

**Vision 2020 Workshop on  
Information and Communications  
Technologies in Health Care  
from the Perspective of  
the Nursing Profession**

**Ottawa, Ontario**

**Canadian Nurses Association and  
Office of Health and the Information Highway, Health Canada**

**March 21, 2000**

Our mission is to help the people of Canada  
maintain and improve their health.

*Health Canada*

Additional copies are available from:

Office of Health and the Information Highway (OHIH)

Postal Locator 3002A2

11 Holland Avenue, Tower A, Second Floor

Ottawa, ON

K1A 0K9

telephone: (613) 957-8937

fax: (613) 952-3226

email: [ohih-bis@www.hc-sc.gc.ca](mailto:ohih-bis@www.hc-sc.gc.ca)

This report can be downloaded from the OHIH website at <http://www.hc-sc.gc.ca/ohih-bis/>

Consult this website for more information on OHIH.

Questions and comments related to this report should be addressed to

[Linda Senzilet@hc-sc.gc.ca](mailto:Linda_Senzilet@hc-sc.gc.ca)

This publication can be made available in/on computer diskette, large print, audio-cassette or braille upon request.

Également disponible en français sous le titre :

*Atelier vision 2020 sur les technologies de l'information et des communications dans le secteur de la santé du point de la profession infirmière*

## Table of Contents

Preface .....	1
Executive Summary .....	3
Opening Remarks .....	5
Vision for the Future .....	7
Challenges and Opportunities .....	11
Agenda for Action .....	15
Conclusion .....	19
Appendix A .....	20

## **PREFACE**

Harnessing the power of modern information and communications technologies (ICTs) to health care entails such innovative applications as electronic health records (EHRs), telemedicine, telehomecare, and Internet-based information for the health care professional and consumers<sup>1</sup> alike. These applications are emerging as an enabling feature of national importance for transforming the Canadian health system in the 21<sup>st</sup> century and contributing to Canadians' health. They can significantly improve the accessibility and quality of health services for all Canadians, while increasing efficiency of the health system.

The Office of Health and the Information Highway (OHIH) was created in recognition of the growing importance of Information and communications technologies in health and health care. The Office is Health Canada's focal point for all matters concerning the use of ICTs in the health sector. Areas of responsibility include developing and implementing major network systems, managing incentive programs, policy development, knowledge exchange and consultative and collaborative efforts with key stakeholders, including provincial and territorial ministries of health.

The objectives of OHIH are (1) to provide a national leadership role in the development of the Canadian Health Infostructure; (2) to encourage change through better information, objective communications and effective partnerships; and, (3) to influence key decision makers to make better informed decisions and work collaboratively in the development and application of Information and communications technologies.

Within this strategic framework, OHIH envisions an integrated health care system, a system providing continuity of care through all stages and all points of care for all Canadians. In addition, the Canadian Health Infostructure will ensure that all points of care are networked in a safe and secure way; a national system of electronic health records is fully implemented; and telehealth services are available for all. For more information, readers are invited to visit the OHIH web site at:

<http://www.hc-sc.gc.ca/ohih-bis/>

---

<sup>1</sup> In this document, consumer refers to those people, individually or collectively, who access health care information or services in Canada.

In keeping with its strategic objectives, OHIH is consulting with key stakeholders in order to define further the vision for a Canadian health infostructure until the year 2020. One way of accomplishing this is to hold Vision 2020 workshops whose objectives are: to describe the vision of the ideal health system in the year 2020 and the role that ICTs will play in that system; to discuss challenges and opportunities for realizing this vision; and to identify concrete next steps that could be taken at the federal, provincial, territorial, regional and individual organizational levels to promote ICT use.

This report is based on one such workshop held in Ottawa, Ontario in March 2000. Registered nurses from across Canada, involved with information and communication technology across practice settings and domains of nursing, came together to discuss and envision the future of health care and ICT in the year 2020.

