Views from Canada and New Zealand on health systems and nursing | OJNI

by Dr. Peter Murray, Senior Editor
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Lynn Nagle,
and Lucy Westbrooke

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The main theme of this series of columns is the sharing of different experiences among nurses and other health professionals in different countries, and in different parts of the world. As intimated in previous columns, many nurses from various countries focus – often for very justifiable reasons – on their own local experiences, issues and problems. However, as someone who has been fortunate enough to visit many countries and to discuss with colleagues in those countries the issues that they face, it seems that we often face similar issues. So by sharing experiences and solutions, we may be able to help each other solve problems and avoid continuously reinventing wheels.

This column is written primarily from the texts provided by colleagues in two different countries, in order to explore some of the local experiences and issues. I am very grateful to Lynn, Lucy and Michelle for taking the time to contribute.

Michelle Honey and Lucy Westbrooke initiated their reply to my request for some thoughts by noting that, like most countries, the state of health and informatics in New Zealand is connected to the rest of the world. When they reflected on the important issues in New Zealand, it was noted that the international economic downturn is still having a ripple effect in the South Pacific. While economic constraints affect every aspect of society, New Zealand, with its publicly funded health system, has already seen an impact on health funding. Funding of health services is now being examined more critically and spending is being targeted. Unfortunately, they say, health informatics is only a targeted area for some aspects, and so rapid implementation of an electronic health record (EHR), for example, is not getting the visibility nor is it being seen as a priority, despite the potential benefits it could bring.

They went on to note that there recently have been changes in health service organisation, with a
focus on improved collaboration and integration of services, especially between primary and secondary health care. At a national level New Zealand is looking at ways to provide services that “work better, sooner, more convenient” (New Zealand Ministry of Health, 2011). The aim of this direction for health policy is to encourage community based health care and for doctors, nurses and allied health professionals to work together with their hospital-based colleagues to provide seamless co-ordinated services. Changes include alterations in professional boundaries, roles and where services can be provided, with an emphasis on community-based care. Part of these changes include a rationalisation of support services in district health boards and increased collaboration at a regional and national level in organization of shared services to make best use of available resources.

As many colleagues may know, New Zealand was hit by multiple large earthquakes in the Christchurch area, beginning in late 2010, and continuing into 2011. This resulted in deaths, casualties, major disruption to basic services such as water, sewage and electricity. The impact of the earthquakes continues to be felt in that area and around the country. Coincidentally, the Christchurch area had been an early site for the implementation of InterRAI assessment for older adults (New Zealand Guidelines Group, 2003). In 2003, a set of evidence based guidelines was published which recommended that New Zealand introduce a standardised assessment process with a national data set and using a national assessment tool. The InterRAI assessment tools were identified as those that would best meet these requirements. During the difficult days in the aftermath of the earthquake, the InterRAI data already collected allowed ready access to information about patients with high needs, therefore enabling over stretched services and scarce resources to be targeted. Having the data available supported health professionals to utilise what was available to best advantage in trying times. So despite the losses in Christchurch the disaster highlighted the positive impact good health related data can have.

Lynn Nagle provided some views from Canada, a country that might be geographically closer to the many US-based readers of this column, but that probably shares more with New Zealand in terms of the history and organisation of its health services. Lynn made a comment reflecting this, when she said that “a majority of Canadians covet the principles of universality, accessibility, portability, and comprehensiveness afforded by their current health care system, with the advent of pervasive supporting information and communication technologies, these tenets can be even more fully exploited to advance the health and wellness of all citizens. Canadian nurses are poised to be active participants in the activities essential to achieving this goal.”

Many nurses, Lynn noted, have embraced informatics as a new area of nursing specialization, and the number of nurses in informatics roles has been gradually increasing. This increase can be attributed to the recognition of a need to converge nursing expertise with the knowledge of informatics to better inform systems design, implementation, education, and evaluation. Nevertheless, there is still much work to be done to initiate all nurses into the world of informatics as it relates to their practice and educate them appropriately. Canada faces a growing demand for nurse informaticians, as well as an entire nursing workforce that needs to be much more knowledgeable about the capacity and use of information and information technology.

With the support of organizations such as the Canadian Nursing Informatics Association (CNA), the Canadian Nurses Association (CNA), the Canadian Association of Schools of Nursing (CASN) and Canada Health Infoway (CHI) numerous efforts are underway to: 1) develop nursing leadership to support nursing and health informatics initiatives, 2) provide national networking opportunities for nurse informaticians, 3) facilitate informatics educational opportunities for all nurses, 4) engage in international nursing informatics initiatives, 5) engage nurses in strategic and policy discussions on issues related to nursing and health informatics, and 6) advance the adoption of clinical nursing data standards.

Canadian nurse leaders, practitioners, educators, and researchers alike, need to continue to develop their own competencies and contribute to the evolution of a healthcare system supported and enhanced through the use of informatics. Considering the vast geography of this country and the significant investments being made nationally and provincially, the challenges are not trivial but
opportunities for nursing engagement abound.

I have made few changes to the text of Lynn, Lucy and Michelle’s original email replies to the questions that I asked about the issues facing nurses and the health systems in their countries. We would like to challenge you, as readers of this column, to determine what are the similarities and differences. Do similar issues pertain in your countries? Are there lessons from Canada and New Zealand that might be of help in addressing the health service and nursing issues in your countries? We would like to hear from you, and in particular would welcome views from other countries to widen the discussion.

References


ADDITIONAL BIO-PICS

Michelle Honey, Senior Lecturer, School of Nursing, The University of Auckland; Executive Committee member of Health Informatics New Zealand, and Chair of the New Zealand Nursing Informatics group.

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