

Inter-organizational continuity of care

The ELIN-c-project

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Norwegian perspective to eHealth and nursing

- 4,7 mill. citizens
- 430 municipalities
- 85 000 members of NNO
- Health expenditures 9 % of GDP
- 84 % of health expenses are publicly financed
- The elderly account for more than a third of all hospital admissions
- Hospital versus home health care – fewer hospital beds, increased treatment at home



Challenging the information gap in health care

- Growing elderly population
- Different levels of health care
- Nurses in community care do not receive accurate information when needed
- Legal issues
- EPR is expected to enhance continuity of health care
- Lack of standards leads to fragmented EPR solutions



To achieve continuity in care we need systems that ensure fast track information to and from the patient, to health care professionals, relatives and all involved in taking care of the patient.

Today there is a high risk of not receiving or collecting information for all involved.



Challenges for leadership

Leadership is challenged to prevent an interruption in continuity of care. We need to:

- Analyse risks
- Initiate interventions that prevent injury to the patient
- Use of electronic healthcare information systems



What does ELIN-c mean?

- Electronic interchange of health information in community care
- Develop systems for **interoperability** that makes electronic communication possible
- Enables seamless transmission of health information between community care, hospitals and GP



Initiation and ownership

- The project is initiated by the Norwegian Nurses Organisation (NNO)
- The project is owned by NNO and KS (The Association of Local and Regional Authorities)
- The project is financed by the NNO, KS, Innovation Norway, The Directorate of Health and National ICT
- The vendors must contribute 50 % of the development costs, but in the future they will own the IT-solutions, can sell them and gain profit.



