

**Response to Meyer, R.M. , VanDeVelde-Coke, S. & Velji, K. (2011) Leadership for Health System Transformation: What's needed in Canada? Brief for the Canadian Nurses Association's National Expert Commission on The Health of our Nation – the Future of Our Health System published in *Nursing Leadership (CJNL)*, 24(4), 21-30.**

April 18, 2012

**ACEN's paper, "Leadership for Health System Transformation: What's Needed in Canada?"** in *CJNL* was a welcome addition to the national discourse on health system transformation. We appreciate ACEN's leadership and commitment to a contemporary view of essentials for health executives and senior leaders supporting sustainable and consumer-centric health system transformation. Highlighting the need to integrate health services delivery across the continuum of care, the escalation of technology in healthcare and shrinking resources (i.e., fiscal, human), Meyer, VanDeVelde-Coke and Velji identified multiple challenges that will affect health systems and nursing leadership in the coming years. While we commend and agree with Meyer, VanDeVelde-Coke and Velji, we'd like to offer an additional perspective to the four key recommendations outlined that support infrastructure/governance strategies. Specifically, we wish to provide an extended view of the requisite skills supporting health leaders by explicating emerging leadership competencies that complement the existing CCHSE (2005) competencies.

We believe that the "second stage of medicare" idealizes Canada's preferred future in which acute care and health promotion/prevention services are reconfigured and rebalanced, and support the creation of a sustainable, integrated, patient-centred healthcare system for Canadians as described by Meyer, VanDeVelde-Coke and Velji (2011: 23). Realization of the second stage of medicare, including progress evaluation of that goal, depends significantly on the availability of accurate, timely and accessible health information. We propose a revised strategic perspective for executive leaders that recognizes and positions the nursing profession and health information management ("informatics") as a common foundational theme and embeds its competencies into the overall leadership strategy to enable achievement of Canada's desired future health system.

Although all four recommendations can be informed by informatics competences, Recommendation #2, “Develop avant-garde executive leadership competencies,” is of specific interest. Meyer, VanDeVelde-Coke and Velji identified “state-of-the-art communication and information technology savvy” competency as an emerging trend. We recommend an expansion of this concept to be more holistic and extend beyond discrete IT implementation activities (work process re-design, clinical systems – EPR, etc.) to application of all information-dependent nurse executive activities. We suggest that this competency requires much more than technological savvy, and should be recognized as such. It requires a more explicit and deliberate approach to articulation of how informatics competency contributes to avant-garde leadership. More than ever, nurse executives must be information leaders and incorporate health informatics competencies into their repertoire of knowledge and skills, and leverage such competency to inform executive decision-making and innovation. COACH (2009: 7) defined health informatics as the “intersection of clinical, IM/IT [Information Management/Information Technology], and management practices to achieve better health.” COACH (2010: 25) further advised that health informatics leaders must understand “data context, terminology, privacy, data management and quality as well as the transformation of data into information to support decision making across the health care enterprise.” We extrapolate this same breadth of knowledge as essential to nurse leaders, who must integrate these very competencies into senior nursing roles to advance information management and ensure the integration of nursing informatics<sup>1</sup> competencies in health system reform activities. In doing so, nurses and the broader profession of nursing can improve quality and continuity of care across the continuum by successfully leveraging ICT, demonstrating use of evidence-based practices and gaining recognition as sophisticated knowledge workers.

Just as the Canadian Association of Schools of Nursing is developing basic informatics competencies for nursing graduates, we encourage ACEN to collaborate in the development of nursing leadership informatics competencies. Both the Canadian Nursing Informatics Association (CNIA) and COACH are able to contribute to this dialogue and should be considered potential partners in the development of future nursing leaders. We believe that the escalating information and communication technology (ICT) requirements across the healthcare system reflect essential competency requirements – health informatics competencies, and particularly nursing informatics competencies, for all nursing leaders.

Alignment of the ACEN community with professional nursing/health informatics organizations (CNIA, COACH) will foster capacity development and succession planning, as well as contribute to health system transformation. Developing informatics competencies and the uptake of new ICTs will enable future health-

care executives across the continuum of care to achieve high-quality, evidenced-informed health outcomes in a transparent, accountable and cost-effective manner. We welcome and look forward to continued dialogue.

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### Notes

<sup>1</sup> Nursing informatics was defined by IMIA (2009) as follows: “Nursing Informatics science and practice integrates nursing, its information and knowledge and their management with information and communication technologies to promote the health of people, families and communities world wide.”

### References

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