Several additional workshops are planned for the year 2000 with other stakeholders, including physicians, health care administrators and other health care providers.

## **EXECUTIVE SUMMARY**

A one-day workshop on the vision of the ideal health system in the year 2020 and the role that Information and communications technologies (ICTs) will play in that system was organized by the Office of Health and the Information Highway (OHIH) of Health Canada with the collaboration of the Canadian Nurses Association (CNA).

Thirty registered nurses with a strong interest in ICT use in health care were invited to participate. Participants were from many different practice settings across all domains of nursing. Represented were CNA, provincial/territorial nursing associations, nursing informatics groups, federal nursing groups, Health Canada (HC) – including Medical Services Branch and First Nations health services – and community, public and private health care organizations (Appendix A).

New and emerging ICTs, such as telehealth<sup>2</sup> and electronic health records<sup>3</sup>, will dramatically impact the way health care is delivered in the near and distant future. Participants were asked to explore the possibilities for ICTs to shape the health care system in ways that will improve the quality of, enhance access to, and increase the efficiency of health care to the Canadians. Participants discussed their views in three stages: the vision, the challenge/opportunities, and an agenda for action.

Participants were animated and positive in their vision of the ideal ICT-supported health care system in the year 2020. They see well-informed health care consumers participating fully in their own health care decisions. Telehealth will be expanded with more and more services available to consumers in their homes and communities. Consumers will own, control and be able to access their EHRs. Personal health information will be better protected in the EHR than in paper records. All points of care will be linked electronically. Based on evidence, the right health care provider will be in the right place at the right time to achieve the best possible health outcomes for consumers. Registered nurses will have the

---

<sup>2</sup> **Telehealth** involves using Information and communications technologies to deliver health information, services and expertise over short and long distances. (Jocelyne Picot, "The Telehealth Industry in Canada - Part 1 - Overview and Prospects (Industry Canada: November 1997.).

<sup>3</sup> **Electronic Health Records** refers to clinical and specialized automated records that contain specific information on the consumer. They may contain order/entry, care giver notes, radiographic images, audio/visual imagery information.

competencies necessary to use ICTs in their practice and to participate in planning and implementing new technologies. Increasingly, registered nurses will practice in community-based roles. The health care system will shift in focus to health promotion and illness prevention. On the whole, Canadians will be healthier.

Next, participants were asked to come back down to earth and consider the opportunities to realize their vision and the challenges that must be overcome to get there. Overall, participants were enthusiastic about the opportunities that ICTs offer to improve the health of Canadians. They see ICTs as strong supports in a shift from an illness model of health care to a focus on health promotion and illness prevention. Canadian registered nurses have long advocated for this focus.

Federal/provincial/territorial roles in Canada's health care system provide challenges and opportunities. Canada's underlying national health care system is seen as a powerful opportunity to develop national standards for ICT use in health care. Knowledgeable consumers, with lobbying and voting power, provide opportunities to develop a true consumer focus for health care.

If registered nurses are to participate fully in an ICT-supported health care system, the single biggest challenge is the creation of a positive information technology culture in nursing. An ICT-supported, consumer-focused system opens up opportunities for all health care provider groups to practice to their full scope. Nurses have the challenge and the opportunity to practice more autonomously focusing on health promotion and illness prevention.

Finally, participants developed an agenda for action. Overall, there was a clear message that the nursing vision of an ICT-supported health care system will be realized through the collaboration of many groups. Although OHIH has a strong leadership role, no one group can achieve the vision alone. Participants feel strongly that the time for action is now. There is a window of opportunity over the next five years for true ICT-supported health care system reform.

Actions necessary to achieve the nursing vision include education, celebration of successes, initiation of demonstration projects, sharing of information, forming partnerships with key stakeholders, and ensuring that the voice of nursing is heard at all decision-making levels. Responsibility for providing nursing leadership involves professional, regulatory, educational and labour union bodies for nursing at provincial/territorial and national levels.