Vision and goal

Vision

- Correct health information, to the right person, to the right time

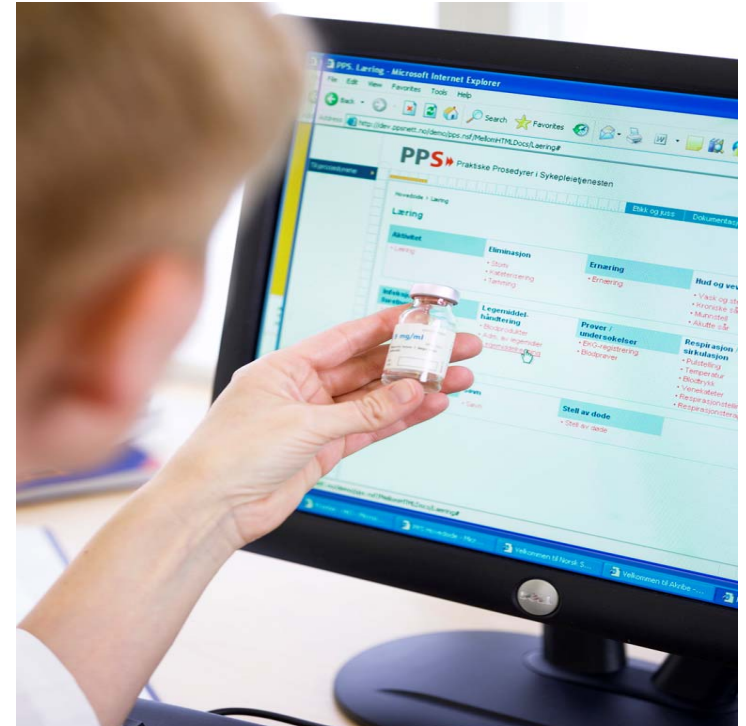
Goal

- Development, implementation, testing and achieving widespread use

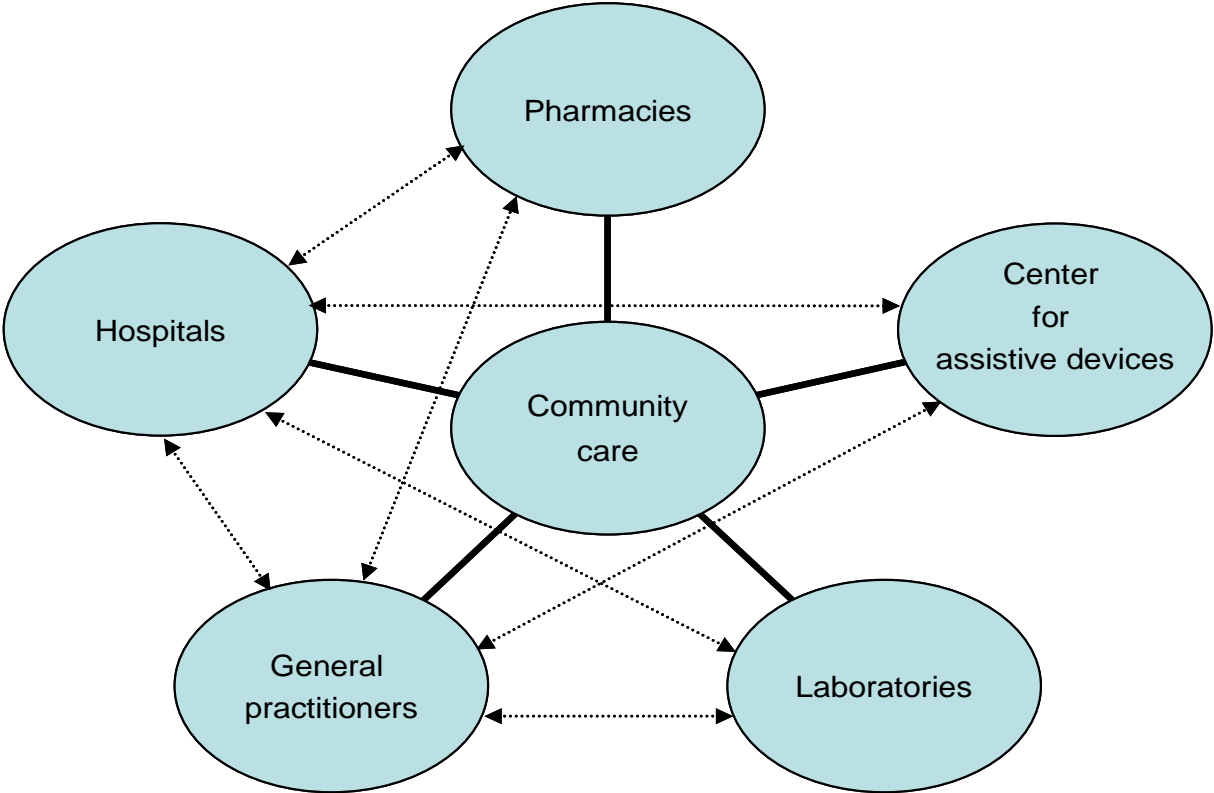


Benefits

- Secure and precise health information
- Available information when needed
- Supports working processes
- Reuse of information from the EPR
- Reduce errors in prescribed treatment and medication
- Reduce paper use



Cooperation from the community care point of view

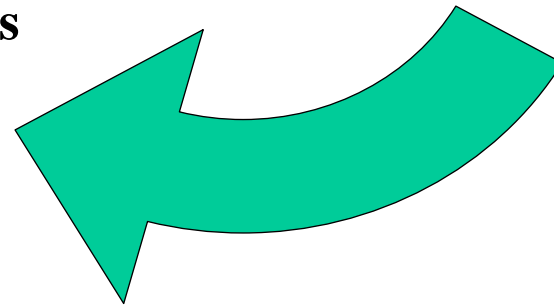


Needs



**The health care
professionals -
Define and
describe
the needs**

**The vendors -
Develop
the EPR-systems**



The EPR-systems



Pre-project

Development of functional requirements and standards;

