
CONFERENCE ABSTRACT

Integrating patient care across Norwegian healthcare settings – a ten-year perspective

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Introduction: An increasing group of patients with multiple chronic conditions are living at home. However, rapid changes in health status are common within this group, causing a need for health care services across a broad range of professions and settings. Such "transitional care" typically requires access to relevant, accurate and timely information for all providers involved in the care of the affected individual in order to ensure high quality and safe care. Several studies have shown, however, that the information exchange needed to support such transitions is challenging.

Introduction and use of electronic patient records (EPRs) has proven to facilitate the provision of care. In Norway, where the current study was conducted, hospitals and home care settings have different EPR systems that are not compatible. To overcome this shortcoming, face-to-face communication, use of telephone and ordinary mail has been the traditional ways to support exchange of patient information across health care settings. In 2011, national initiatives were taken to facilitate electronic communication between hospitals and home health care and general practitioners in the municipalities. An electronic messaging system (e-messages) was introduced and implemented in the EPRs. The e-message system is designed to support communication and exchange of information between providers in different care settings and during the phases of a hospital stay. Moreover, the e-messages provide a set of specific messages for targeted purposes; some messages are standardized and aimed for exchanging specific information while so-called dialogue messages are aimed for interactive collaboration.

Our research question was: how has information exchange between hospitals and home health care throughout a patient's transition from admission to discharge changed over the last ten years?

Methods: This paper departs from three explorative studies addressing exchange of information between hospital and home health care during patients' transition between the two. All three studies were conducted in Norway. Data were collected by semi-structured

interviews in 2005, 2011/12 and 2014. Of the total 136 providers in both hospital and home health care services who were interviewed, 21 were interviewed in 2005, 74 in 2011/12, and 41 in 2014. Data were analysed by applying a deductive–inductive approach.

Results: The analysis showed two overall findings. The first overall finding was that the mode of information exchange changed across the three data sets. The most remarkable change was the transition from using mainly paper-based and oral information exchange in 2005, via using hybrid systems combining e-messages with paper and oral communication in 2011/12, to routinely using e-messages in 2014. However, use of oral communication was considered to be significant for discussions and clarifications of some of the patients' problems. The second overall finding was that the "distance" between hospital and home health care diminished from 2005 to 2014. At the point of the first data collection there was little attention to the need for exchanging information between the providers. With the introduction of e-messages, the exchange of information and an awareness of the other part went from being almost absent to being the normal practice in 2014. However, information exchange can still fail if health care providers do not follow the guidelines that describe when to inform each other and what kinds of information should be exchanged.

Discussion and conclusion: For the 10 last years the authorities in Norway have launched recommendations and strategies for building systems aimed to improve the information gap when patients are transferred across health care settings. Our study shows that changes have occurred from the first initiative in 2005 to the present practice. The change that has had the most evident impact on ensuring information exchange between healthcare professionals at different care settings has been the introduction of e-messages. They have contributed to enhanced quality of care as well as representing a more secure way of transferring information. Not only does e-messages work as a tool for exchanging information but it also serves as a catalyst for the health care providers' awareness and reflection on what information collaborators need to receive to care for the patients. However, we identified that the latter is still a professional challenge to overcome. The providers struggle with deciding and agreeing on what is accurate and relevant information for the receiver. In addition, information exchange can still fail if the guidelines are not followed. The findings indicate a need for increased awareness on professional, organisational and technological improvements in future development of collaboration across the health care settings.

Keywords: home health care; hospital; electronic communication; information exchange; collaboration