## **OPENING REMARKS**

Ms. Sandra MacDonald-Rencz, Director of Policy, Regulation and Research at the Canadian Nurses Association (CNA), welcomed the group and thanked OHIH for the opportunity to participate. Ms. MacDonald-Rencz affirmed that the use of ICTs is a growing part of the nursing<sup>4</sup> profession. It is critical that registered nurses, who represent the largest group of health care providers in Canada, take their place in developing future knowledge, information and health care services delivery systems. She emphasized CNA's interest in the impact of ICTs on the health of Canadians and on nursing practice.

Through various projects, CNA and Canadian registered nurses are involved in the following activities on a national level:

- C Moving forward to integrate nursing contribution data within the larger health information system. As the electronic health record (EHR) develops across Canada, there are opportunities to ensure that the work of nursing is represented.
- Developing a national approach to regulation of nursing telepractice.
- Developing nursing informatics competencies and educational strategies for registered nurses.
- Developing strategies for sharing information and knowledge that promote evidence-based nursing practice.

CNA recognizes that OHIH brings together many stakeholders in health care to obtain different perspectives and to develop a shared vision for the future of health care. Changes in technology and health care are on a fast and difficult road to follow. CNA is anxious to work with health care partners to help shape that future.

Ms. Janice Hopkins, Director of the Knowledge and Policy Development Division, Office of Health and the Information Highway (OHIH), Health Canada, also welcomed participants to the workshop. Ms. Hopkins highlighted the fact that health care is the number one issue for Canadians and that ICTs in health care are a high priority with Health Canada. Health care is becoming increasingly information intensive from all perspectives, from health professionals to the general public and ICTs are becoming increasingly vital to the health system.

---

<sup>4</sup> In this document, the term nursing refers to the practice of registered nurses.



Ms. Hopkins outlined the history of, and funding for, the Office, as well as the key strategic directions and activities of OHIH. She suggested that the challenges ahead for OHIH involve:

- C shared visions and shared commitments;
- C consensus building, collaborative approaches and effective partnerships;
- C common understanding, awareness raising, and education;
- C better information, and better sharing of information and knowledge;
- C the need to be driven by the longer-term perspective, while delivering on short-term results;
- C the need to focus on national priorities; and,
- C the need to engage all stakeholders.

Ms. Hopkins indicated that this is one of a series of vision workshops with various groups of key stakeholders, to seek a shared vision (and agenda) for the Canadian Health Infostructure. The proceedings of this and similar workshops will be shared within Health Canada and with provincial and territorial colleagues. The recommendations will be taken into account as OHIH develops its plans for the coming years.

## **VISION FOR THE FUTURE**

Participants were asked: "What is your vision of an ideal health system in the year 2020 and what role will ICTs play in that system, from the perspective of the nursing profession?"<sup>5</sup>

Overall, there was a positive feeling about the future of health care and the role that ICTs will play. ICTs will support a consumer-focused health care system aimed at health promotion and illness prevention with registered nurses practicing increasingly in community-based roles.

With health promotion, illness prevention and treatment information at their fingertips, consumers will be active participants in their own health care decisions. A broad range of telehealth services will mean more care available in the consumer's home and community. An ICT-supported health care system will seamlessly link all points of care for the consumer, often across geographic borders. Consumers will own, control and be able to access their EHRs. Protection of personal health information issues and problems will be addressed and resolved.

Registered nurses will have the nursing informatics (NI) competencies necessary to use ICTs in their practice. Nurses will be involved in the design and implementation of new technologies, software applications, and information systems. They will have easy access to user-friendly information and decision support tools. The registered nurses' role will be more autonomous and shift increasingly to the community setting.

### ***A consumer-focused health care system***

The perspective for looking at health care issues will be that of the consumer in his/her community rather than that of health providers in hospitals. There will be a shift in paradigm from treatment and intervention to health promotion and illness prevention. The focus will move away from acute care settings to consumers' homes and communities.

---

<sup>5</sup> An assumption was noted that there will continue to be a publicly funded health care system.