- content
- structure
- presentation
- workflow

a cooperative process between nurses, medical doctors and vendors



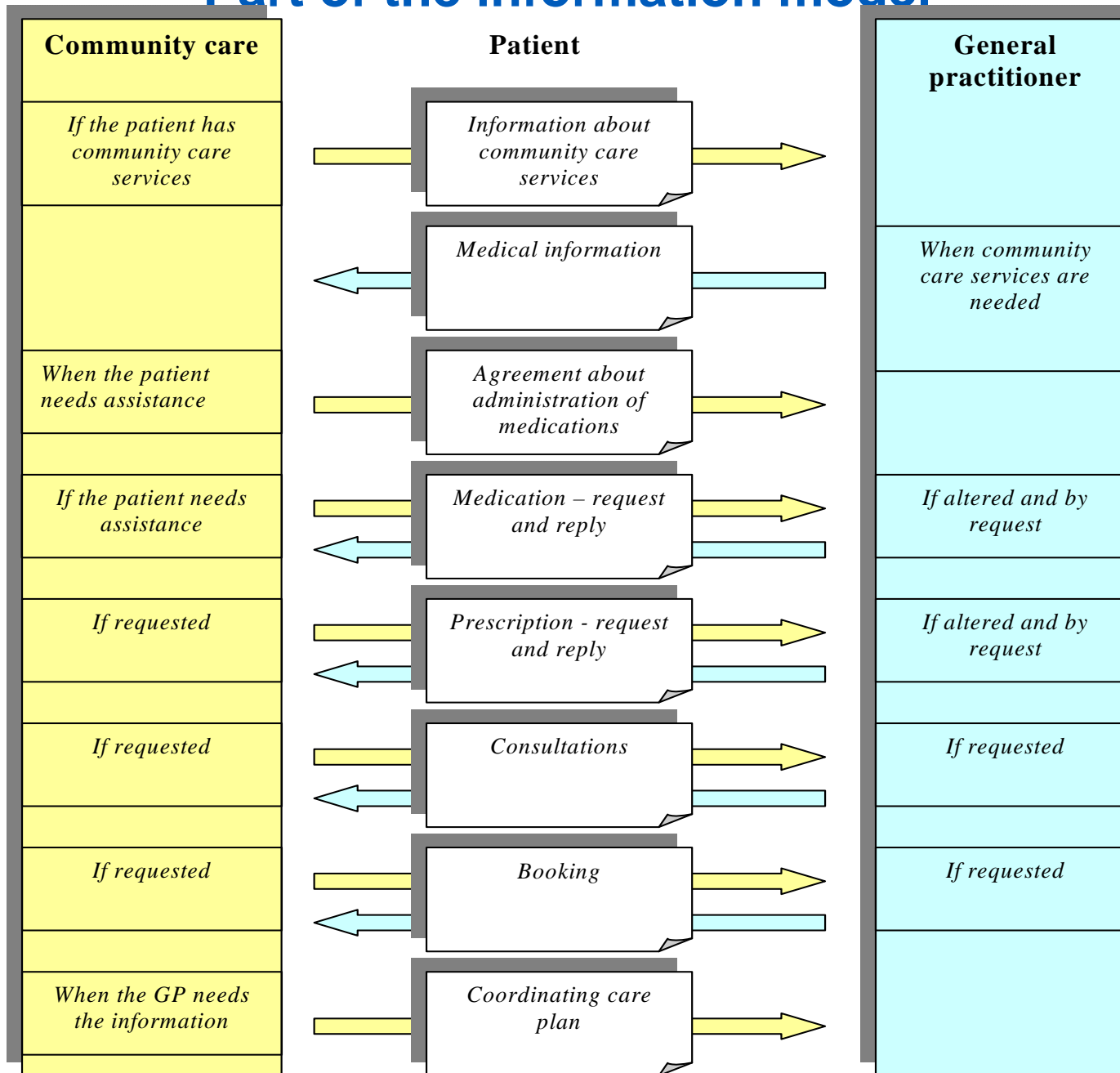
Main project

- Development
- Test and approval
 - Standards
 - Functional requirements and usability
- Pilot testing and studies
- Evaluation
- Spreading

