

NURSING AND COMPUTERS

THIRD INTERNATIONAL SYMPOSIUM
ON NURSING USE OF COMPUTERS
AND INFORMATION SCIENCE

HOSTED BY THE IRISH NURSING BOARD
IN TRINITY COLLEGE, DUBLIN, IRELAND

20TH-23RD JUNE 1988

Proceedings

• WHERE CARING AND TECHNOLOGY MEET •



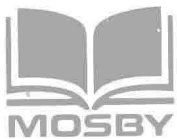
PROCEEDINGS OF
**NURSING AND
COMPUTERS**
THIRD INTERNATIONAL
SYMPOSIUM ON
NURSING USE OF
COMPUTERS AND
INFORMATION SCIENCE

Hosted by the Irish Nursing Board
Trinity College, Dublin, Ireland

Noel Daly
Chief Executive
Irish Nursing Board
Dublin, Ireland

Kathryn J. Hannah, R.N., Ph.D.
Director of Nursing, Research, and Education
Calgary General Hospital
Professor, Faculty of Nursing
University of Calgary
Calgary, Alberta, Canada

The C. V. Mosby Company
St. Louis Toronto Washington, D.C. 1988



A TRADITION OF PUBLISHING EXCELLENCE

Editor: Tom Lochhaas
Assistant Editor: Laurie Sparks

Copyright © 1988 by The C.V. Mosby Company

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without prior written permission of the publisher.

Printed in the United States of America

The C.V. Mosby Company
11830 Westline Industrial Drive, St. Louis, Missouri 63146

PREFACE

This volume is the third in the series of proceedings published following international symposia held under the auspices of the International Medical Informatics Association (IMIA). The first gathering of nurses within IMIA occurred as an evening seminar held in Tokyo during Medinfo '80 (the triennial international conference of IMIA). The overflow crowd in the room that evening persuaded nurses in the United Kingdom that an international conference of nurses interested in the use of computers in nursing was timely. Subsequently, the international Symposium on the Impact of Computers on Nursing was convened in London, England in the fall of 1982, followed immediately by an IMIA sponsored working conference.

One outcome of the working conference was our first book, which documented the developments related to nursing uses of computers from their beginning to 1982. The second outcome of that first working conference was the consensus of those assembled that nurses needed a structure within an international organization to promote future regular international exchange of ideas related to the use of computers in nursing and in health care. Consequently, in the spring of 1983, a proposal was submitted to the General Assembly of the International Medical Informatics Association for the establishment of a permanent working group within IMIA. This proposal was approved and Working Group 8 of IMIA was established.

Our first meeting was held in Amsterdam in conjunction with Medinfo '83. At that time the Working Group set itself the ambitious task of organizing international symposia at 3 year intervals between Medinfo meetings. To date meetings have been held in Calgary, Canada in 1985 and Dublin, Ireland in 1988. In keeping with the practice established at the first meeting in 1982, each symposium produced a volume of proceedings in order to provide the widest possible distribution and dissemination of the information presented at the meeting. Working Group 8 has also undertaken to host working conferences, usually following each symposium, at which the leaders in a particular aspect of nursing informatics are assembled for the

purpose of providing direction and leadership with regard to research and development in this rapidly evolving field. Working conferences have been held in Calgary, 1985; Stockholm, 1987; and Dublin, 1988.

This present volume marks yet another milestone in our history. For the first time the size of the symposium necessitates separating the text of the proceedings of the public forum from the text of the associated working conference. The proceedings of the working conference are available as a companion volume. Another first is the fact that speakers at the Dublin, 1988 meeting were selected from among the responses to a worldwide "call for papers." The programme at all previous symposia has been presented by invited presenters--the number of people working in the field was small and the major purpose of the symposia and their proceedings was to teach and make nurses aware of the existence of the field. The contents of this volume and of the symposium were submitted to a panel of referees, who reviewed all submissions and selected those which represented new and innovative contributions to the field. The focus has shifted from the need to persuade nurses of the existence and need for awareness of nursing informatics to the need to disseminate new developments in the field and share ideas. The seemingly minor change reflects the enormous growth in the field of nursing informatics in terms of both activity and participants.

