SCINN Quarterly Meeting Minutes
8/9/03
SCNA, Columbia SC

Welcome and Introductions:
Attendees:
      John Welton – MUSC, College of Nursing (Vice President/President elect)
            weltonj@musc.edu
      James M. Anderson – MUSC (Treasurer)
            andersjm@musc.edu
      Kathleen Gehring- Cleveland Regional Medical Center, Shelby, NC
            Kathleen.gehring@carolinashealthcare.org
      Laurie Zone-Smith – MUSC (Secretary)
            zonel@musc.edu
      Brenda Hermann – CERNER Corporation (President)
            bherrmann@cerner.com

1. Minutes from last meeting:
   - Dr. Welton took minutes. Met with Judy Thompson about SCNA and collected information and requirements if the group became part of the SCNA council, followed up with an e-mail vote of the membership.

2. Publications/Conferences:
   a. Kathleen Williams and Brenda Hermann published "Clinical System Implementation Are You Ready?" in SSM (formerly Surgical Services Management) AORN publication, Volume 9, no.1, February 2003. This topic will be presented at the Cerner, 4th annual Nursing Informatics Nursing Symposium in Kansas City, MI. Brenda distributed copies.
   b. NI 03': International Nursing Informatics Conference in June 03': John Welton and Brenda Hermann attended coference in Rio DeJaneiro, Brazil. Mostly physicians presenting vs. nurse informaticist expert presenters. A stronger nursing perspective was needed.
   c. Conference Topics:
      i. John attended NMDS (Nursing Minimum Data set) round table. Discussion included: A fundamental question- "What is nursing? How do we represent it?" One comprehensive well developed system is the Swiss Nat'l. data repository which compares data with the hospital discharge dataset. Belgium has been using nursing data to reapportion how $ are spent. Nursing data influences about 30% of reimbursement in Belgium. John posed question: "Using standardized nursing language, is nursing essentially the same anywhere you find it?" --- Nurses may or may not perform the same thing, but how we measure it and how we account for it is different. Need to examine the question to see if we can compare nursing care across different boundaries and to

medical care. Argument: Can we use Nursing Intensity (a fundamental measure of nursing) which is the amount of time the RN spends with the patient (e.g. the relationship with the patient); to measure the avg. hrs of care for one patient? Job duties of RNs differ, different laws, scope, systems, but how much of each task is done and how much time did it take for the RN to complete the work?

    ii. Brenda H. discussed group speaking of the nursing classification systems – factors chosen to be measured for nursing; absolutely must have x data elements at a first pass for an international patient record. What is the meaning of NMDS? Do we have a Maximum data set vs. minimum set? How do we boil it down?

    iii. SNOWMED is US project trying to go international; ICMP (International Classification of Nursing Practice) APR-DRG is using as gold standard to represent the type of care given. Commonly collected across countries is the APR-DRG.

    iv. Think Aloud Technique: Decision-making technology and evidence based for teaching new RNs, while providing foundations of decisions; if the RN made decisions during care; the RN would speak into a recorder/headset to talk about what they were doing, how they were doing it, why they were doing what they were doing. One nurse and one patient in the ICU for 8 hours collected the data. Precursor for voice recognition documentation system?

    v. Computerized MD order entry on the rise; yet will take 5 years to assure systems in place. Financial resources are not being committed by hospital systems (est. $20M for small hospitals to implement systems).

    vi. Brenda shared pictures from the Rio trip.

3. <u>SCNA/ANA Affiliation:</u>

    SCINN – SCNA affiliation questionnaire results:

    a. SCINN should affiliate with SCNA (ANA): 17 Yes; 6 No
    b. I am already a member of the ANA: 9 Yes; 13 No
    c. I am not a member of the ANA, but I would be willing to join to participate in leadership of SCINN: 11 Yes; 6 No

    Benefits include:

- Those who do not wish to join ANA may attend the meetings and participate in activities, however John will verify with Ms. Judith Thompson how voting rights or holding office would be affected.
- Central organization and place for meetings.
- Legislative ties for information that may influence group involvement and take our issues to larger organization.

    Drawbacks include:

    - If not a member of ANA will need to pay membership fees.
    - Any philosophical, moral or professional differences with ANA opinions or position statements.

Group decided to proceed with moving to affiliate with SCNA. John agreed to speak with contact Judy Thompson to request a petition (correct form, can we vote on line?) for signatures completed by our group members to make application to SCNA to form a new council for Nursing Informatics. Also, will request the council expectations including: voting rights with ANA and council attendees, naming of council (e.g. SCINN Council, Council of Nursing Informatics etc.) and website affiliation or transition. SCANA (scnurses.org). Current site: scinn.org.

4. Other Business:
   a. Suggest a mission/vision
   b. Suggest set of goals for this year
   c. Future presentations:
      Jim Anderson was contacted by Molly Perry from McKesson to give a presentation in the fall to the group. Brenda suggests a "dueling systems", presentations to examine systems side by side over a one day conference. (e.g. teaching how to ask questions regarding system selection) Jim will follow up with Ms. Perry to request a list of topics she is willing to present to the group.

5. Miscellaneous Business
      None

6. Next Meeting:
      October 25th , 10:00 am, at SCNA office or possibly move meeting to the SCNA conference during the week.