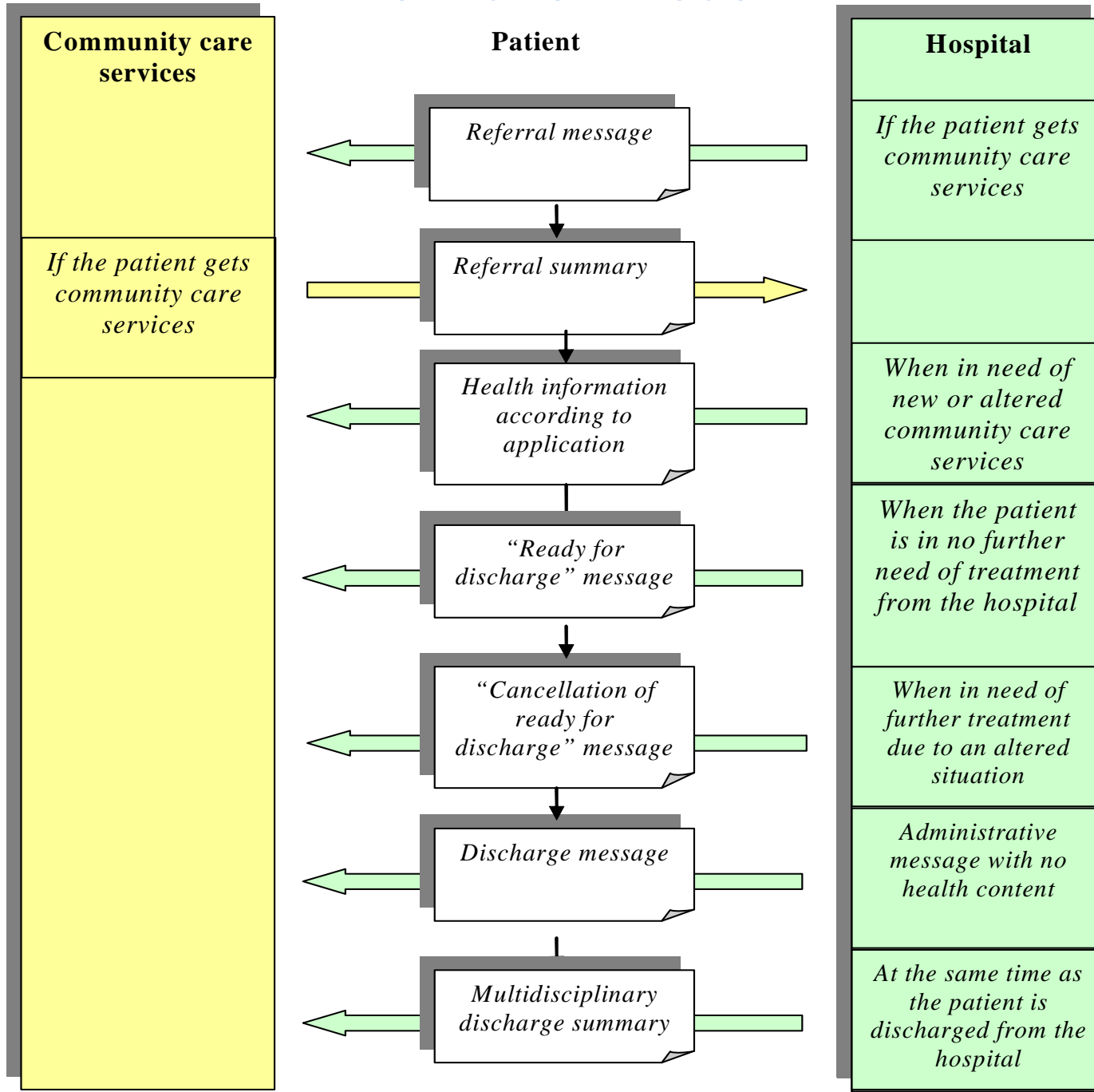




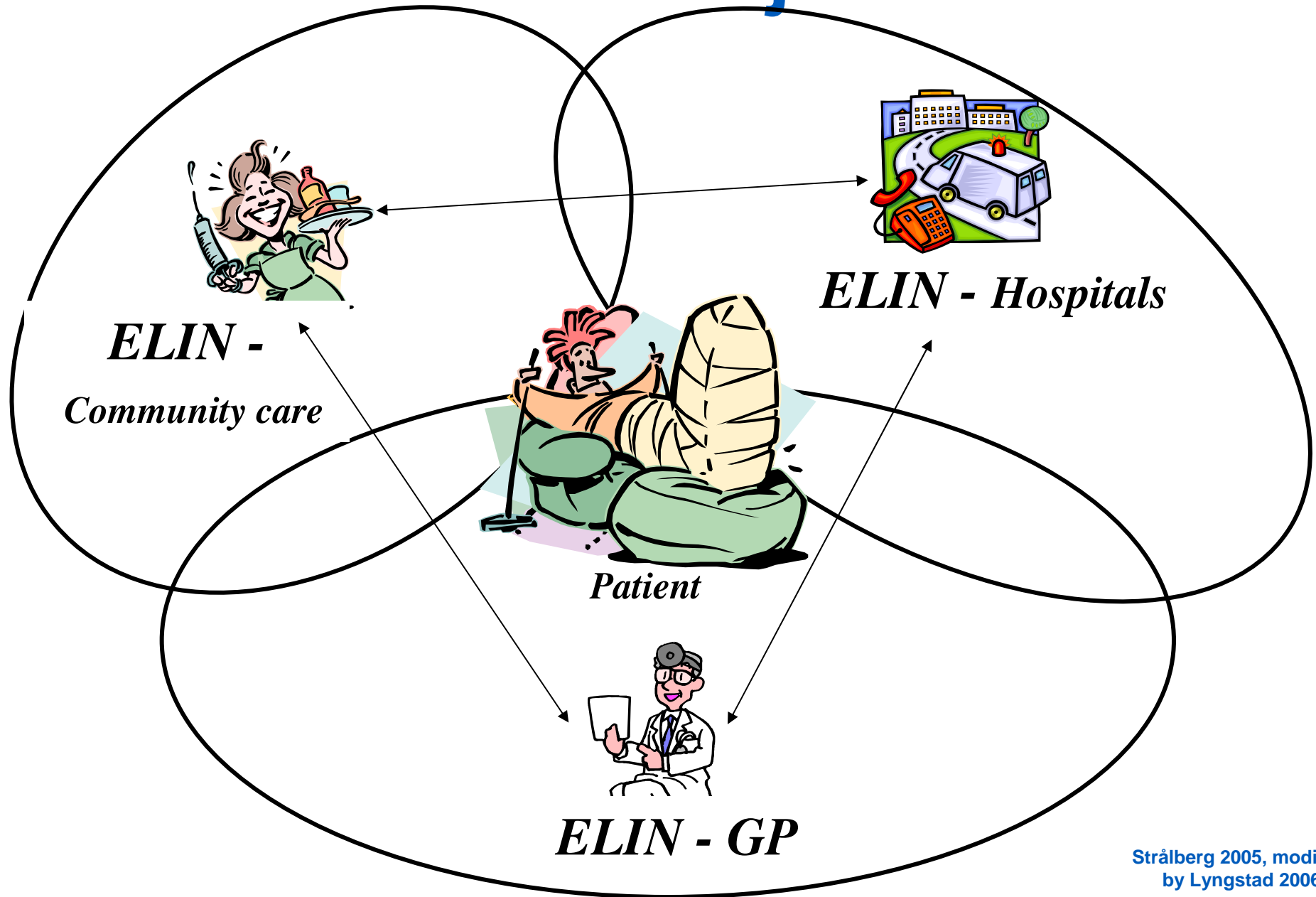
Part of the information model



Information model



ELIN - Projects



UTSKRIVINGS RAPPORT FRA MEDISINSK AVDELING

012345 32362 Navn, Fornavn Gateadresseveien 16, 4000 Stavanger

Kopi til:	Fastlege og Stavanger Kommune
Pasienten er innlagt på:	3F - tlf.:51 51
Innlagt fra:	Boganes sykehjem
Innlagt dato:	20.09.05
Utskrevet dato:	23.09.2005
Pasientansvarlig sykepleier/primærkontakt:	<u>Reyheim</u> Kirsten Iren
Pasientansvarlig overlege:	Jon Sundal
Utskrivende lege:	Steinar <u>Traae</u> Bjørkhaug
Pasientens fastlege:	Karlsen Knut, Tasta Legesenter

SYKEPLEIESAMMENFATNING:

SØVN:

Pasienten har under oppholdet hatt store problemer med å sove. Forsøkte å gi pasienten heminevrin, smertestillende uten særlig effekt. Pasienten har snudd litt på døgnet å har sovet litt på formiddagen.

ELIMINASJON:

Har forsøkt å kateterisere pasienten for å se om det er full blære som forårsaket søvnproblemet. Det var 110 ml resturin i blæren. Fortsetter pasienten å måtte hyppig på toalettet må sik vurderes daglig. Ettersom pasienten har hyppig vannlating ble det tatt bactus av urin, ingen vekst påvist der.

AKTIVITET:

Pasienten har stort sett holdt sengen, men har vært oppe på toalettet med rullator. Har sittet i stol til måltider.