Those of us who have been involved in nursing uses of computers and information science from the beginning are delighted to see the marked increase in the number of people now working in nursing informatics. Our early belief--that this aspect of nursing would become increasingly important to the delivery of patient care--has been justified. In addition we all benefit from increased volume of work in the field because it increases the speed with which we move toward our common goal of providing the highest possible quality of nursing care to all of our patients. We began by considering "The Impact of Computers on Nursing," we moved to "Building Bridges to the Future," and with this volume we acknowledge that nursing informatics is "Where Caring and Technology Meet."

June, 1988

Kathryn J. Hannah, R.N., Ph.D.

Chairman, Working Group 8

International Medical Informatics Association
Director of Nursing: Systems, Research and Education,
Calgary General Hospital
Professor, Faculty of Nursing,
The University of Calgary,
Calgary, Canada

CONTENTS

Preface

Kathryn J. Hannah, R.N., Ph.D.

Plenary Speakers

Data Protection, 2

Henri Vandermeulen

Data Protection as to Medical Records and Nursing Care Plans , 14

Irma Iversen

A Computerised Recording System for a Domiciliary Nursing Service:
The Planning, the Process, and the Application Projections
of Computer Systems, 17

Lois L. Thompson, F.C.N.A.

Nursing and Computers—Whither the Next Decade, 36

John Matthews, M.Ch., F.R.C.S.

Strategic Planning for a Nationwide Health Service, 42

Jerry O'Dwyer

Research on Clinical Judgment in Nursing, 50

Christine A. Tanner, R.N., Ph.D., F.A.A.N.

Nursing: How Do We Know; What Do We Know; and How Can We Enhance
Nursing Knowledge and Practice, 58

Joyce J. Fitzpatrick, Ph.D., F.A.A.N.

Section 1

Computerization of Patient Education Materials: Index and Order Entry, 68

Karna K. Kruckenberg Schofer, Ph.D., R.N., Ceresa J. Ward, M.S., , R.N.,
Gail Benjamin, M.S., R.N.,

Introducing Computer Applications into the Nursing/Patient Care Arena, 81

Margaret Bethke, R.G.M., R.M.N., D.N.A., M.C.N. N.S.W.

A Scandinavian Project Concerning System Development at Ward-Ambulatory Level:
A Report from Sydpol WG 4, 87

Marianne Tallberg, R.N., M.A., Ulla Gerdin Jelger, R.N., Hans E. Peterson, M.D.

The Micro and the Nurse Researcher: Concepts for a Profession, 91

M.E. Carrol

Data Protection and Nursing: A Technical and Organizational Challenge, 94

A.R. Bakker, M. Scholes

Guidelines for Management Information Systems in Canadian Health
Care Facilities, 103

Kathleen M. Regan, R.N., B.Sc.N., M.H.A.

Computerization of the Operating Room, 113

Constance M. Berg, R.N., M.B.A.

Nursing Information Matrix Modelling (NIMMO), 119

Poletti Piera, Vian Felice, Zanotti Renzo

Compiling and Disseminating Continuing Nursing Education Information
by Means of "Confer," 124

Pat Hayes, R.N., M.H.S.A.

Computer Uses in the Assessment of Nursing Competence, 128

Jennifer Bosma, Ph.D., Carolyn Yocom, Ph.D.

Section 2

Beyond Computing Lies Operations Analysis – A Review of Progress, 136

Dr. Barry Fisher

Do You Need a Computer to Manage Nurses? 142

Merle Cooke, R.N., B. App.Sc. (Nursing), F.C.N.A.

