When Information Sharing is not Enough

Berit Brattheim, Arild Faxvaag & Pieter Toussaint

The Norwegian EHR Research Center (NSEP),
Norwegian University of Science and Technology (NTNU),
Trondheim, NORWAY
University hospitals have the opportunity to offer the most advanced method in treatment of patient, calling for:

- Collaboration with less innovative clinical hospitals
- Multidisciplinary contexts in planning and execution of clinical activities
Decision-making in mini-invasive surgery (EVAR) for patient having an abdominal aortic aneurysm (AAA)

County hospital identifies eligible EVAR patients

Information exchange

University hospital considers EVAR patient inclusion

Surgical option: standard open surgery

Surgical option: standard open surgery and EVAR
Research Question:
How do the involved actors achieve efficient exchange of information to support multidisciplinary trans-hospital collaboration?

Methods:
Field work at one university and two county hospitals
Baseline characteristics:

Multidisciplinary context:

EVAR is a demanding surgical technique and requires extensive cooperation between specialized surgeons and radiologists

- Surgeons focus on clinical issues
- Radiologists focus on anatomical features

Importantly: Not all patients meet the EVAR inclusion criteria, mainly because of the anatomical features of their blood vessels

Information infrastructure:

- Identical EPR systems in each hospital (stand-alone)
- Radiological IS on a shared regional server
Results: Principle interaction pattern

County hospital:

- Surgeon
- Radiologist
- CT exam
- Excerpt of focal clinical information
- Shared Radiological IS server

University hospital: The EVAR team

- Surgery team
- Radiology team
- Clinical information (excerpt)
- Face-to-face meeting to decide on EVAR suitability
- Additional clinical information
- CT exam
- Source image data

Source image data

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We further addressed three key research sub-questions:

- What information to share?
- How is the information used by the different clinicians?
- How is the information shared?
Three characteristics of information sharing

two key datasets (information to i.e. negotiate the implications for further actions
(county surgeon: pass on important clinical risk factors
University surgeon: balance trade-offs between clinical risk factors and anatomical features in decision about EVAR inclusion)

3. Collaboration within and across hospitals unfolded partly

- interspersed with multiple communicative acts (phone, face-to face, mail)
Work in progress: "The Visual Patient Record" (prototype)
In conclusion:

- collaborative trans-hospital care processes calls for extensive support of communication between actors to:
  - Clarify and negotiate the meaning of the shared dataset
  - Discuss and settle implications for further actions
- Asynchronous communication should be supported too
Thank you for your attention!

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Contact info:
berit.j.brattheim@ntnu.no