



January 30, 2009 – The Alliance for Nursing Informatics (ANI) is a collaboration of organizations that enables a unified voice for nursing informatics. Today this voice was demonstrated in the prepared response to American Nurses Association’s Electronic Health Record (EHR) Position Statement originated by the Congress on Nursing Practice and Economics.

Joyce Sensmeier MS, RN-BC, CPHIMS, FHIMSS, ANI Co-chair stated “we are pleased to see the ANA putting forth a position statement on this evolving technology and articulating the importance of the professional nurse in the design and development of the EHR.”

The ANI response to the position statement has been developed by leadership from the New England Nursing Informatics Consortium (NENIC) - Mary K. Kennedy RN, MS and Mark D. Sugrue, RN, BC. Bonnie Westra, PhD, RN, ANI Co-chair stated “we applaud the efforts of NENIC leadership to lead the development of the response and look forward to continued collaboration.”

The ANI response put forth the recommendation of streamlining the attributes of EHR, from a nursing perspective, by using the acronym “PRIVATE”:

- **Patient-Centric:** Registered nurses are prepared to serve as advocates for patients when those individuals, families, groups, communities, or populations are absent from the discussions and decision-making activities related to EHRs. Recognizing that eventually this record will be the source of information to both the patient and clinicians across the care continuum and without geographical borders.
- **Research focused (consider – Reuse of EHR Data):** EHRs not only provide an opportunity to incorporate evidence-based practice, but also should serve as a resource beyond individual patient care. The EHR should also provide a foundation for data and information extraction for quality improvement, risk management, and utilization review as well as clinical research.
- **Interoperable:** Interoperability permits and promotes the unencumbered and barrier-free transmission of data, information, and knowledge in a vendor neutral technical environment. The use of standardized terminologies should be the basis for system design supporting the workflow of nurses and exchange of nursing data essential for patient care across settings.



- **Value-Added:** The benefits and value of the EHR are understood by all stakeholders. All settings and authorized stakeholders are serviced by the EHR without barriers or discrimination. It is understood that technology is a tool, not the driver, to support and assist in clinical care and decision-making.
- **Accessible:** Access to data and information is limited to only those legitimately authorized with a need to know for a specified task or assignment. Role-based access to the EHR must be developed and used.
- **Trustworthy:** EHRs must be trustworthy, reliable and secure. Audit trails are included in the design and are operational.
- **Efficient:** Data and information maintained in the EHR can be easily accessed, analyzed, and reported to authorized users, patients and stakeholders. The concept of “enter once; use many times” is embraced in system design and implementation. The attributes of an EHR should work in concert to make the nurse more efficient by reducing data entry, increasing efficiencies, and enabling the nurse to spend more time with patients and less time on entering and managing disparate information. We recommend the adoption *and* effective use of standardized terminology, interoperable and integrated systems, and graphical user interfaces that are clinically intuitive to achieve these goals.

Please click here to read the full response:

<http://www.himss.org/handouts/ANIResponsetoANAEHRPositionStatement2009.pdf>

ANI, cosponsored by [AMIA](#) and [HIMSS](#), represents more than 8,000 nurse informaticists and brings together 25 distinct nursing informatics groups in the United States. ANI crosses academia, practice, industry, and nursing specialty boundaries and works in collaboration with the nearly 3 million nurses in practice today.