- Computerized Therapeutic Home Visit Checklist, 146
 Kimberly Blake, B.S.N., R.N., Francine Corwin, B.S.N., R.N.,
 Gail Benjamin, M.S., R.N.
- An Expert System for Nursing Diagnosis: Field Testing of Phase I, Assessment, 152
 B.L. Change, D.N.Sc., R.N., M. Hirsch, M.N., R.N.
- The Benefits of a Computerized Infection Control Monitoring System
 for Nursing Practice, 165
 Carey A. Cameron, R.N., B.S.N., (c) H. MGT, Ann Beaufoy, R.N., C.I.C.
- Nursing Care Computing in a Provincial Centre, 174
 Stella Hogan, Tony Carroll
- Nursing Related Groups: A Research Study, 177
 Walter Sermeus, R.N., M.S.
- Classification Schemes for Nursing Information Systems, 184
 Virginia K. Saba, R.N., Ed.D.
- Patient Classification/Standards of Care: Do We Distribute Human Resources
 in Relation to Patients' Need for Nursing and Treatment? 194
 Inger Sannes, Cornelia Ruland
- Computer Anxiety, Computer Skills, Computer Use, and Interest in Learning
 about Computers Before and After a Computer Literacy Course, 202
 Linda L. Lange, Ed.D., R.N.
- Computerized Nursing Care Planning: Utilizing Nursing Diagnosis, 216
 Carol A. Brooks, R.N., D.N.Sc.
- The Effect of Computer Assisted Instruction on Performing Pediatric Intravenous
 Medication Administration in the Clinical Setting, 219
 Ann W. Cox, R.N., M.N., Linda L. Lange, Ed.D., R.N.
- The Use of Computer-Assisted Instruction in Staff Development to Enhance
 Assessment Skills of the Practicing Nurse, 229
 Ellen M. Bratt, R.N., M.H.S.N., Edward L. Vockell, Ph.D.
- Distance Learning and CAI, 236
 Eleanor Conlin, R.N., B.A.S.
- Instigation of a Computing Course for Undergraduate Nursing Students, 240
 Vivien E. Coates, B.A., S.R.N., M.Phil.,
 Mary Chambers, B.Ed., R.G.N., R.M.N.
 Dip.Nurs. (Lond), R.C.N.T., R.N.T., Cert.Ed.
- Developing Data Bases for Practice Decision: Challenges and Approaches, 249
 C.M. Bournazos, M.S.

Section 3

- Computer Training in Nurse Education: A United Kingdom Perspective, 256
 Mary Chambers, B.Ed., R.G.N., R.M.N., D.N. (Lond.),
 R.C.N.T., R.N.T., Cert.Ed.,
 Vivien Corates, B.A., R.G.N., M.Phil.
- The Design and Development of a Personal Computer Assisted Method
 of Providing Information about Community Resources to Individuals
 Who Have Arthritis, 264
 Janet E. Jeffrey, R.N., Ph.D. Candidate, Alan L. Hull, Ph.D.
- Improving Nursing Practice: Use of a Nursing Process-Based
 Information System, 272
 Carole Hudgings, Ph.D., R.N.
- Nurse Manpower Planning and Computers, 277
 Trevor Patchett, B.A., A.H.S.M., A.I.P.M.
- Designing an Automated Record System for Both Clinical Care and Research:
 Issues and Challenges, 285
 Rita D. Zielstorff, R.N., M.S., Alan M. Jette, P.T., Ph.D., G. Octo Barnett, M.D.

- Nursing Management Information System: An Italian Approach, 299
Sisto Lombardo, M. Corsi, F. Lellui, F. Rastellini
- We Have the Technology to Rebuild. . ., 303
Paula M. Procter, M.Sc., R.G.N., Cert.Ed.(FE), R.N.T.
- Clinical Placement Database, 309
Lorraine A. Watson, R.N., M.Ed.
- Integrated Community Care Systems, 315
Anne-Marie Taylor
- Computers as Decision Support Tools: Whither Expert Systems? 330
Barry Jones, B.Sc., Ph.D., Alan Hyslop, R.N.M., R.G.N., M.A.,
Iaia Ritchie, M.A., Dip.Info.Technol.
- Developing a CAI Program using PROPI, 337
William L. Holzemer, Ph.D., R.N., Helen Dulock, M.S., R.N.,
Robert Slaughter, Ph.D.
- The Computerized Patient Record: Legal, Ethical, and
Confidentiality Issues, 343
Debra Lee Gruending, R.N., B.N., M.N.,
Dorothy C. MacKay, R.N., B.Sc.N., M.N.
- Power, Politics, and Planning: Health Computing in New Zealand, 353
Janice Wenn, R.N., R.M., Dip.N., B.A., D.H.A., M.A.
- Measuring the Impacts of a Hospital Information System on
the Nursing Process, 358
Kristen H. Kjerulff, Ph.D., Lisa R. Moray, R.N., M.S.
- Automating Nursing Quality Assurance, 370
Heather M. Wood, R.N., M.B.A.
- The Development and Implementation of a Computerized Staff Placement
System, 375
Anthony Hannah, R.Cp.N. (R.Pd.N., R.G.O.N.)
- Integrating the Nursing Minimum Data Set with Computerization of Nursing
and Health Care Information Systems, 378
Harriet H. Werley, Ph.D., R.N., CeCelia R. Zorn, M.S.N., R.N.
- The Development of a New Software Program for Scheduling Nursing
Duty Rosters, 387
Patrick Weber
- Effects on the Distribution of Nursing Care Time After Implementation of
a Computerized Patient Monitoring System, 391
Peter J. Kalbach, B.S., M.D., R.N., Leslie R. Kalbach, B.S.N., R.N.
- Substance and Recording of the Nursing Process in Community
Health Nursing, 398
P.H. Jonkergouw, B.S.N., Dr.

