



# Meaningful use is a workforce issue

**AS YOU'RE PROBABLY AWARE**, *meaningful use* refers to use of electronic health record (EHR) technology to improve the quality and effectiveness of patient care. The Centers for Medicare & Medicaid Services (CMS) pays eligible hospitals and physician providers if they meet specific objectives in documenting care. Three stages of increasingly complex metrics exist for the information that must be documented.

Some nurses view meaningful use largely as an organization's responsibility and problem. Many see it as a physicians' issue because they are the targeted group responsible for meeting meaningful use requirements. Unfortunately, nurses don't see a role for themselves in the program.

But not so fast: A reputable consultant described meaningful use to me as an attempt to get physicians to document basic healthcare information and practices more consistently and thoroughly (Medical Records Completion 101, so to speak). But much of the basic documentation is done or guided by nurses. National nursing organizations made a concerted effort to include nursing's role in meaningful use legislation. The effort failed because the federal government feared the changes would dilute the focus on improving physician behaviors.

## Meaningful use can take meaningful time

Meaningful use appears to be all about documenting that the physician is doing everything necessary to ensure the patient is being treated as a whole person and not just for his or her presenting complaint. In fact, more demands are being placed on nurses to provide more patient care and education, particularly on the inpatient side. In stages 2 and 3 of the meaningful use incentive program, nurses are influencing and doing more of the documentation. Increasingly, nurses are saying that meaningful use is taking meaningful time away from essential patient care and contact. This makes meaningful use a nursing issue.



## Meaningful care is achieved through meaningful nursing

To ensure best outcomes for patient care, the nurse and physician must do everything appropriately. Unfortunately, a longstanding legal axiom is becoming a reimbursement axiom: If you didn't document it (in the EHR), you didn't do it. Across inpatient and ambulatory settings, nurses spend more time with patients than any other professionals. If we don't find better ways to document that we're applying all the appropriate clinical protocols and best practices, the increasing transparency demanded by CMS could tarnish nursing's reputation.

## Meaningful usability is imperative

How can we spend meaningful time with our patients and still achieve meaningful documentation in the EHR? How can we keep nurses from burning out due to the increasing documentation requirements that take nurses' time away from patient contact?

We need support from management and information technology (IT).

We need to take the lead in identifying documentation workflow deficiencies in EHR programs. EHR vendors and IT departments need to learn how we gather and document information efficiently so they can improve the tools we're required to use. Nurses live the documentation journey every day. We have the best perspective on how information could flow more efficiently into the EHR.

## Meaningful use is a nursing issue

This isn't a time for nurses to sit on the sidelines. This is a time for us to demand improvements in EHR design—and to lead the effort. Nurses are doing meaningful work. Making EHRs more care-friendly is a meaningful *must* for nurses and the entire healthcare team.

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