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Conference Abstract

## You've got an e-message! Improving healthcare professionals' communication and collaboration across the Norwegian healthcare sector

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### Abstract

**Introduction:** To improve integration and coordination between the municipal healthcare sector and the secondary healthcare sector, the 'Coordination reform' was introduced in Norway in 2012. The reform emphasised the need to strengthen the communication and information exchange among healthcare providers. ICT-based forms of communication, including electronic messaging (e-messaging), have been introduced. In an evaluation of the reform, we studied the use of e-messaging as a communication tool between hospital staff and home healthcare professionals. The overall research question addressed how such communication affects patient care and follow-up.

**Methods:** The qualitative design included 40 interviews with healthcare workers from one hospital and three municipalities who collaborated on common patients. The material was analysed from three perspectives: efficiency, quality, and security. We used an interpretive approach.

**Results:** Patients who receive home healthcare services are often elderly, multi-morbid, and in great need of coordinated services. When they are admitted to—and discharged from—hospitals, e-messages are useful for communication between the hospital and the home healthcare service providers. Here we highlight three functions of e-messages, reflecting our analytical perspective : (1) e-messaging provides efficient coordination of patient flows by, e.g., reducing the amount of time previously spent waiting in a telephone queue, providing a better overview of information, and creating fewer misunderstandings; (2) e-messaging improves professional practice because it provides structure and increases the reader's attention to the content of the e-messages and simplifies the transfer of knowledge of, e.g., specialist procedures for home care; (3) e-messaging takes care of the legal requirements for documenting patient information by automatically storing every e-message in the patient's electronic patient record system.

**Discussions and conclusions:** The introduction and use of e-messaging must be considered successful from a health profession perspective as it enables improved communication and collaboration between hospitals and municipal healthcare services. Our study indicates that e-messaging is much more efficient than previous means of communication. E-messaging also contributes to enhanced quality of care, and it is a more secure way to transfer information among healthcare providers. Because numerous ICT-implementation projects in healthcare have failed, the case of e-messages stands out as a counter-example from which we can learn.

**Lessons learned:** Widespread use of ICT enables improved integration of healthcare services in Norway. A seemingly simple technology, e-messaging, has proven to be very useful. However, this simple technology has an essential feature that distinguishes it from the patient's shared medical record: the intention to share information is clarified in the type of message used. This could be critical to the successful integration of the 'digitalisation of health' in the healthcare sector.

**Limitations and suggestions for future research:** Our study does not provide any outcome data for patients, but it is likely that strengthened communication and collaboration among the providers means better patient care and follow-ups, and the patients feel as though they have a more coherent healthcare system. However, it would be useful to study in more detail how, e.g., patient follow-ups after discharge via e-messaging may affect the re-admission rate, etc.

## **Keywords**

**hospital; home healthcare; ict; communication; collaboration**

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