Digital Health

Digital technology is transforming and improving healthcare outcomes in Australia. It is an integral part of the delivery of efficient and effective health care. Nurses and midwives have embraced and incorporated the use of digital health information management and technology into the delivery of care.

As the largest professional cohort of registered health practitioners in Australia, nurses and midwives play a vital role in digital health. Nurses and midwives are the largest users and the key enablers in influencing any change to the digital health platform.

Ongoing evolution of digital health information systems will improve the availability and quality of health information. Being technically competent is now a fundamental element of nursing and midwifery practice[1] (ANMAC, 2014).

The National Digital Health Strategy, developed by the Australian Digital Health Agency, outlines clear objectives for the health workforce to be achieved by 2022.[2] These objectives require the health workforce, including nurses and midwives, to be confident and efficient in using digital technology, to understand the benefits of digital health, and to promote the role of Chief Clinical Information Officer in major health care settings. The International Council of Nurses (ICN) *International Classification for Nursing Practice (ICNP)* should be included in digital health records.[3]

All employers of nurses, midwives and assistants in nursing* are responsible for providing adequate physical and human resources for the proper use of digital health information systems and technology.

It is the policy of the Australian Nursing and Midwifery Federation that:

1. Digital health information systems need to be designed around the workflow of nurses and midwives to enable useability. These systems need to be intuitive and user friendly.

2. Digital health information systems need to be connected across the health and aged care sectors and be controlled by consumers. Communication between health care systems and health professionals is essential for streamlining care management and improving health outcomes.

3. Digital information processes need to be timely and secure.

4. Nurses and midwives need to have access to digital health processes and devices to complete their work. Nurses and midwives should have direct one to one access with a digital device to ensure they are able to practice in an effective and efficient manner.

5. Policies requiring nurses and midwives to 'bring your own' (BYO) device are not supported. All devices in a health setting need to meet both the infection control policies and privacy and security requirements for digital devices. BYO devices will not achieve these standards.

6. Each health and aged care facility provider should:

    a) have procedures and guidelines that comply with relevant national and state or territory legislation on privacy and security of personal health information;

    b) have policies and guidelines that are consistent with national standards of information management;

*The term assistant in nursing also refers to care workers (however titled)

    c) have electronic health records that capture clinical information relevant to nurse sensitive indicators such as those identified in the National Safety and Quality Health Service (NSQHS) Standards;[4]

    d) ensure procedures and guidelines are reviewed regularly;

    e) ensure that these standards are met by all persons with clinical and management responsibilities;

    f) access to digital health information system support services for staff. As providers of services over 24 hrs per day and 7 days per week, nurses and midwives need access to real-time troubleshooting.

7. In order to maximise the potential benefits of digital health, the following issues must be adequately addressed in each health and aged care facility:

    7.1 It is essential that nurses and midwives are integrally involved in the planning, implementation and evaluation of any change to digital health information management systems. The involvement of nurses and midwives in decisions about the acquisition of information systems must occur prior to purchase;

    7.2 the allocation of sufficient resources to facilitate nurses and midwives to properly perform their duties, in particular when the nurse or midwife is working remotely from the health or aged care facility;

    7.3 the allocation of adequate resources for the appointment of nurse and/or midwife informaticians who have the appropriate skills to manage the change process associated with the introduction of clinical digital health information systems for nursing and midwifery;

    7.4 the need for an interface between nursing, midwifery and other health and aged care facility information systems to enhance continuity of care, reduce duplication of data input, maximise the use of data, and ensure the quality and integrity of data.

8. Nurses and midwives are perfectly placed to be the champions of a changing digital platform. Nurses and midwives work in all settings across the health and aged care sectors, and many are advanced users of digital health technology. Nurses and midwives are currently an untapped resource for digital technology. If those who are not as advanced were provided with further education (in work time funded by their employer) they could be harnessed as the leaders in connecting people to digital health technology and connecting healthcare services

9. All enterprise agreements should have nurse or midwife informaticians (however titled) as a recognised position within the nursing and midwifery structure.