In an ICT-supported health care system, consumers will have more control over their own health, for example, direct access on the Internet to health care information. Consumers will continue to become more informed about treatment and health promotion options and therefore will be active participants in decisions regarding their own health. For example, the consumer will decide which type of health care provider they are comfortable with to deliver specific services.

Telehealth services, including nursing telepractice<sup>6</sup>, will expand to benefit the consumer. For example, rather than making an unnecessary trip to the emergency room (ER), the consumer will have the option of calling the ER telephone triage service. The registered nurse will be able to access the consumer's EHR to help in assessing and triaging. Distance will become irrelevant. A broad range of telehealth services will mean more care available in the consumer's home and community and therefore less personal and family disruption.

Mapping of the human genome is a transforming event that will lead to health promotion and illness prevention strategies tailored to the individual consumer.

An ICT-supported health care system will seamlessly link all points of care for the consumer, often across geographic borders. Homes, health care providers, community clinics, long term care facilities, acute care hospitals, telehealth service providers, etc. will all be linked electronically. With permission, providers at all points of care will be able to access a consumer's EHR.

By integrating health care records, medical tests will not be duplicated, health trends will be more easily identified, and consumers will not have to repeat the same history and information many times over.

### ***Protection of personal health information***

Consumers will own, control and be able to access their EHRs. The language of the health record will be simplified for the consumer to understand. Health care providers, with the consumer's permission, will be able to access the health record from many points of care.

---

<sup>6</sup> Nursing telepractice is used in this paper to refer to telehealth services delivered by registered nurses.

Protection of personal health information issues and problems will be addressed and resolved. There will be a national approach to standard setting that will balance privacy for the consumer with the need to share information among health care providers. Access to the EHR will be on a *need to know* basis and will require consumer consent. EHRs will be more secure than current paper records.

### ***Impact of an ICT-supported health care system on the role of RN's***

Registered nurses will graduate from entry-level programs with the nursing informatics (NI) competencies necessary to use ICTs to enhance their practice. As they progress through their careers, registered nurses will maintain and enhance NI competencies. Nursing informatics specialists will achieve and maintain advanced competencies.

Registered nurses will be involved in shaping the future of ICTs in health care, for example, by being involved in the design and implementation of new technologies, software applications, and information systems.

In an ICT-supported, consumer-focused health care system, the registered nurse's role will be more autonomous and shift increasingly to health promotion, illness prevention and treatment in the community. Registered nurses will become information brokers and educators to support consumers using ICTs.

Registered nurses will play a large role in delivery of telehealth services, supported by clinical decision-support tools and real-time information exchange. Quality practice settings will be the norm, with employers valuing and supporting the evidence-based practice of registered nurses in order to achieve the best possible outcomes for consumers.

### ***Research and evidence-based nursing practice***

In an ICT-supported health care system, the EHR will contain abstractable data showing the contribution of various health care providers to a health care episode. Discipline-specific national standards will be in place for entering and interpreting data in the EHR within a multi-disciplinary health information system.

Researchers and decision-makers will use aggregate data to evaluate episodes of care. Decisions will be increasingly supported by evidence from research, including reliable information about patient or consumer health outcomes - for example, choosing the right health care provider with the right level of education doing the right intervention in the ideal setting in order to achieve the best possible and most cost-effective consumer outcome.

Health care providers at all points of care, as well as researchers and students will be able to access up-to-date information and administrative and scientific databases.

### *Infrastructure<sup>7</sup>*

Technology itself will no longer be an issue, but will be taken for granted. The focus will be on what quality outcomes the technology can help to achieve. There will be links with private industry, particularly in developing technologies that meet consumer and user needs. The influence on technology design will increasingly shift to the end user, the clinical practitioners and consumers, and away from IT specialists. In an ICT-supported health care system, there will be equitable access to and widespread use of appropriate ICTs across all settings. Health care providers and consumers alike will be educated and supported in the use of ICTs.

