



NST | Norwegian Centre for Telemedicine
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WHO Collaborating Centre for Telemedicine

Core Health Record

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Introduction

- Adverse drug events a worldwide problem
- Among other factors – caused by poor information flow
- Especially between institutions
- Several countries try different models



The Norwegian model

- A design first of all for those who need it most – people who have given the home nursing care the responsible for their medication
- Often elder people with an average of 3 different medicines



Information sharing – across institutions

- The Core Health Record will store patients' medical information
- Information stored in database
- A copy of GP's medication card – the GP is in charge

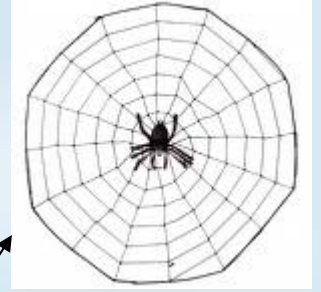




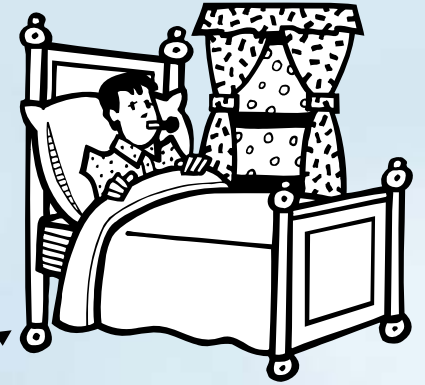
GP



Casualty clinic



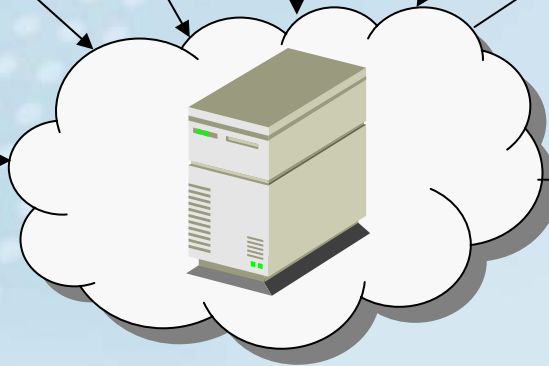
Web service



Nursing home



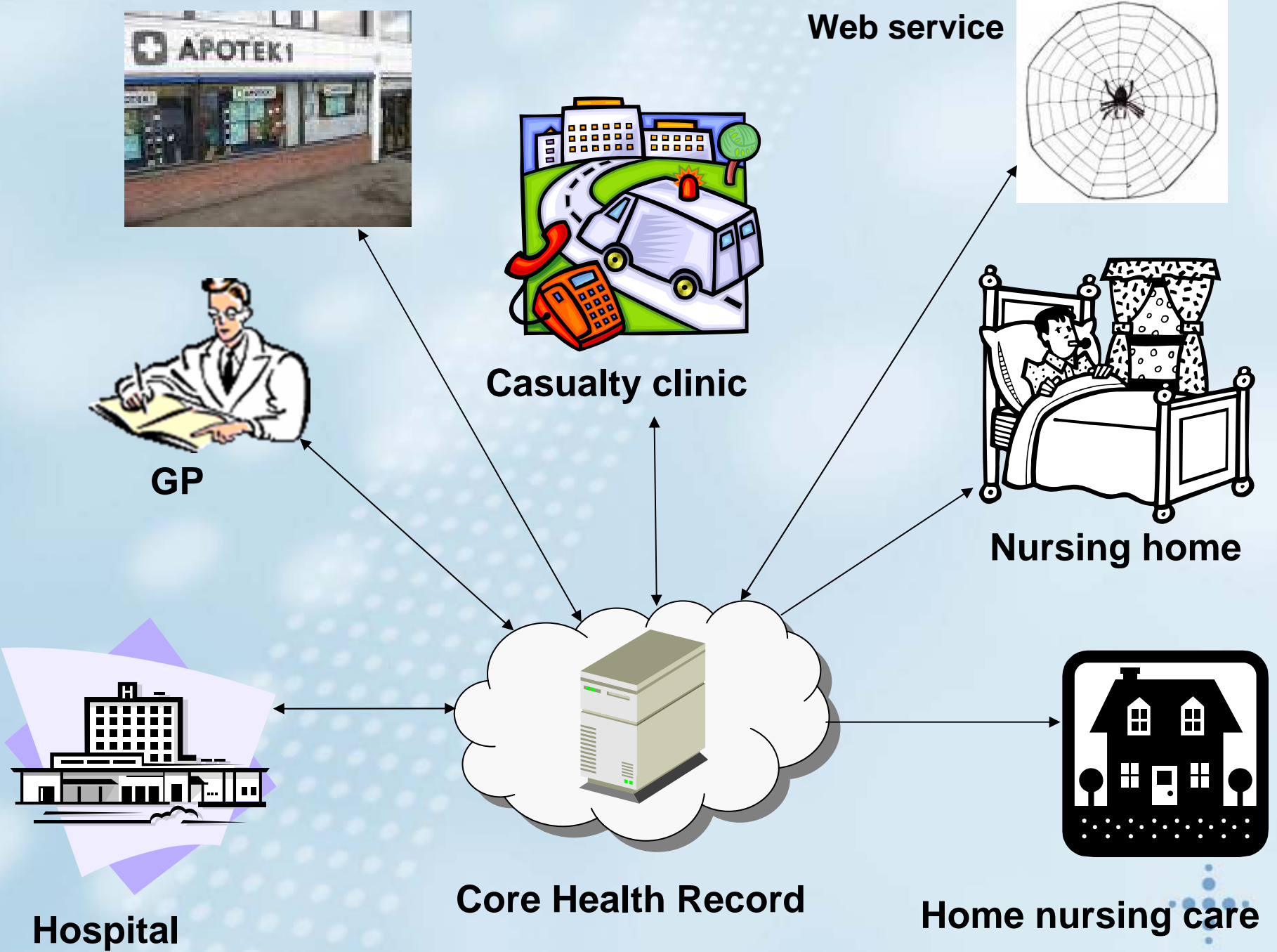
Hospital



Core Health Record



Home nursing care

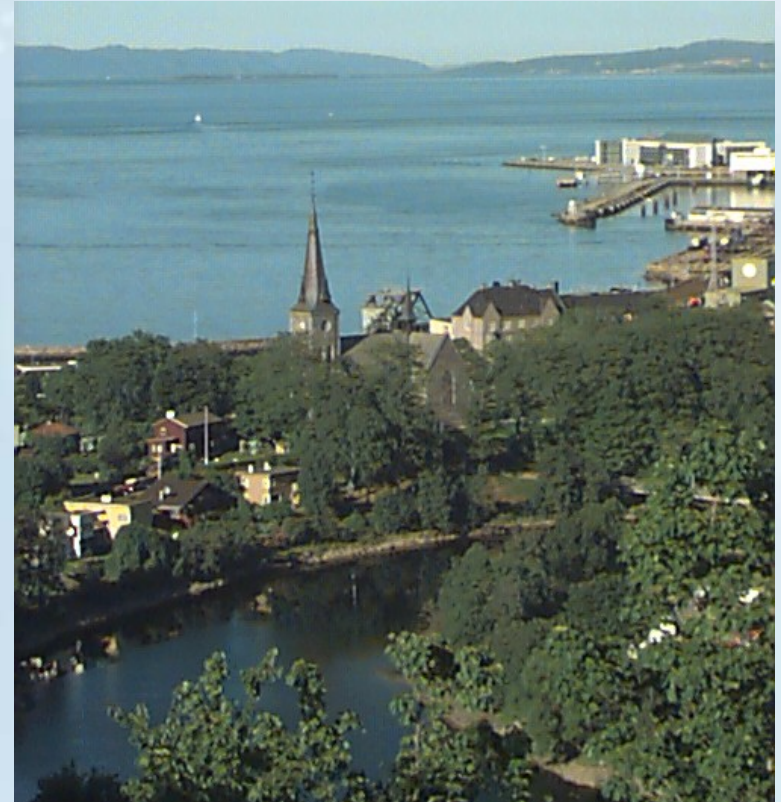


Key info

- Planned pilot study
- Hospital, Causality clinic, Nursery home, GP Pharmacies and Home nursing care
- Patients with medication administered by Home nursing care
- Goal:
 - Measure the effect that is achieved due to net based medication card, medical and economic
 - Give advices about expansions



Pilots in Tromsø and Trondheim



Pilot installation

- Two municipalities - Tromsø and Trondheim.