ERNÆRING:

Pasienten har hatt dårlig matlyst, og spist lite. Har hatt feber og vært lav i natrium. Derfor fått væske ix

PSYKISK TILSTAND:

Pasienten har under oppholdet ikke vært klar for tid å sted. Svarer likevel adekvat på spørsmål i forhold til ADL,



The implementation of electronic exchange of information

- A local survey in the hospital and the community care
- 10 health care professionals in hospital and 10 in the community care responded to questions about
 - Actual time used in documenting
 - Health professionals satisfaction of information
 - Availability
 - Pro and con concerning paper based and electronic based report



Evaluating the effect

Improved health care quality

- Improved content of documentation
- Available documentation
- Reduced risk of mistakes

Efficiency

- Improved work flow
- Less telephone requests

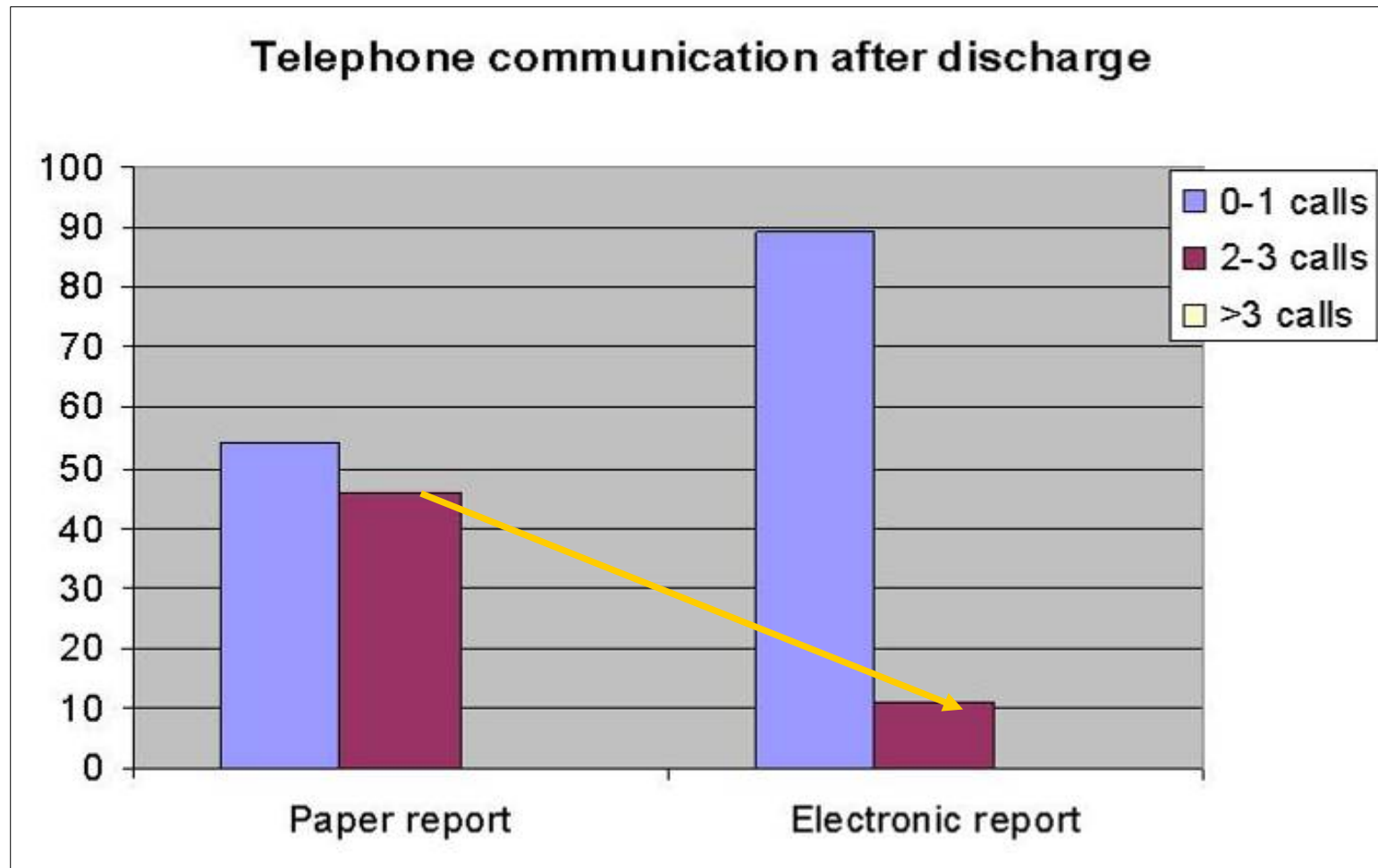


Improved legal protection

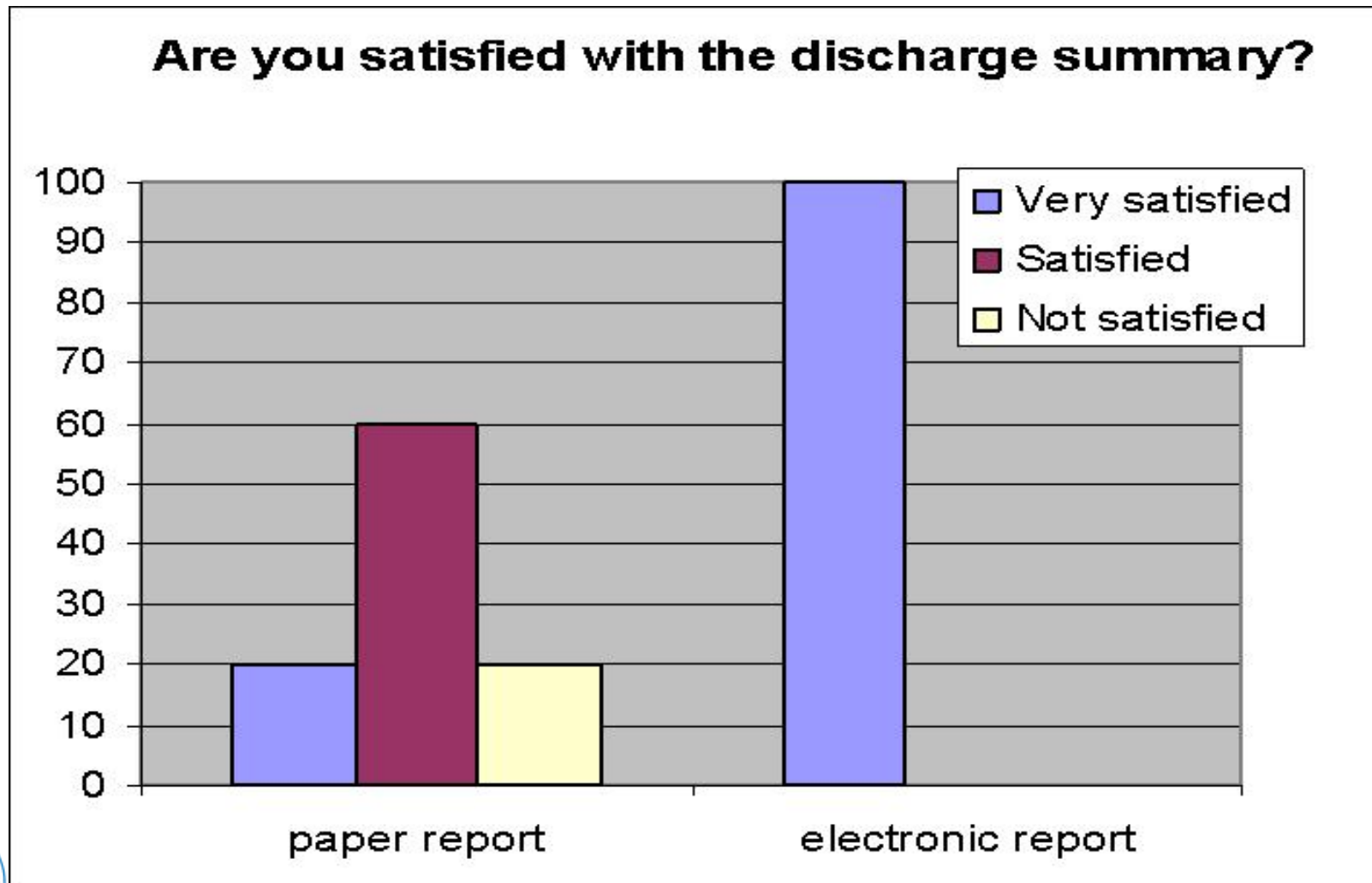
- Written communication
- Continuity of care