Section 4

- Nurse Information Management System (NIMS), 406
M.T. Halligan, R.G.N., R.M., N.A.(H)Cert.,
R. McCormack, R.G.N., R.M.,
J.M.E. Thompson, R.R.C., Q.H.N.S., R.G.N., M.C. Waddell, R.G.N., R.M.
- Teaching Information Handling Competencies to Nurse Administrators,
Nurse Educators, and Nurse Researchers, 412
Susan J. Grobe, Ph.D., F.A.A.N.
- The Use of Hand-Held Computers for Data Collection in a Community
Nursing System: A Description of the Operational System and
Ongoing Developments, 417
B. Goldberg, A. Savil

Knowledge and Knowledge Acquisition for the Development of Expert Systems for Nursing, 422

Camille Grosso, M.S.N., R.N.

Microcomputer Based Health-Management Information System, 431

Pamela Groner, R.N., M.S.N. Candidate

Education for Specialization in Nursing Informatics, 435

Barbara R. Heller, Ed.D., R.N., F.A.A.N., Carol A. Romano, R.N., M.S.,

Shirley P. Damrosch, Ph.D., Mary R. McCarthy, Ed.D., R.N.

Micro-Computer Based Nursing Unit Patient Care System, 447

James M. Gabler, M.S.

Implementing Research Findings in Clinical Practice Settings:

High Tech Applications in Primary Care, 458

Mary Anne Sweeney, R.N., Ph.D., Claire Culino, R.N., Ed.D.

Section 5

Clinical Competence Assessment Using Computer Assisted Interactive Video, 466

Diana D. Hankes, R.N.C.S., Ph.D., Ann Cook, R.N., M.S.N.,

Beverly Thomas, R.N., M.S.N., Mary Weingart, R.N., B.S.N.

Portable Record Outcome—Management Information System Emerges (Promise Project), 474

Joyce Wiseman, M.Sc., S.R.N., S.C.M.

H.V. Cert, D.N. (Lond.), M.S.T. (Lond.)

Nurse Manpower Information and Rostering System: A Common Basic Specification Project, 479

Clive Tristram

The Use of Computer Simulations to Measure Clinical Decision Making in Nursing, 485

Suzanne Bakken Henry, R.N., M.S., Diane Belongia LeBreck, M.S.,

William L. Holzmer, R.N., Ph.D., F.A.A.N.

Expert Systems: Automated Decision Support for Clinical Nursing Practice, 492

Ann Warnock-Matherson, R.N., B.N.

The Management of Artificial Intelligence/Expert Systems in Nursing and Health Care, 506

Barbara Happ, R.N., M.S.N.

PANDA—A Microcomputer Nursing Management Information System Utilizing the P.A.I.S. Patient Classification Model, 519

Evelyn J.S. Hovenga, R.N., B.App.Sc., F.C.N.A.

Computer Assisted Nursing Information System: A Clinical Nursing Tool, 524

Morag A. Harrow, R.G.N.

Computer Based Nursing Education and its Effect on Practice in a Psychiatric Setting, 531

Noreen M. Sisko, R.N.C., M.S.N., Deborah J. Smith, R.N., M.Ed.,

Diane K. Smith, R.N., M.A.

The Computer: An Aid to Intensive Care Nursing, 534

Annette van der Schaaf

Computerized Nurse Assessment of Patient Functional and Social Status, 538

Edward J. Halloran, Ph.D., R.N., F.A.A.N.

Data Bank—A Model for Assuring the Public's Health, Safety, and Welfare, 549

Marsha Kelly, R.N., M.S.

Design and Development of a Simulated H.I.S. for a School of Nursing, 560

Kay E. Hodson, R.N., Ed.D., Ann C. Hanson, R.N., M.A.,

Carole Brigham, R.N., M.A., William Verbrugge, Ph.D.

