

Integrated care issues: Transfer of patient care information

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Background

Transfer of (stroke) patient care information between organizations is usually done by means of a transfer by paper: the patient himself hands the information over from the multidisciplinary team from one organization to another. In 2012, a stroke care pilot project regarding transfer of nursing and (para)medical patient information, was started. Organizations from an integrated care service, Rotterdam Stroke Service, in the Netherlands, started a collaboration with “Care-portal Rijnmond”, a safe gateway where health care organizations can exchange information in an easy, safe and reliable way. The assumption is that health care will be delivered in a more efficient and effective manner when Information & Communication Technology (ICT) is used, even when organizations have different electronical patient file systems.

Methods

In 2013, a panel of experts in stroke care (stroke nurses, neurologists, rehabilitation specialists, elderly care physicians) reached consensus about the content of patient information that is necessary for a qualitatively good, timely and correct information transfer. They used the Delphi method, a structured communication technique to reach consensus. In 2014, the national ICT institute in Healthcare (Nictiz), which is financed by the ministry of health, was involved in the developmental process. Nictiz have been developing national standards and architecture for electronic communication between organizations in health care. These national standards were integrated in the project. For the diverse parts of the project, different project leaders were installed. These project leaders developed detailed project-plans. The project leaders were also the ambassadors for the project and were seeking for funding in their own organization. The involved professionals and project leaders had every week skype meetings or face to face meetings. They kept the project on the agenda in the health care organizations.

Results

Already existing agreements concerning the collaboration in the integrated care service were adjusted and new agreements regarding the innovative project were made. The information about the project was shared with multiple stakeholders. The initial developed dataset was translated to the general information “building bricks” from Nictiz. Software was chosen and ICT systems were adjusted to the new working method. A viewer for viewing patient information was installed. Tests showed that information was received earlier and was more complete available for the multidisciplinary team in the following organization (i.e. the rehabilitation unit). Therefore, the nurses and other professionals were able to develop a rehabilitation plan for an individual patient, even if the patient was not transferred yet. When the patient was admitted, they could start immediately with rehabilitating that patient.

Discussion

Information is quickly available and therefore rehabilitation can start earlier. It may benefit the rehabilitation process positively. Furthermore, this is an uniform solution based on standards, and therefore useful for multiple patient groups. It is assumable that the patient will profit and have better (rehabilitation) outcomes. We identified some limitations in this project. Firstly, there was delay because external parties were involved during the process. There were multiple new parties and it was therefore a challenge to reach consensus. Furthermore, because the delay there was a change of nurses and other professionals over time, which means that they had to be informed and needed to be introduced in the project. And lastly, over time safety and privacy regulations changed and new interventions were needed to cope with the new regulations.