10. Each major health care service should have a Chief Nursing Information Officer (however titled) to represent the needs of nurses and midwives in the health setting and provide leadership in digital health.

11. Digital health information systems are disparate, across the health settings. There are no consistent levels of digital implementation, systems or processes. Nurses and midwives are required to provide care in all of these different digital health settings. It is essential that employers provide effective orientation on the specific digital health system including regular ongoing education and support in work time.

12. Some nurses and midwives have not used paper documentation processes in their practice. It is, therefore, important that training is provided for nurses and midwives to enable them to effectively switch to a paper workflow process in the event of digital health information system failure.

13. Digital health information management and technology[5] should be an integral part of all pre-registration programs for nurses and midwives.

14. It is essential that nursing and midwifery students understand the fundamentals of managing digital health information systems. Education providers need to ensure that students have, at a minimum, access and exposure to these systems in the learning environment, to enable immersion and safe care delivery when they are on placement in the clinical setting.

15. Nursing and midwifery students are required to understand coding and the impact data and data collection has on care outcomes. Telehealth and simulated telehealth must be included in undergraduate nursing and midwifery curricula.

16. Trust in any digital health system is essential. Both consumers and health practitioners need to know that any digital health platform they are using is safe, ensuring that individuals privacy and confidentiality is protected. All digital health systems need to be managed in accordance with national privacy legislation, and national standards and guidelines on privacy and security.

17. Digital health systems must have the highest possible privacy and security standards and continuous monitoring to ensure those standards are met. This responsibility rests with the relevant government authorities and agencies. Any security or data breaches must be investigated and appropriate action taken to mitigate future risk.

18. Employers should provide regular opportunities for nurses and midwives to complete cyber security training to ensure they are competent in the privacy and security requirements of digital health information.

19. Nurses and midwives should have authorised individual access to digital health information systems with reasonable timed log-out periods for the system.

20. All opportunities should be taken to identify, process, retrieve and utilise data in ways which will facilitate care delivery, improve co-ordination of nursing and midwifery services, advance nursing and midwifery knowledge and develop nursing and midwifery practice.

21. Any use of health data by commercial organisations or for any commercial purpose is opposed. Such access and or use would significantly undermine public confidence in any digital health information system.

22. Private health insurers or travel insurers must not use data collected from any digital health information system for risk assessment purposes.

23. Data collection and analytics is an integral part of digital technology and improving health outcomes for people requiring care. It will also continue to build the evidence required to inform nurses' and midwives' practice. However, it is important that data collected is balanced with the workload required.

24. Collected data needs to be easy to input and part of the workflow process for nurses and midwives in their practice, to ensure the focus remains on the person requiring care. It is important that nurses and midwives also understand how data should be entered, as well as how it is coded and then analysed, to ensure data accuracy.

25. Consideration must also be given to ensuring that documentation/reporting requirements from external organisations are able to be integrated to reduce the need for doubling up of the data entry workload.

Reviewed September 2018
Endorsed by Federal Executive November 2018

References

1. Australian Nursing and Midwifery Accreditation Council position statement Health informatics and health technology –an explanatory note (2014)

2. National Digital Health Strategy (2017). Available at https://conversation.digitalhealth.gov.au/sites/default/files/adha-strategy-doc-2ndaug_0_1.pdf

3. National Safety and Quality Health Service (NSQHS) Standards. Second edition November 2017. Available at https://www.safetyandquality.gov.au/wp-content/uploads/2017/12/National-Safety-and-Quality-Health-Service-Standards-second-edition.pdf

4. International Council of Nurses (ICN). International classification for nursing practice (ICNP). Available at http://www.icn.ch/what-we-do/international-classification-for-nursing-practice-icnpr/

5. Australian Nursing and Midwifery Federation – Federal Office. National Informatics Standards for nurses. Melbourne: ANMF Federal Office. Forthcoming 2015.