered equivalent to that of physicians. Subsequently, burnout related to nurse care delivery is underappreciated. Nurses are care delivery in most circumstances. A Physician diagnoses and creates a treatment plan. A nurse takes those orders and through nursing process using critical reasoning administers numerous Nursing interventions to reach a person-centered desired outcome through a care plan. Yet Information systems neither cater to nursing process or represent the vast data collected by Nursing in a way that measures value of nurse contribution to care outcomes.

The lack of visibility to nursing data in electronic health records is a chronic, unrelenting problem. Data collected by nurses is collected in such a way that it is seldom used by an organization unless there is legal cause to examine issues like breach of duty or medical negligence.  In practice, most providers (physicians) don't consider nursing data in their assessment or diagnostic process because you must hunt, peck and search for specific information when needed.  This creates additional burden for providers - who then rely on what is readily available.  Take for example the Ebola outbreak a few years ago.  EPIC EHR, nurse data collected about travel outside country, provider never reviewed, and more persons were infected.

In addition, information exchange is not moving or exchanging nurse level data.  We are moving provider level data from care summaries and progress notes.  So again, nurse data is left behind, or not considered as necessary for exchange.  Data that nurses input is only exchanged if it is included in activities like gathering demographic data.  In fact, information exchange use cases do not rely at all on nursing level data - which is a problem.  Physician data or NP data will be included if it is part of a C-CDA.  Otherwise, the work of a nurse is not represented - or at least it is not metadata tagged as originating from a nurse.  Further, care plans have all but been pirated by physician providers - so even when care plan level data can be shared (very little is shared today) it mostly represents a physician view and not nursing or the knowledge work of nurses.

Until nurse data is recognized, and the data capture and information system burden acknowledged, administrative burden that contributes to nurse burnout will be underappreciated. Computers, Informatics and Nursing March 2019 issue will feature an article I wrote on Nurse Value and Data. It is reflective of the problem described above but goes further into value-based care and new risk-sharing arrangements, and nurses’ inability to participate. Please consider reviewing that article to understand the implications.

Sincerely,

Dr. Lisa Moon

University of MN

Advocate Consulting LLC

Minneapolis, MN