- Starting implementation autumn 2008
- 9 vendors – covering the Norwegian market
- The first trials will include approximately
 - 6 home care service units
 - 8 doctor offices
 - 2 emergency awards
 - A few hundred patients
- In 2009 the trials will be enlarged and include hospitals, nursing homes and pharmacies



Integration with EHR

- Access to Core Health Record will be via EHR
 - Input from doctors (GP, hospital doctors, etc)
 - Information access via EHR or a Web service
 - Web service for health personnel out of office
 - (Web service – future service for patients/relatives)
- If a patient have Core Health Record – EHR will be aware (most relevant for hospital)
- The Core Health Record is not updated during hospitalization
- When medication is change, the following will receive a message:
 - The GP (Who has the overall responsible)
 - The home nursing care (when they a a part of the service chain)



Available information

- Present medication
 - regular medicine
 - at the need for and
 - cures
- (update in case of generic change)
- When not dispatched from pharmacy- medicine is labelled
- Ceased medication (historical overview)
- Allergies and CAVE
- Name of
 - home nursing care
 - GP
 - Relatives



Scientific focus



- Improved quality (compare medication information before and after + interview)
- Improved efficiency (Interview health care personnel)
- User satisfaction (Interview health care personnel and patients)
- Good integration (co-operation with EHP vendors)



Thank you for your attention!

