

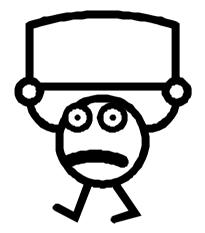
Almost paperless - an EPR case study from a Norwegian hospital.

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Introduction

- Diakonhjemmet Hospital
- EPR overview in Norway
- EPR overview at Diakonhjemmet
- Guiding principles
- What is electronic now
- Current work in progress
- Challenges
- Future developments





Diakonhjemmet Hospital



- Medium sized hospital with 280 beds in Oslo
- 7 clinical departments, 5 service departments, 6 administrative departments,
- ca. 1500 employees
- Budget 125 mill Euro
- 13000 inpatients, 76000 outpatients (2006)
- Over 1 million lab. tests. 43000 Radiology exams.



EPR Overview in Norway



- Hospitals 3 main EPR systems
 - DIPS, TietoEnator IMX, Siemens Doculive
- GPs 3 or 4 systems
- Secure national Health Data Network being built, all hospital to be connected 2007
- National EPR standards by KITH (Center of IT Competence in the Health Services) including Journal and communication standards



EPR at Diakonhjemmet Hospital - history

- PAS / EPJ from DIPS
 - Implemented DOS version 1994
 - Windows version 1999



- PAS Patient Administrative System
- EPJ Electronic Patient Journal
- Module based system
- Paperless project 2004-2006 live 10/10 (/2006) 10:10.



Guiding principles



- No big bang solution Slow paced change at the rate the organization can absorb changes. (Especially specific professional groups!)
- No detailed ROI or other effect realization calculation. (did you do this before buying Microsoft Office?)
- User involvement is essential right from the start slower process but better result
- Projects not driven or owned by IT department!
- Clear top management commitment



What is electronic now?



- No paper records added to paper journals and no paper journals delivered to wards or outpatient clinics
- This means:-
 - all doctors' documentation electronic by digital dictation and transcription
 - all nursing documentation electronic by nursing module



What is electronic now - cont.?



- Radiology PACS with data exchange to EPR including requisitions
- LAB tests electronic exchange with EPR including requisitions
- Digital ECG (being tested)
- Electronic Work Flow between doctors and medical administration including electronic signatures for lab, radiology and ECG



Current work in progress



- Reduction or removal of internal paper transactions. e.g. Electronic forms direct from EPR, internal requisition of services from other departments spes. referrals and transfer of patients between departments
- Electronic transfer to and from external services, e.g. GPs, other hospitals, community health service.



Challenges (problems by another name)

- Computer access
- Network Stability



- New technology not always ready
 - Electronic transfer
 - Speech recognition
 - Integration solutions



Speed vs. Quality vs. continuous operation



Future developments



- Speech recognition
- All Medical equipment connected to EPR
- Patient charting by PDA
- Electronic anesthesiology and intensive monitoring journal
- Patients' own registration of health information external to the hospital (Psychiatry, Rheumatism, other chronic illnesses)



Thank you

Questions or comments?

(Please come and visit us!!)