

It som løftestang til et sammenhængende sundhedsvæsen

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Dynamisk kompleksitet

Herunder vekselvirkning imellem





National Health Information Technology Coordinator (ONC)

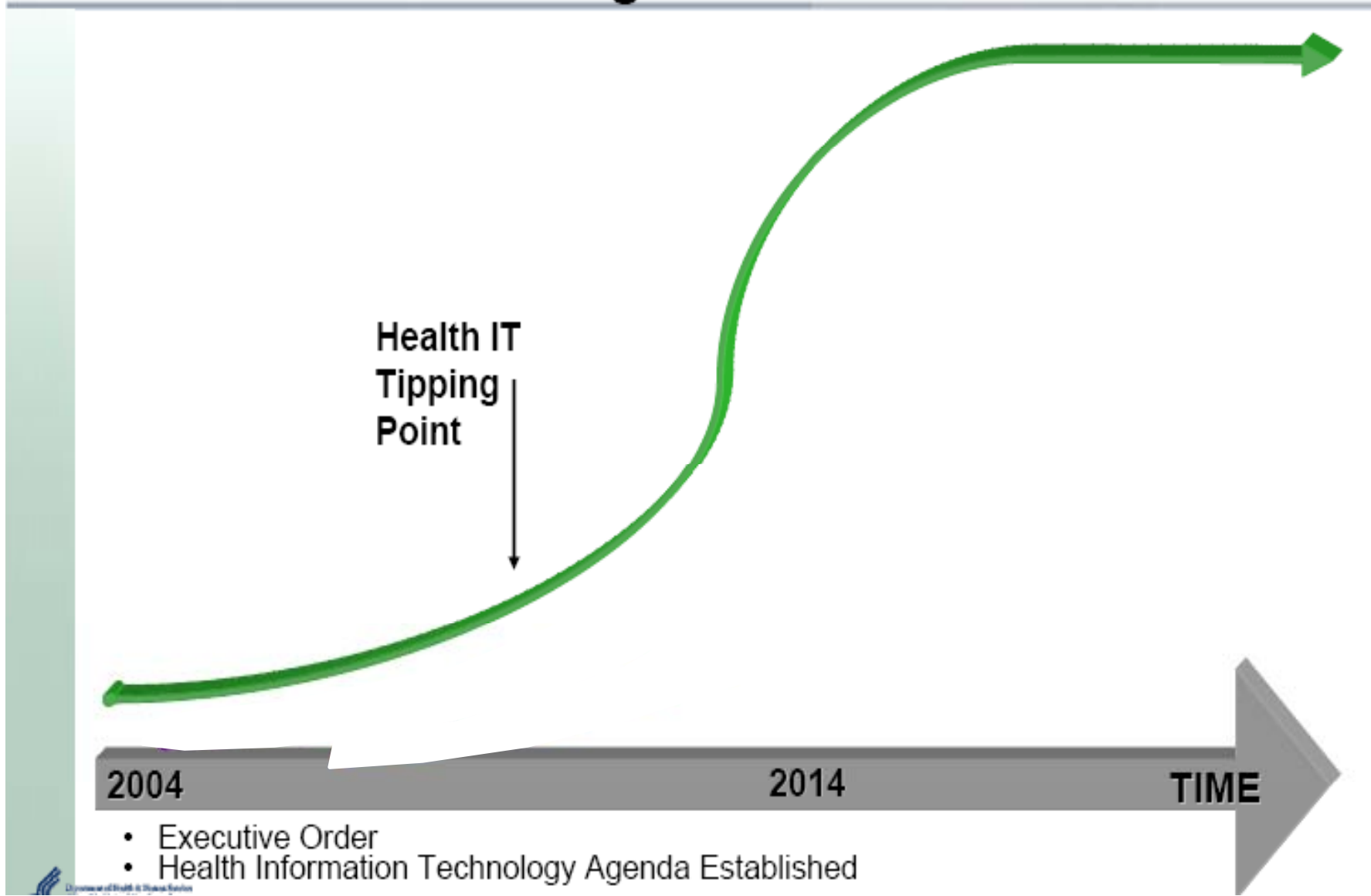


Health Information Technology

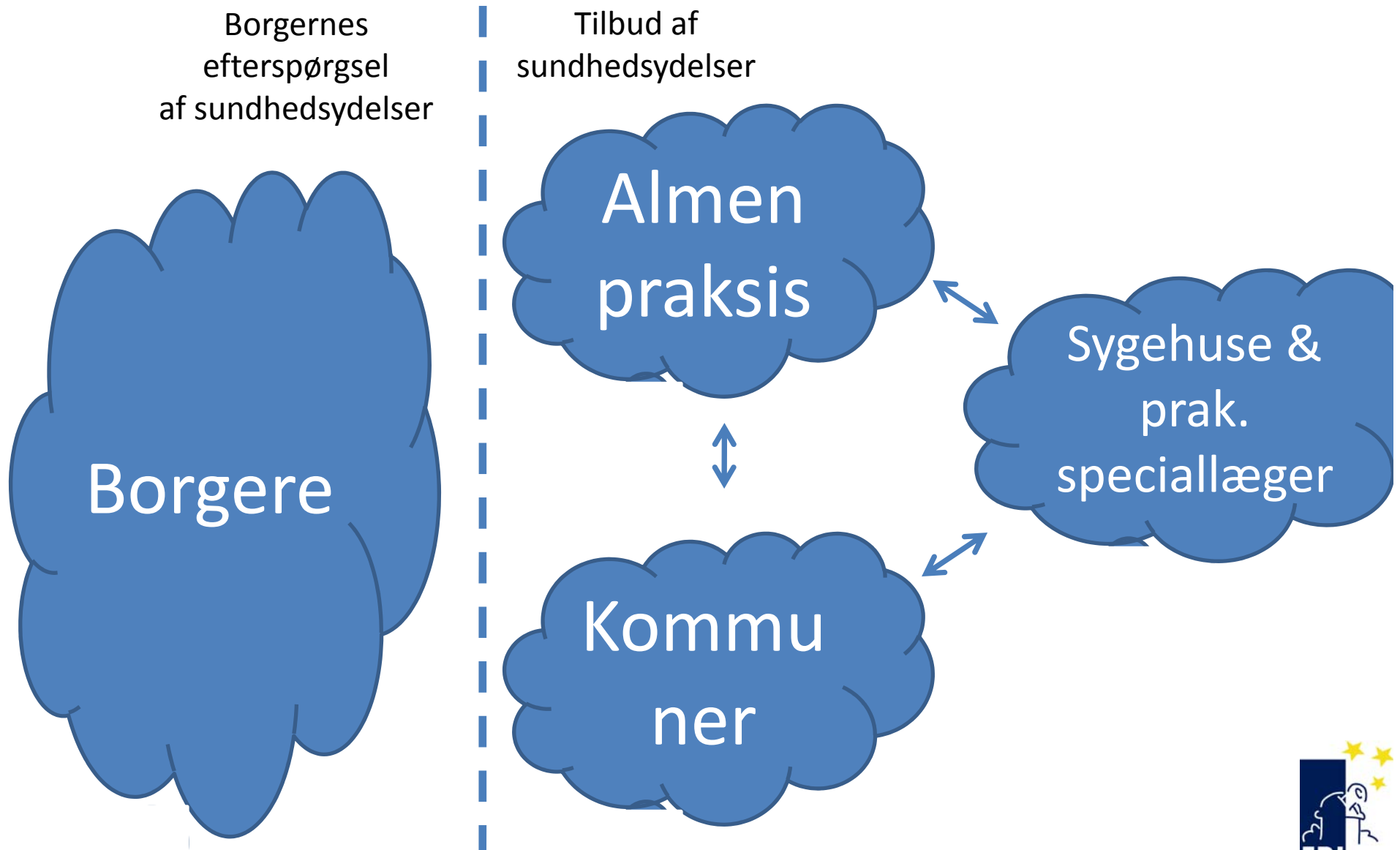


Robert M. Kolodner, MD
Interim National Coordinator
Office of the National Coordinator for
Health Information Technology
Department of Health and Human Services
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Washington, DC 20201

Moving Toward the Tipping Point: How Transformational Change Occurs



Organisatorisk perspektiv



Sammenhængende sundhedsvæsen

- ”Ledelsesfokus skal skifte fra alene at lede et sygehus eller en sygehusafdeling til at man også i samarbejde med kommuner og almen praksis skal lede håndtering af et givet sundhedsproblem i en region
- Det kræver fokus på forløb, opgavefordeling, logistik og undgåelse af ventetider
- Det kræver, at ledelsen har forståelse for den komplicerede dynamik i et sundhedsvæsen, hvor ganske beskedne forskydninger i patienternes lægesøgningsadfærd ganske betydelige forskydninger i belastningen af især sygehusvæsenet”

Frede Olesen, professor i almen medicin



Konstatering

En grundlæggende forudsætning for effektiv it-understøttelse af sundhedsvæsenet er

- et indgående kendskab til sundhedsvæsenet indretning og dynamik
- en afklaring af ”forretningsregler og –logik”, der præciserer grundlaget for en sammenhængende opgavevaretagelse

Implementeringsperspektivet

PEDIATRICS[®]