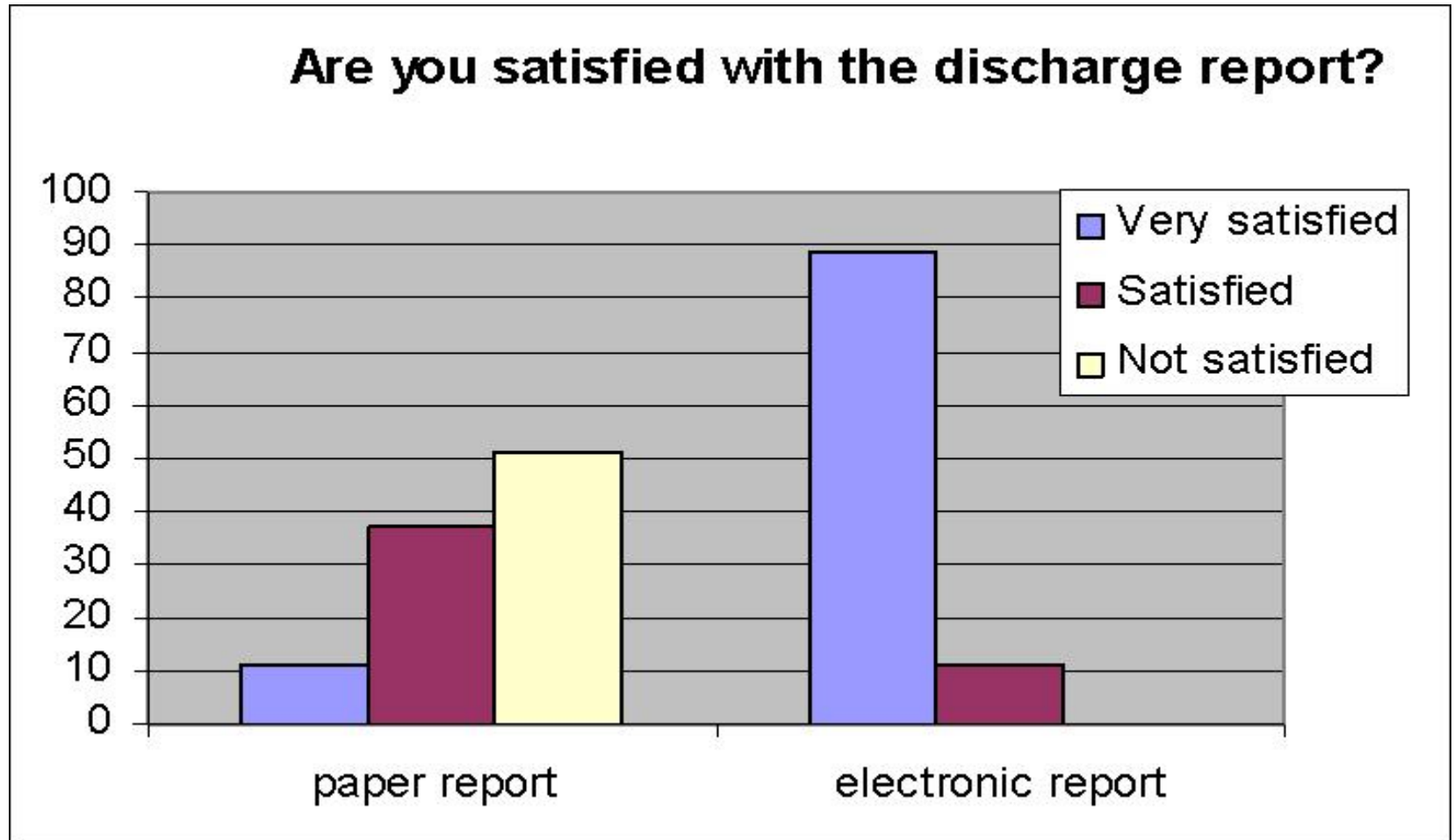
Survey in the community care



Hospital



Community care



Thank you



NORWEGIAN NURSES ORGANISATION