---

<sup>7</sup> For the purposes of this paper, infrastructure includes all components necessary to develop, implement and sustain ICTs. These include funding, technical, educational and human resource components.

## **CHALLENGES AND OPPORTUNITIES**

***Participants were asked: "Given the vision that you outlined, what are the challenges to be overcome in order to attain this vision? What opportunities do you see that would allow this vision to be realized? For example, does the current organization of the health care system represent a challenge or an opportunity? Privacy is often seen as a challenge. Can ICTs offer an opportunity to address the privacy and confidentiality concerns?"***

Overall, participants were animated and energized about the opportunities that ICTs offer to improve the quality of health care for Canadians. There was a strong feeling that ICTs will strengthen the ability to shift from an illness model of health care to a focus on health promotion and illness prevention. Canadian registered nurses have long advocated for this focus.

Participants felt strongly that registered nurses have an influential opportunity and a responsibility to help overcome the challenges, and bring the vision forward to the right groups at community, provincial and national levels. Canada's underlying national health care system, based on conditions of the *Canada Health Act*, was seen as a powerful opportunity in overcoming challenges.

### ***A consumer- focused health care system***

Consumers are at differing levels of ICT literacy. There is the possibility of ICTs in health care creating new groups of disenfranchised consumers. For example, seniors, mentally challenged, illiterate, or physically challenged consumers are often not comfortable or competent using technology. As the largest group of health care providers, registered nurses have the opportunity to assume supporting and educational roles in the use of ICTs, particularly in the community.

The challenge is for health care stakeholders to develop ICTs that fulfill the consumers' needs and inspire confidence in their use. There are opportunities to involve consumers in ICT design and implementation, for example in identifying potential telehealth services and developing delivery processes. Consumers will benefit greatly in terms of telehealth bringing previously unavailable services to the community.

Knowledgeable consumers provide an opportunity in themselves - not only are they active participants in their own health care, but they are in a position as voters to influence health care reform decisions at the provincial/territorial and federal levels.

### ***Protection of personal health information***

Consumers and health care providers alike are concerned about how to maintain the privacy, security and confidentiality of the EHR. National and provincial/territorial policies and standards are being formulated at this time, and nurses have the opportunity to participate in the evolution of these standards. The challenge is to balance protecting the privacy of the individual with necessary sharing of information among health care providers. Again, with our underlying national health care system, there are opportunities to develop national standards by using a consensus approach and involving all stakeholders. Registered nurses have the opportunity to participate at all levels.

### ***Impact of an ICT-supported health care system on the role of RNs***

The biggest challenge for registered nurses is to overcome the lack of a positive information technology culture in nursing. Many, perhaps most, registered nurses in Canada have never had the need, the time and/or the opportunity to develop competencies in the use of ICTs. Nursing informatics has been the domain of specialists and has not been integrated into the practice of all registered nurses.

Recent graduates are much more attuned to ICTs and are familiar with basic computer use in everyday life. There are opportunities to develop core competencies and integrate these into curricula in nursing programs. There are opportunities to involve all registered nurses in ICT design and implementation and to begin developing positive attitudes.

As a self-regulating profession, nursing faces the challenge of regulating nursing telepractice across Canada to the same high standards as traditional nursing practice. There is an opportunity to develop a national framework and approach that will benefit and protect consumers.

The nursing shortage crisis is a challenge and yet provides an opportunity to promote ICT supported health care reform. The fact that nurses are in short supply may prove to be a catalyst in optimizing the role of registered nurses – that is, making the best use of nursing skills to benefit the consumer. ICTs, for example, nursing telepractice, facilitate and support changes in the roles of registered nurses.

Another challenge is in respect to traditional hierarchical roles of health providers in Canada. An ICT-supported system opens up opportunities for each provider group to practice to their full scope in order to benefit the consumer.