A Cognitive Model as a Nursing Expert System—Potential for Decision Support and Training in Patient Assessment, 565

Alan Hyslop, R.M.N., R.G.N., M.A., Barry T. Jones, Ph.D.

Section 6

An Automated Data Collection Method for Determining Time Standards for Nursing Care Activities, 576

Barbara B. Frink, M.S., R.N., Suzanne L. Feetham, Ph.D., R.N., F.A.A.N., Lawrence Rudner, Ph.D.

Automation of a Nursing Personnel Budget System, 582

Lisbeth Deruyver, R.N., B.N.Sc.

Minimal Nursing Data: The Flemish Experience, 586

Peter De Becker, R.N., M.S.

Computer Assistance in Nursing Personnel Management, 593

Hugo Dierickx, R.N., M.S.

Using Interactive Video to Teach Assessment Interviewing, 598

Nicola Haton, B.Sc., S.R.N., R.S.C.N., P.G.C.E.

Case Study: Implementing the Exelcare Nursing System in West Dorset, 601

Elizabeth J. Mason, Ph.D., R.N.

Detecting Procedural Errors: A Strategy for Designing Interactive Video Instruction for Nursing Procedures, 606

Anne M. Devney, B.S.N., M.S.Ed., Brockenbrough S. Allen, Ph.D., David M. Sharpe, Ed.D.

The Introduction of an Integrated Bedside Nursing Information System, 609

S.K. deGraff, S.R.N., R.J. Sloos, S.R.N.

Using Computer Technology to Support a Nursing Staffing System, 615

Sharon A. Dixon, R.N., B.Sc.N

Database Utilization for Nursing Professionals, 622

Vaughn Sinclair, R.N., Ph.D.

Evaluation of an Artificial-Intelligence-Based Nursing Decision Support System in a Clinical Setting, 629

Janet E. Cuddigan, R.N., M.S.N., Susan Logan, R.N., S.D.N., Steven Evans, M.S., Helen Hoelsing, R.N., M.P.H., C.N.A.A.

New Roles for Nurses in Hospital Information Systems, 637

Dianna F. Craig, R.N., B.A., M.Ed.

Section 7

The Implications on Nursing Practice and How to Improve the Quality of Care with the Introduction of Computerised Care Planning, 644

Barbara Palmer, D.M.S., S.R.N., H.V., F.W.T.

Nursing Care Cost and Resource Consumption Management, 651

Mary Ann Lubno, R.N., Ph.D.

Integrating Computer-Assisted Instruction into Continuing Education and Inservice Training in the Practice Setting, 657

Lucille M. Pogue, R.N., M.S.N., Richard E. Pogue, Ph.D.

Building UK Nursing Systems—Bottom Up, 664

Vivienne Steel

Nursing With Vision: Essentials of the Development of an Integrated Nursing Information System, 669

H.B.J. Nieman

Using Computer Assisted Learning to Promote Safe Practice: An Evaluation of the Medium and the Message, 676

Susan E. Norman, R.G.N., D.N. Cert., R.N.T.

- Development of a Microcomputer-Based Expert System to Provide Support for Nurses Caring for AIDS Patients, 682
Donna E. Larson, Ph.D., R.N.
- Use of Project Management Software in Nursing Administration and Nursing Education, 691
Mary C. Corley, Ph.D., R.N., Linda Lange, Ed.D., R.N.
- Application of the Nursing Process in the Formation of an Interdisciplinary Technologically-Based Health Care Delivery System, 702
Mary McCarthy Slater, R.N.C., M.S.N., Bennie E. Harsanyi, R.N., M.A., Helen C. Cox, R.N., Ed.D.
- Nursing and Health Care Personnel Data Base Management by Statistical Processing, 711
J. Mantas, Ph.D., Th. Katostaras
- The Effect of Some Patient Classification Determinants on Nurse Workload, 713
Michael Kaliszer
- Patient and Staff Integrity in a Computerized Environment, 726
Hans E. Peterson, M.D., Ulla Gerdin-Jelger, R.N.
- Computer Assisted Instruction in Nursing Practice, 730
A.J.M. Matthijsen, S.R.N.
- Comparison of Computer-Assisted Instruction and Lecture on Knowledge, Retention and Attitudes, 735
Susan Gaston, Ph.D., R.N.
- The Clinical Significance of Computerized ST Segment in the Critical Care Environment, 745
Nancy Keuch, R.N., B.S.N.
- Implementing an Information System in a Health Care Centre in Sweden—Experiences and Reflecting, 750
Staffan Bryngelsson, R.N.
- Developing the Content and Process for Computerized Nursing Diagnosis-Based Standard Care Plans, 758
Judy Murphy, R.N., B.S.N.
- Use of a Computerized Nursing Information System to Support Continuity of Care Between Nurse Caregivers, 773
Laura J. Nosek, Ph.D., R.N.
- Successful Implementation of a Hospital Information System, 781
Patsy B. Marr, R.N., M.S.N.
- Comparison of Four Nurse Staffing Patterns Using Computer Simulation, 787
Mary L. McHugh, Ph.D., R.N.
- Data Handling in a Nursing Unit, 796
P.R.B. Heemskerk-van Holtz, M.S.

