Usage of the Regional Health Information System – Users’ and Patients’ Experiences after Five Years

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Abstract The purpose was to find out people’s experiences of a Regional Health Information System (RHIS) after five years’ usage. Thematic interviews were held with the professionals, and administrative staff who used RHIS the most N=43, and with patients N=10, in spring 2010. The data was analyzed by inductive content analysis. After being in use for five years in one hospital district, RHIS had changed the flow of information and collaboration, and indicates operational changes.

Background Health Information Exchange (HIE) through a Regional Health Information Systems (RHIS) enables health care professionals to have better access to patient health information improving care planning and coordination, continuity and quality of care. To date, there is a lack of substantial and consistent empirical demonstration of the benefits of HIE and a systematic assessment is incomplete. It is important to research experiences among the different healthcare professionals, administrative representatives using RHIS, and how the patient benefits from integrated care, requiring increasingly better information on patient health conditions and taking steps for pro-active prevention.

Objective The purpose was to find out the experiences of RHIS usage in healthcare delivery after five years from the viewpoints of health care professionals, administrative staff and patients in one hospital district in Finland.

Material and Methods The data was collected through thematic interviews in spring 2010. The study participants were selected discretionaly from the professionals (physicians, nurses, department secretaries) and administrative representatives, total N=43, who used RHIS the most in municipal health care centres and special care in one hospital district, and from patients with chronic disease N=10. The interview themes were based on the previous research by the authors comprising the flow of information, cooperation and process redesign. The data was analyzed using inductive content analysis.

Results Preliminary results illustrated that RHIS had changed the flow of information regarding the availability of information, exchange of information and data protection. Responsibility for the transfer of data for further treatment had shifted more to the patient, when data is saved in the RHIS. The other preliminary results also showed that local collaboration using RHIS focused on interaction, care coordination and communication between organizations and healthcare professionals. The process redesign seemed to indicate improved clinical effectiveness after five years’ use in the hospital district in question.

Conclusion The spread of RHIS and its advantages is a long-term process, and the wider involvement of the users is particularly desirable. The inclusion of the patients’ viewpoint in research is an important aspect that has not previously been studied.

References