### ***Research and evidence-based nursing practice***

One challenge is to standardize health care data collection across provinces/territories in order to compare across providers, customers, environments, borders, programs and time. In conjunction with the Canadian Institute for Health Information (CIHI), whose mandate is to coordinate the development and maintenance of a comprehensive and integrated health information system for Canada, there are enormous opportunities for standardization. With recent changes to CIHI's classification systems, nursing has the opportunity to integrate nursing data into provincial/territorial and national databases. Recognizing that total standardization of data collection is unrealistic, there are opportunities to participate in development of systems such as the International Classification for Nursing Practice (ICNP) that have the potential to translate data from various databases into a universal language.<sup>8</sup>

Federal/provincial/territorial roles in Canada's health care system provide both challenges and opportunities. The overall challenge is to develop a national approach and standards for ICT use when responsibility for delivering health care rests at provincial/territorial levels. The underlying national health care system, however, offers opportunities to share information and services across borders while at the same time respecting the unique needs of different regions of the country.

Dissemination of research data, knowledge, and information to support evidence-based practice is a challenge. One example of a way in which nursing organizations may fulfill this role is CNA's initiative to develop an Internet portal (Canadian Nursing Knowledge Network) that contains or links to nursing-specific information. Likewise, there are opportunities to partner with other health care disciplines where information needs overlap.

---

<sup>8</sup> Canadian Nurses Association. Collecting data to reflect nursing impact. March 2000



### ***Infrastructure***

The biggest challenge will be to provide the infrastructure, including hardware, software, education, etc., necessary to support ICTs in an equitable manner across Canada. There are opportunities now, with health care front and centre on national and provincial/territorial agendas, for registered nurses and other health care providers, as well as consumers, to advocate for funding to be allocated to ICT infrastructure.

## AGENDA FOR ACTION

*Participants were asked: "What should our agenda for action be to realize the vision? Given the challenges and opportunities identified during the previous session, and the vision that we want to achieve, what concrete actions would be required now? And who should take these actions?"*

Overall, there was a clear message that the nursing vision of an ICT-supported health care system will be realized through the collaboration of many groups. Although a national health care system underlies the use of ICTs in health care, implementation is very much a provincial/territorial, and in fact, a local responsibility. This necessitates careful planning and coordination across many levels. Federal/provincial/territorial government funding and local support is critical to establishing a sustainable ICT infrastructure. OHIH has a natural leadership role in clearly defining and promoting the vision for an ICT-supported health care system. However, no single group can achieve the vision. Collaboration at all levels among governments, all health care disciplines, other sectors, consumers, ICT groups and health care organizations will be key to success.

The group felt strongly that the time for action is now. There is a window of opportunity over the next five years for true ICT-supported health care system reform.

If registered nurses are to shape the future and participate optimally in an ICT-supported health care system, creating a positive information technology culture in nursing is the single biggest critical success factor. Responsibility for this involves professional, regulatory, educational and labour union bodies for nursing at provincial/territorial and national levels. Nursing programs must start preparing graduate nurses to work in an ICT-supported health care environment. Demonstration projects must be initiated and success stories disseminated to show registered nurses the benefits of ICTs to nursing practice and therefore to customer outcomes.

### **1. A consumer-focused health care system**

*Leaders:* all stakeholders leading initiatives

*Action:* Involve consumers in all ICT planning initiatives, large or small. The voice of the consumer must be heard in order to ensure that needs are met.

## 2. Protection of personal health information

*Leaders:* Health Canada; national/provincial/territorial professional associations

*Action:* Participate in the development of national standards that balance the privacy rights of the individual consumer with the registered nurses' *need to know*.

- C See above re participating in health information standards forums such as CIHI's Partnership for Health Informatics/Telematics
- C Advocate to government, for example by participating in the public debate/consultation on Privacy Bill C-6
- C Form coalitions with other health care disciplines, consumers and sectors to strengthen the message

## 3. Impact of an ICT-supported health care system on the role of RN's

- (i) *Leaders:* CNA, Canadian Association of University Schools of Nursing (CAUSN), Academy of Chief Executive Nurses (ACEN), nursing informatics special interest groups.