**Unexpected Increased Mortality After Implementation of a Commercially Sold
Computerized Physician Order Entry System**

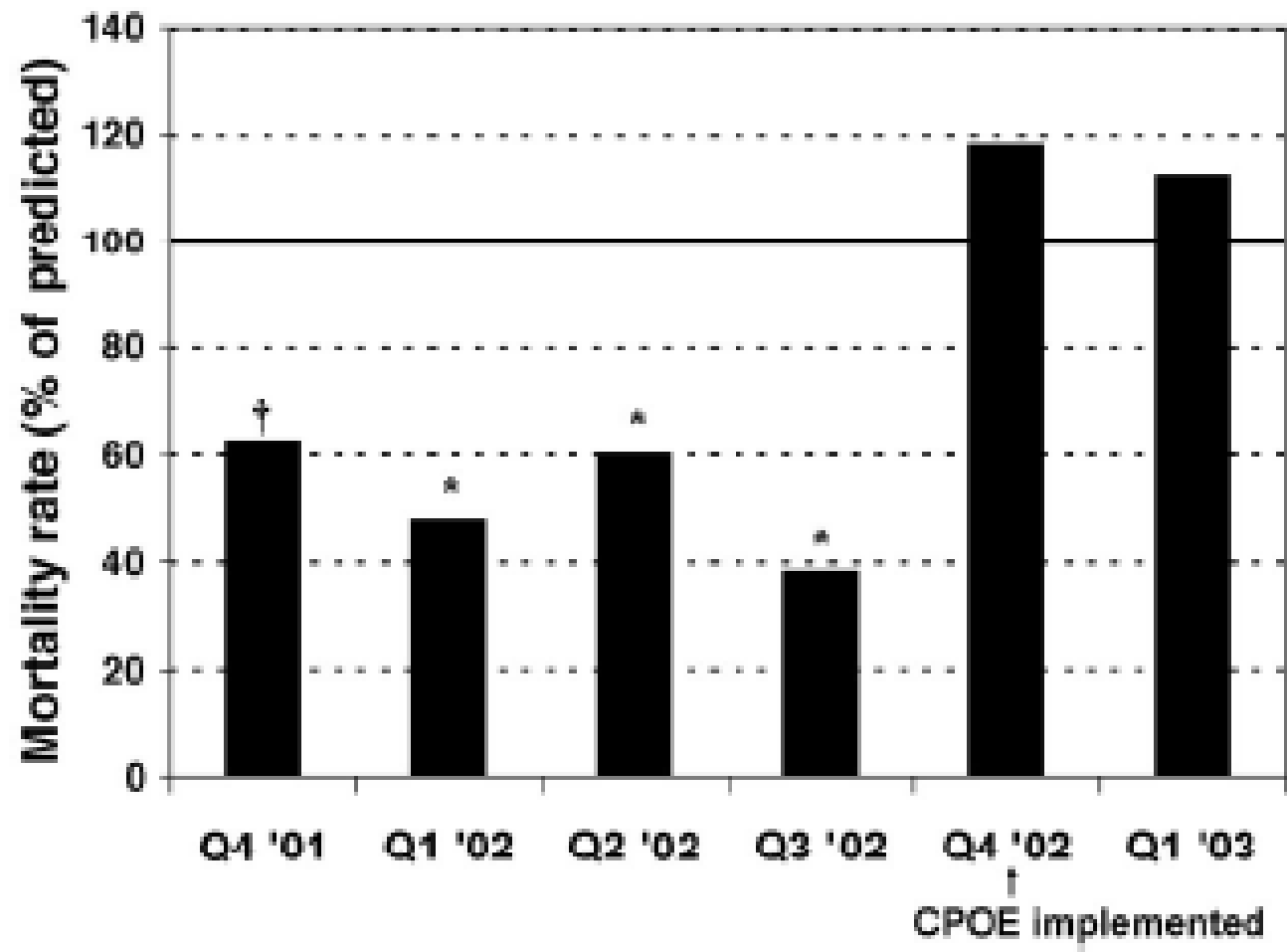
Yong Y. Han, Joseph A. Carcillo, Shekhar T. Venkataraman, Robert S.B. Clark, R.
Scott Watson, Trung C. Nguyen, Hülya Bayir and Richard A. Orr

Pediatrics 2005;116;1506-1512

DOI: 10.1542/peds.2005-1287

This information is current as of December 7, 2005





Han-studiets hovedkonklusion

We observed an unexpected increase in mortality coincident with CPOE implementation.



Computerized Provider Order Entry Implementation: No Association With Increased Mortality Rates in an Intensive Care Unit

Mark A. Del Beccaro, MD, Howard E. Jeffries, MD, MBA, MPH, Matthew A. Eisenberg, MD, Eric D. Harry, MD

Children's Hospital and Regional Medical Center, Seattle, Washington

The authors have indicated they have no financial relationships relevant to this article to disclose. Drs Del Beccaro and Eisenberg belong to the general users group for the Cerner Corporation (Kansas City, MO), as is customary for any institution with information systems.

Implementering af et identisk CPOE system
som i Han-studiet



Baccoro-studiets hovedkonklusioner

Implementation of a computerized provider order entry system, even in the early months after implementation, was not associated with an increase in mortality.

Impact of CPOE on Mortality Rates — Contradictory Findings, Important Messages

E. Ammenwerth¹, J. Talmon², J. S. Ash³, D. W. Bates⁴, M.-C. Beuscart-Zéphir⁵, A. Duhamel⁵,
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Ammenwerth-studiets hovedkonklusion

“The emergence of evidence-based health informatics will be based both on evaluation guidelines and implementation guidelines, both of which increase the chances of successful implementation”.

Hovedspørgsmålet i session B1 og B2

Hvorledes kan digitaliseringen skabe værdi, og hvordan får man tilfredse brugere?