Section 8

- The COMMES Nursing Consultant System—A Practical Clinical Tool for Patient Care, 806
Steven Evans
- Evaluating Computer-Assisted Instruction, 825
Christine Bolwell, R.N., M.S.N.
- A Comparison of Two Presentation Modes: A Slide-Tape Program and Computer Assisted Instruction to Teach Baccalaureate Nursing Students Principles of Orthopedic Nursing, 831
Marie S. Houston, Ph.D., R.N.
- MOM's Labor and Delivery Information System, 838
Cathe Ledford, R.N., M.S., Morton D. Schwartz, Ph.D., C.C.E., P.E., Pervez Irani, M.S., L. Paul Smith, M.D., F.R.C.S., F.A.C.O.G., W. Robert J. Funnel, Ph.D., Maureen P. Mikluleky, R.N., M.A.

Development of a Computer Simulation to Facilitate Affective Learning Related to Death and Dying, 843

Madeline E. Lambrecht, M.S.N., R.N., Evelyn V. Stevens, Ph.D.

Planning Process for a Patient Care System, 847

Linda S. Rieg, M.S.N., M.B.A.

Computers in Nursing: An Australian Case Study, 854

Nuala M. Duignan

PLENARY SPEAKERS

DATA PROTECTION

HENRI VANDERMEULEN

Licentiate Hospital Admini-
stration, Graduate Hospital
Nurse
Administratie Centrum
Caritas, Leuven, Belgium

Preface

As the computer interferes more and more with primary health care in a hospital, attention will have to be paid to the protection of the personal lifestyle and to data security as a whole; this next to questions about efficient use of the means.

This is also claimed by the different health care workers. As an example we could quote the point of view of the physicians. Their statement however can easily be transferred to the nursing staff and might as well be formalised by national and international professional or occupational associations of nurses. In the new European Code of Medical Ethics (Paris, 6 January 1987) physicians state: "The physician has to respect the personal lifestyle of the patient and he has to take all necessary precautions so as to guarantee secrecy...(article 8). Physicians cannot cooperate in the extension of electronic medical data systems which could threaten or violate the patient's right of privacy, certainty and security of his or her personal lifestyle. Every computerized medical data system should be in the ethical responsibility of a specially appointed physician. Medical data systems cannot in any way be connected to other data systems." (article 9)

The following statement however, immediately indicates the weakest link in the realisation of this claim. "By far, the greatest security hazard for a system is the set of people who use it. If the people who use a machine are naive about security issues, the machine will be vulnerable regardless of what is done by management. This applies particularly to the system's administrators, but ordinary users should also take heed." (Butzen & Furler, 1986, p.215)

In the first part some concepts as privacy, personal lifestyle, confidentiality and professional secrecy are briefly elucidated. The juridical context of data protection is made clear by means of the different international principles of law.

The answers to three fundamental questions: why?, what?, and how? will explain the problems of data security in general.

Finally light will be thrown upon some selected precautions: access control, encryption or cryptography and recovery.

Some Concepts Dealing With Data Security

Privacy, Personal Lifestyle, Confidentiality and Professional Secrecy

There is a clear relationship of cause and effect between on the one hand, items as privacy, confidentiality and professional secrecy and on the other hand, data security.