*Action:* Create an ICT culture in nursing

- C Develop entry level competencies for nursing informatics (NI)
- C Integrate NI studies into basic nursing program curricula
- C Promote continuing education/organizational in service in NI
- C Celebrate successes:
  - publish articles in Canadian Nurse, on web sites
  - Recognize and celebrate nursing leadership in information technology, perhaps with awards
  - Identify and develop registered nurse champions for information technology
- C Initiate demonstration projects that show the benefit of ICT use to registered nurses and consumers

- (ii) *Leaders:* CNA/OHIH

*Action:* Ensure that registered nurses influence health care systems decisions regarding ICTs

- C Identify key government and CIHI committees and ensure nursing representation on decision-making committees
- C Involve key nursing personnel in government, e.g., Dr. Judith Shamian, Executive Director Nursing Policy, Health Canada

(iii) *Leader:* CNA

*Action:* Develop a national regulatory framework and approach for nursing telepractice.

- C Reach a consensus on the locus of accountability and build a national framework for nursing telepractice, involving all key stakeholders. Currently, nursing registrars across Canada are addressing this issue

#### **4. Research and evidence-based nursing practice**

(i) *Leaders:* Provincial/territorial nursing associations; CNA

(a) *Action:* Integrate data that reflects the value of nursing into national databases.

- C Build on work of CNA and nurses across Canada
- C Collaborate with CIHI
- C Identify quality indicators for nursing practice
- C Identify ways of standardizing, collecting data
- C Lobby at provincial/territorial levels

(b) *Action:* Share information and knowledge that supports evidence-based practice

- C Continue development of the Canadian Nursing Knowledge Network portal
- C Explore partnerships with other knowledge networks, e.g. Health Canada's Canadian Health Network (CHN) and OHIH's Telehealth Knowledge Management web site

(ii) *Leaders:* OHIH / Canadian Institute for Health Information (CIHI) / CNA / other health care provider associations

*Action:* Develop national standards for ICT use (e.g., health information; terminology, classifications, and identification; privacy, confidentiality and security; and interoperability standards) in health care:

- C Build on the synergy created in relationships among CIHI / OHIH / CNA and other key stakeholders
- C Participate in health information standards forums such as CIHI's Partnership for Health Informatics/Telematics. The Partnership's goal is to leverage current provincial, national, and international activities in order to contribute to the adoption and tailoring of existing standards for the Canadian health system
- C Keep a global perspective through links with international standards-setting organizations

## **5. Infrastructure**

*Leaders:* OHIH, CNA, provincial/territorial nursing associations, other health care provider associations, consumers

*Action:* Advocate to governments at all levels for funding for ICT infrastructure.

- C Form coalitions among key stakeholder groups to strengthen the message

## **CONCLUSION**

Ms. Hopkins closed the workshop by thanking the participants for offering their valuable time and approaching the day's activities with great enthusiasm. Participants expressed a desire to engage in this type of dialogue on a regular basis to keep on track with the pace of change. They acknowledged that the most difficult part of the day was identifying clear plans for action. Ms. Hopkins undertook, on behalf of OHIH, to maintain the momentum generated by the workshop and continue the dialogue among ICT champions. There was a positive feeling that the vision of an ICT-supported health care system was on the way to being realized.

