

Harbingers of Health Care Information Technology

Karen R. Pope



Murielle Beene

Harbingers are messengers, change agents, and the voice of the future. For this issue of Nursing Informatics Today, ANIA continues its quarterly interview column featuring a health care information technology expert speaking to one of today's many topics of importance and weight to nursing informatics.

This quarter, we had the distinct privilege of interviewing Murielle Beene, DNP, MBA, MPH, MS, RN-BC, PMP, Chief Nursing Informatics Officer (CNIO) for the Department of Veterans Affairs (VA), Veterans Health Administration. Dr. Beene brings 12 years of critical-care nursing experience and 18 years of nursing informatics experience to her current position, providing strategic and visionary direction as a principal advisor to the Chief Nursing Officer and Assistant Deputy Under Secretary for Health for Informatics and Analytics. Additionally, she leads a comprehensive national Health Informatics program and presents on informatics topics in a plethora of national venues. She is an active participant in the Health Management Academy for Chief Nursing Informatics Officers, the American Medical Informatics Association, the American Nursing Informatics Association, and the Health Information Management Systems

Society. Dr. Beene received her MSN with a specialty in Nursing Informatics from the University of Maryland, and her DNP with a concentration on Health Information Systems and Leadership from the University of Massachusetts.

Sunrise is still almost an hour away for me as I settle in with a cup of coffee for the much-anticipated interview. Already two meetings into her day, Dr. Beene answers the phone with a warm, energetic presence – quickly putting me at ease as she explains that she is always humbled when asked for her perspective on nursing informatics. She laughs delightedly, stating that she has reviewed my interview questions and will be giving me the “real story.” She believes the more candid the story is about the journey, the more inspirational it will be to others.

On Becoming a Nursing Informaticist

“My background was critical-care nursing, and I had applied for and been accepted into an ICU fellowship at one of the premier health care organizations in Washington, DC. This was a difficult fellowship to gain acceptance into. I was so excited to begin my nursing career within that organization – talk about feeling honored! Although very challenging, I did get through the ICU fellowship and was placed in cardiac ICU. Shortly after becoming a newly minted nurse, I quickly assumed the role of a resource (charge) nurse. One day, a very critical patient needed to come to our unit, but we did not have a bed. A surgeon stormed onto the unit and demanded that one of the other critical patients be moved. I refused because I wasn't about to do something unethical. He accused me of being insubordinate and called in the Chief of Staff and the Chief Nursing Officer. He was berating and yelling at me, but I held my ground about my decision and was supported by Nursing Administration. This incident really set me on a trajectory for a life change that I could not have scripted. The next day, I drove to the University of Maryland. My preceptor had gone there, and I felt she had a leadership presence about her that I wanted to obtain for myself. I went to their welcome board in the department's atrium and read the word 'Informatics' and thought, 'Whatever that is, it sounds as if it is far enough removed from the critical-care unit for me.' I immediately asked the person at the desk how I could learn more about it. The program was barely a year old, and this individual was trying her best to explain to me, a teary-eyed nurse, what it was. It just so happened that Dr. Patricia (Patty) Abbott was in that office, at that very moment, and had heard me. She asked how she could be of help. After a short discussion, she felt my analytical skills as a critical-care nurse were a good fit for the Informatics program, but gave me a week to think it over. I enrolled in the Nursing Informatics program shortly thereafter. To my delight, my first class in Nursing Informatics was under the esteemed professorship of Dr. Carol Romano. That was it. I simply fell in love with Informatics, and the rest, as they say, is history.”

On the Role of the CNIO at the VA

“Well, it is interesting. The role is essentially not only an advocate for the nursing profession, but truly an advocate for all clinicians within the space of health information technology (clinical information systems) and a champion for looking at the informatics

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continuum – from data design to data extraction – and reporting. I view the entire cycle from an executive level. The challenge, as I see it, with the VA, is that we are so large – so large that everything is complex. Everything has a layer of complexity just because of the sheer mass of our organization. Typically, my day starts with my first meeting at 7 a.m. and my last around 6 p.m. This is due to the many touch points and connections one has to make to execute work within a national, geographically dispersed health care system. We are a national health care system within systems. Think of a system of systems from a regional perspective. For example, let's say a medical center wants to purchase a clinical information system. If this requesting health care system goes through the national level purchasing process, it would take about a year or two to complete. Keep in mind, care delivery occurs at the local level (medical center) of the health care system organizational framework. Clinicians are taking care of patients day-in and day-out, and they can't wait a year or more to take care of something that they see as a true patient safety need. They have their own budgets and authorities; remember the VA health care system is a system within systems. Multiply that by approximately 152 hospitals nationwide and you have some idea of the complexity.

As the CNIO, I should be inquiring about workflow for the clinicians who are using these commercial-off-the-shelf (COTS) systems, wondering about integration and how this would be achieved in the current environment. I assumed this role in 2009, and it wasn't until 2011 that I came to clarity on the complexity of our environment. In this situation, when the VA health care system made the decision to acquire COTS systems in such a manner, no one informed the organizations' senior leadership of what the future impact was going to be on documentation without the proper coordination and insight from an informatics perspective. One major role for the CNIO is advocacy. It's the advocacy role: asking ourselves how we make these processes better not only for nursing but also for all clinicians. It is not a *nursing* problem that we have too many systems of record for documentation; that is a *system-wide issue*. That is where my role as an advocate comes in. I do the due diligence, then I come back, and I raise these issues to a system level. I need to be that voice at the table that looks at the entire cycle, from designing the data all the way to extraction and reporting."

