
CONFERENCE ABSTRACT

Patient information in integrated care for the elderly

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Introduction

The Norwegian care service landscape is characterised by a high level of specialisation, in the frame of an integrated system where the municipalities have the holistic responsibility of long-term care provision. To ensure integrated healthcare services, there is an extended need for information sharing between different care services at the municipal level. There is currently limited knowledge about how this information are generated, documented and communicated when elderly patients move between different services in long-term care.

Methods

We employ a qualitative study design, inspired by Actor Network Theory, combining data from observation and interviews in short term wards in nursing homes, interviews with coordinators and nurses in home care services and document analysis of relevant procedures.

Results

Patient information is generated in small, larger and extended networks. In the small networks, information is generated in direct contact between patients and health care personnel and often involves use of tools and technology. If need for clarification, discussion or joint decision-making, the larger network is engaged. The larger network consists of different actors working with the patient, like care staff of different professions, unit managers as well as the patient and their next-of-kin. If there is a need for cooperation between service levels, clarification and evaluation of care service needs or other larger decisions, the extended network is involved.

The information flow between the different networks is safeguarded by formal structures consisting of the patient record, reports and regular meetings. In addition to these formal structures, diverse unformal channels for information flow, both oral and written, are put in place to satisfy the different actors' need for information.

Discussions

The results highlight how complex the process of generating and communicating patient information across different services is. It is interesting to note, that despite a digital

patient record, accessible to all actors at the municipal level, there still is a need for complementary information sharing through informal channels. Research focusing on the content of nursing documentation has revealed a major emphasis on medical and biological information at the expense of social and psychological factors. In order to deliver integrated care, this study highlights the importance of a holistic understanding of the information process.

Conclusions

Patient information are generated through different networks, which include different actors depending on individual circumstances. Communication of information involves both formal and informal structures.

Lessons learned

Generation and communication of patient information is a complex process involving a large range of actors and channels.

Limitations

This study were conducted in a limited number of Norwegian municipalities and focused on short term units in nursing homes. These units are characterised by high levels of highly qualified staff, which may influence their needs and systems of handling information.

Suggestions for future research

Patient information is a key to integrated health care services. As care trajectories are increasingly digitalised, more research is needed to understand and enable attention to the complexity in information sharing in care service delivery.