## APPENDIX A – WORKSHOP PARTICIPANTS

### *Co-chairs*

**Ms. Janice Hopkins**, Director, Knowledge and Policy Development Division, Office of Health and the Information Highway, Health Canada, Ottawa, ON

**Ms. Sandra MacDonald-Rencz**, Director, Policy, Regulation and Research, Canadian Nurses Association, Ottawa, ON

### *Break-out Group Facilitators/Recorders*

**Ms. Anne-Marie Lanctot**, Program Consultant, Canadian Nurses Association, Ottawa, ON

**Ms. Linda Piazza**, Nursing Policy Consultant, Canadian Nurses Association, Ottawa, ON

**Ms. Linda Senzilet**, Senior Policy Advisor, Office of Health and the Information Highway, Health Canada, Ottawa, ON

### *Participants*

**Ms. Debra Allen**, Nursing Consultant - Nursing Practice, Alberta Association of Registered Nurses, Edmonton, AB

**Dr. Heather F. Clarke**, Director, Communication, Registered Nurses Association of British Columbia, Vancouver, BC

**Ms. Sue Cole**, Project Co-ordinator of the Patient Care Delivery System, Atlantic Health Science Corporation, Saint John, NB

**Ms. Debbie Davis-Van Every**, Tuberculosis Control Nurse, Medical Services Branch, Health Canada, Hamilton, ON

**Ms. Sharon Dixon**, Informatics Consultant, Providence Health Care, St. Paul's Site, Vancouver, BC

**Ms. Robin Evans**, Nursing Consultant, Practice of Nursing, Saskatchewan Registered Nurses Association, Regina, SK

**Ms. Sarah Hayward**, Manager SEARCH Program, Alberta Heritage Foundation for Medical Research, Edmonton, AB

- Ms. Marilyn Hurrell**, Senior Nursing Consultant, Health and Social Services, Yellowknife, NT
- Ms. Karen Kennedy**, Faculty Member and Special Projects, Information Technology Centre for Nursing Studies, St. Johns, NF
- Mme. Manon Langlois**, CHUM (Campus Notre Dame), Montréal, QC
- Ms. Renee Larocque**, Public Health Nurse, Health Department, Region of Ottawa-Carleton, Ottawa, ON
- Ms. Brenda Laurie-Shaw**, Director of Nursing Informatics, University Health Networks, Toronto, ON
- Ms. Barb Legeaux**, Community Health Nurse, Centretown Community Health Centre, Ottawa, ON
- Ms. Betty Lundrigan**, Nursing Consultant: Advanced Practice and Administration  
Association of Registered Nurses of Newfoundland and Labrador, St Johns, NF
- Ms. Sheila MacDonald**, Consultant, Nursing Informatics, IWK Grace Health Centre for Children, Women and Families, Halifax, NS
- Ms. Janet Mann**, Senior Nursing Analyst, Policy and Consultation Branch, Health Canada, Ottawa, ON
- Ms. Nancy McCara**, Manager, Patient Care Information System, QEII, Health Science Centre, Halifax, NS
- Dr. Lynn M. Nagle**, Chief Information Officer, Mount Sinai Hospital, Toronto, ON
- Ms. Dana M. Ormstron**, Manager, Wireless Voice Communication System Program  
Mount Sinai Hospital, Toronto, ON
- Ms. Brian Parkinson**, Nursing Informatics Project Manager - Nursing Administration  
The Baycrest Centre for Geriatric Care, Toronto, ON
- Ms. Sally Remus**, Senior Consultant, Ernst & Young Consulting Services, Inc., Toronto, ON
- Mme. Hélène Sabourin**, Manager, Nursing Certification Program, Canadian Nurses Association, Ottawa, ON
- Mme. Hélène Salette**, L'ordre des infirmières et infirmiers du Québec, Montreal, QC
- Ms. Donna Singleton**, Nursing Information and Workload Project, Coordinator, Queensway-Carleton Hospital, Nepean, ON
- Ms. Donna Smith**, Manager, Family Health Program, Public Health Services, Central Regional Health Board, Dartmouth, NS
- Ms. Roxanne A Tarjan**, Nursing Practice Consultant, Nurses Association of New Brunswick, Fredericton, NB



**Ms. Deborah Wild**, Senior Nursing Consultant, First Nations Health Information System

Medical Services Branch, Health Canada, Ottawa, ON

**Ms. Colleen Wirth**, Program Coordinator, Public Health and Safety, Yukon College, Whitehorse,  
YK