Privacy is experienced as personal freedom; the possibility to remain somewhere, alone and unrestrained, in one's own circle or with a partner, the possibility to seclude oneself, to keep away from hindering influences from the outside world. Privacy is often felt to be the same as personal lifestyle (See a.o. DeBecker, 1985; Guldix, 1987) Personal lifestyle however, is a larger concept. It not only includes the personal values (private life or privacy), but also the very personal attributes and expressions, which determine the individual, whether this is wanted or not, in his social relationships, i.e. his outward and inner appearance, his health, his voice, his name, his intellectual creations, etc. (Guldix, 1987, p. 203) In the European Convention for the Protection of Human Rights (Rome, 4 November 1950) privacy is defined likewise: "Each person has the right of respect of his private life, his family life, his house, and his correspondence (article 8, first part)". This right of protection of the personal lifestyle however, is restrained by the right of the others, the community. "No interference from any public authority is allowed as to the execution of this (privacy) right, except by what is provided by the law and is necessary in a democratic community for the sake of a country's security and the public security, or the economic welfare of a country, or the protection of the public order and the prevention of crimes, or the protection of health or decency, or for the protection of the rights and freedom of other individuals (European Convention, article 8, second part)."

Personal lifestyle is reflected in two privacy rights (See a.o. Griesser; Romano, 1987; Young Barhyte, 1987; EDP-Analyser Report, 1980): the right of the individual(patient) to determine personally how much information about himself he wants to disclose to others, and the right of the individual of protection of this disclosed information against all possible forms of abuse.

This last right of privacy finds a first form of protection in the confidentiality, Romano (1987, p. 100) states: "Confidentiality concerns redisclosure of information by the person to whom one confides or relinquishes privacy". Confidentiality means the respect for professional secrecy and is as such a mission for all persons (physicians, nurses, secretaries, laboratory-analysts, accountancy staff, computer operators, etc.) who come into contact with the data or the information about the health status of a patient/client. (See a.o. Prims, 1986; Romano, 1987; Griesser; Carels, 1987)

Some Juridical Basic Principles

The protection of the personal lifestyle regularly comes forth when using informatics especially within the fields of health care; this is often justifiable, but it is equally often misplaced.

Regulations concerning data protection are an exercise of equilibrium. The right of an individual of the protection of his privacy on the one hand and the right of the community of the free flow of information on the other hand should be kept in balance. Laws concerning data protection have already been issued in several countries: Sweden (1973), USA (1974, Privacy Act), German Federal Republic (1977, Bundesdatenschutzgesetz), Denmark (1978), France (1978, Loi n° 78-17 du 6 janvier 1978 relative à l'informatique, aux fichiers et aux libertés), United Kingdom (1984, Data Protection Act), the Netherlands (1987, Wet Persoonsregistratie). (Barber, 1987; Borking, 1986) All these laws have a number of basic principles in common. These basic principles have been made by a number of international organizations (OESO, UNO, the European Council, the European Community) as a guideline for legislative work. (See also Gerlo, 1985; Westin, 1980; Romano, 1987; Decoster, 1987; EDP-Analyser Report, 1980)

Collection limitation principle: Data can only be acquired in a lawful and honest way, and certain data, which are very sensitive, cannot be collected at all. This also means that only those data can be collected which are necessary for the realization of the organization's objectives.

Purpose specification principle: Whenever data are collected of a certain person, then this person has to be informed about the objective for which the data will be used. This implies that the data have to be destroyed when they don't serve the purpose any longer.

Openness principle: It has to be possible for anyone to be informed about the existence of any data system.

Individual participation principle: Any individual has the right of insight into data, collected about him, he must be allowed to check them and to demand the correction of these data.

Accountability principle: The person in charge of the data has to be made responsible for the execution of the precautions which excite these principles.

Data quality principle: Data have to be relevant to their purpose, they have to be exact, complete and up-to-date.

Use limitation principle: Data can only be used for the objective for which they have been collected. One can make an exception to this rule only with the permission of the person involved or in accordance with the law.

Security safeguards principle: Data should not be accessible for unauthorized persons, these should not be able to read the data or to alter them.

Data Security: Why?, What?, How?

Why is Data Security So Important?

Data security is not only linked to the use of an computerized information system. Data security existed even before the computer, also in the health information was (is) sealed in diverse lawful documents. The use of the computer has only enlarged the necessity of accurate data security. Data security and the protection of the

personal lifestyle obviously have a relationship as we explained before. This statement however mustn't lead to the conclusion that data security is necessary only to protect the privacy. The protection of privacy is only one aspect of the objective, though not the least important one within the whole of medical attendance.