On the CNIO and CMIO Roles at the VA

"The Chief Medical Informatics Officer (CMIO) and I have decided to break the monotony with the 'hierarchical thing' with physicians and nurses. Thank goodness that Dr. Theresa (Terry) Cullen, MD (CMIO for VA), is an advocate for this in our environment. She and I have had candid conversations about this very topic. It is a work in progress in our organization. We are in an active state of getting the roles to where they have parity. An example of what this looks like in practice follows. Dr. Cullen would be at a meeting where informatics strategy at the national level is being discussed and will ask, 'Shouldn't Dr. Beene be here?' When in meetings, I do the same. These strategic meetings are critical for the CNIO and CMIO to attend as a team to advocate for health care information technology and represent the needs of clinicians. This is very important to me and to the role of the CNIO within the VA organization. I care about this matter of parity because it is so critical to relevance. In full transparency, this can be very frustrating and wear you down. My feeling is that if you are unaccepting of my guidance and role because I am a nurse, then we have a big issue. We should be focused on the efforts at hand – supporting the mission and vision, delivering the best care anywhere for Veterans'

– not individual professional affiliations. Thankfully, Terry is by my side fighting this battle with me. It took us a while to get to this – three years of blood, sweat and tears – to achieve executive parity and acknowledgement. Prior to this, nursing was not getting an equal say in decisions; this had a trickle-down effect all the way to the bedside. We are actually making history at the VA – defining the space for the profession of nursing as well re-defining informatics so that it is more collaborative, instead of hierarchical, dependent upon whether one is a nurse or a physician. When we are talking about designing health information systems and what tools are right to take care of patients, we should be there, as a team, together. This is a team taking care of the patient, and we should be actively designing those tools together – both working effectively, both working to the top of our license, utilizing our respective professional experience, both engaging in decision-making, promoting integrity, and both looking at patient care and safety issues together. Terry and I model this team approach to informatics. We want to be the change we want to see."

On Key Initiatives that Dr. Beene is Overseeing

"I am the co-lead for the Veterans Access, Choice, and Accountability Act (VACAA) of 2014 for informatics with Dr. Cullen, which is a huge initiative with a lot of public visibility, enacted by Congress after the events with Veterans' access to care in the summer of 2014. Another program that I am overseeing is an amalgam of COTS products, to support the intensive care units (ICU) and anesthesia areas for the VA health care system. I have been asked to coordinate with all of our 152 hospitals that have these systems in their ICU and anesthesiology departments. We are also modernizing VistA under a departmental initiative called VistA Evolution. VistA is the enterprise-wide information system built around our electronic health record (EHR). We use it throughout the VA medical system. It contains nearly 160 integrated software modules for clinical care, financial functions, and infrastructure."

"Over the last couple of years, I have discovered that there is not a clear understanding of the role of the informatician. I am trying to redefine the role. We liaison with our colleagues in information technology and should know a little bit about their discipline. We might know a little bit about programming, but that is not what we do day-in and day-out. As informaticians, we are connectors/facilitators and should be advocating for the clinician and helping to translate what those needs are into the systems that we need. I am really walking the walk. I have felt that these last couple of years have been a truly challenging environment for those of us in the informatics discipline. Informatics is not JUST analytics. We help users get the right things that they need to report – the right data at the point of care. At the VA, I am seeing movement, but Terry and I really have to work together to help dissuade the ideology that we are really just very expensive clinicians who need to go back to patient care. That's because in the current environment, the need for more clinical resources to meet the need for Veterans' access to care is receiving a lot of attention."

"I will be frank. If I was in those shoes, I might not understand what our value is, because we don't appear to 'deliver' much. Because of the complexity of our system – the funding and acquisitions systems, the governance environment – we can find ourselves in the position where we can oversell what we can do in an unrealistic time-frame. If people really understood system lifecycle or active design and the impact on outcomes, you would know that it doesn't happen overnight; it is a four- or five-year goal

in the best scenario. This extremely complex interdependency for execution leads to organizational fatigue, with leaders becoming tired of allocating money into a 'black hole.'"

On Workflow Redesign for VA Access to Care

"The VACAA has everything to do with that, and I am involved in those efforts. There are several pieces that are relevant for informatics. The piece that I am most focused on is getting the right data in the right places to help inform the wait times. One of the many findings was that the staff doing the scheduling didn't have the data elements they needed. We can't tell the public that we are changing processes without first establishing that we have the right data at the right time. Our work on this has to be reported back to Congress, and we have a number of timelines that we are being held to. In order for us to do measurements on wait times, the right data has to be in the right places. The data has to be captured and computed in a way that makes sense."

On Advice for New Nurse Informaticists

"Oh my goodness – be bold. I find when I go to speak to informaticists in national public forms and within the VA, the questions I receive after the event are often from those who are afraid to speak up. I was once in their shoes, so I understand. You know the scenario. You are in a meeting and you want clarification or to make a point. You know that you have a good idea of the answer, but due to the political dynamics or the people in the room, you think to yourself, 'This might be really dumb to say.' Well, nine

times out of ten, you synthesized that information more quickly than other people because you are a *trained* informaticist. You have the education. You have the experience. Own up to it, don't be afraid, and *be bold*. There are so many of us in this profession that I am just in awe of. I have traveled all over the country and in speaking to other organizations that have nursing informatics, these people put me to shame. They are the most innovative individuals, and some of the solutions that they have put together are just phenomenal. I encourage them all to be bold, to speak up, and to tell their story. You are the person in the room who *does* know the answer, and you need to be okay with owning up to that. **Just be bold.**"

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ANIA Monthly Webinars

In keeping with the ANIA goal of providing ongoing educational opportunities for our members, we are hosting one webinar every month. These will typically be held on a Tuesday at 3:00 p.m. (EST), but the schedule is tentative and subject to change. Please keep an eye on the **Events page** on our site for the most up-to-date information on upcoming webinars.

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