Data security is needed especially because (Vandenbulcke, 1980): the organization which automatizes, becomes more and more dependent upon the reliability of the computer system; (e.g. electricity supply cut).

the data themselves are in important help for the management and the well-functioning of the organization; (e.g. suppliers' and debtors' data).

a lot of money and energy is invested in the collection and the storage of data; (e.g. lists of patients, medical history of diseases).

unreliable data diminish the operational accuracy of the system and they have an influence on the system's credibility; (e.g. financial records of wages and salaries).

the potential power to collect information in a fast selective way and to use or misuse this information increases under influence of the computer; (e.g. staff records).

What Is Data Security?

The second question concerns the object, the items of interest and the place of action of the data security. Data security concerns at least the whole of precautions in order to comply with the last three juridical principles: data quality, use limitation and security safeguards principle.

In the literature data protection is often defined by means of the following concepts: data safety, data security, data integrity, usage integrity. These concepts are used by turns to a degree that one gets the impression that they are synonyms or homonyms.

Data security or computer data security are not the broadest concepts. Romano (1987, p. 101) uses the concept rather in the narrow sense when she writes: "Computer data security is defined as involving the protection of data...". Van Zutphen (1980, p. 134) gives a broader definition: "Data security can be defined as the whole of means and precautions used to obtain and keep the needed degree of reliability of an computerized information system".

Data security does not only mean protection of the data, but also the protection of the infrastructure involved: buildings, hardware,...; the "purely physical" (Fenna, 1987, p. 69).

Data protection as an aspect of data security involves two objectives: the reliability and the confidential nature of the data. In the literature reliability mostly occurs under the name 'data safety' or 'data integrity'. Both concepts are used one for another, although data integrity is a subpart of data safety. (See a.o. Griesser, 1977). Data integrity however is used more and more in the wide sense. (See a.o. Kouwenberg & Bakker, 1980; Griesser; Romano, 1987; vanSwigchem, 1980).

Data integrity or the reliability of the data is reached when the following needs are satisfied or when the data have the following characteristics: they are complete, correct, accurate, available,

reliable, valid and logical or consistent.

Usage integrity stands for confidentiality although some authors prefer the term data security (in the narrow sense). (See a.o. Greiller & Uberla, 1980, p. 293; Griesser, 1977, p. 723) Usage integrity aims at the guarantee of privacy and thus the protection of the data against unauthorized use and/or abuse.

Data security can be defined as the whole of precautions and means used to guarantee the usage and data integrity of the information as well as to realize the continuity of the system availability.

How To Protect The Data And The System Availability?

The starting point in the protection of an automatized information system is not to endeavour a 100% security, but an optimal security. Why not 100% ? An information system cannot be fully secured because:

- the costs are higher than the profits and the system has to remain easy to work with (economic balance);

- data security is only as strong as its weakest link (balanced measures);

- the least secure systems are often those which are not secured and those of which one knows that they are over secured (sociological balance) (Vandenbulcke, 1980, p. 224).

Aiming at these three balances is a process of risk control. (See o.a. Koning, 1980; Kocks, 1986; Kocks & Urbanus, 1980) By risk control is meant the conscious, integral and dynamic knowledge of all risks resulting from automatization (also for other organizational aspects) and the aiming at a permanent balanced set of precautions to reduces the risks to a (costs) level which is acceptable for the management. (Kocks, 1986, p. 154) The process of risk control is an iterative happening in four fases (See Koning, 1980, p. 146). The analogy with the systematic nursing process is obvious.

Risk-analysis: which dangers? how much chance is there to prevent? Which are the effects (qualitative and quantitative)?

Taking and selecting precautions: the precautions belong in principle to one of the following groups: avoiding the risk, reducing the risk, transferring the risk or taking the potential consequences.

The introduction of selected precautions.

The back coupling.

There are a great many techniques and precautions in the field of data security: from the closure of a simple door, over the testing of applications and the ciphering of data to the act of taking security copies. As it is important to come to some kind of taxonomy in this matter and in the mean time to give a short summary of how to secure data and the information system, a classification system is presented. This system has been adopted by the Dutch Governmental Department State Computer Centre (RCC): the three axes of data security. (see a.o. Brouwer, e.a., 1984 Bautz & Jongelen, 1984)

Data security is generally meant to cure three kinds of abuses: violations of the integrity: which make it possible for unauthorized persons to have access to and to use the data;