



Elektronisk kurve

Fra fritekst til strukturerte data – hva skal standardiseres?



IKT som samhandlingsverktøy

- Shared care
- Continuum of care
- Seamless trajectories
- Helhetlige pasientforløp

Ulike uttrykk for ønsket om sterkere integrasjon på tvers



Fritekst data

- Journalens styrke og svakhet
- Stor frihet; lite gjenbruk og integrasjon



Strukturerte data

- What is a leg?
- Blodtrykk, Blod:Trykk eller Trykk:Blod
- Kontekstuell informasjon



Hvorfor standardisere?

- Sekundærbruk
- De- og rekontekstualisering



Hvordan standardisere?

- Mest mulig?
- Minst mulig?
- Andre tilnærminger?



Ulike strategier

- 'One-size-fits-all'
- Kjerneløsning
- Metodestandardisering
- Ingen standardisering

- Hybrid/selektiv

Kjerneløsning

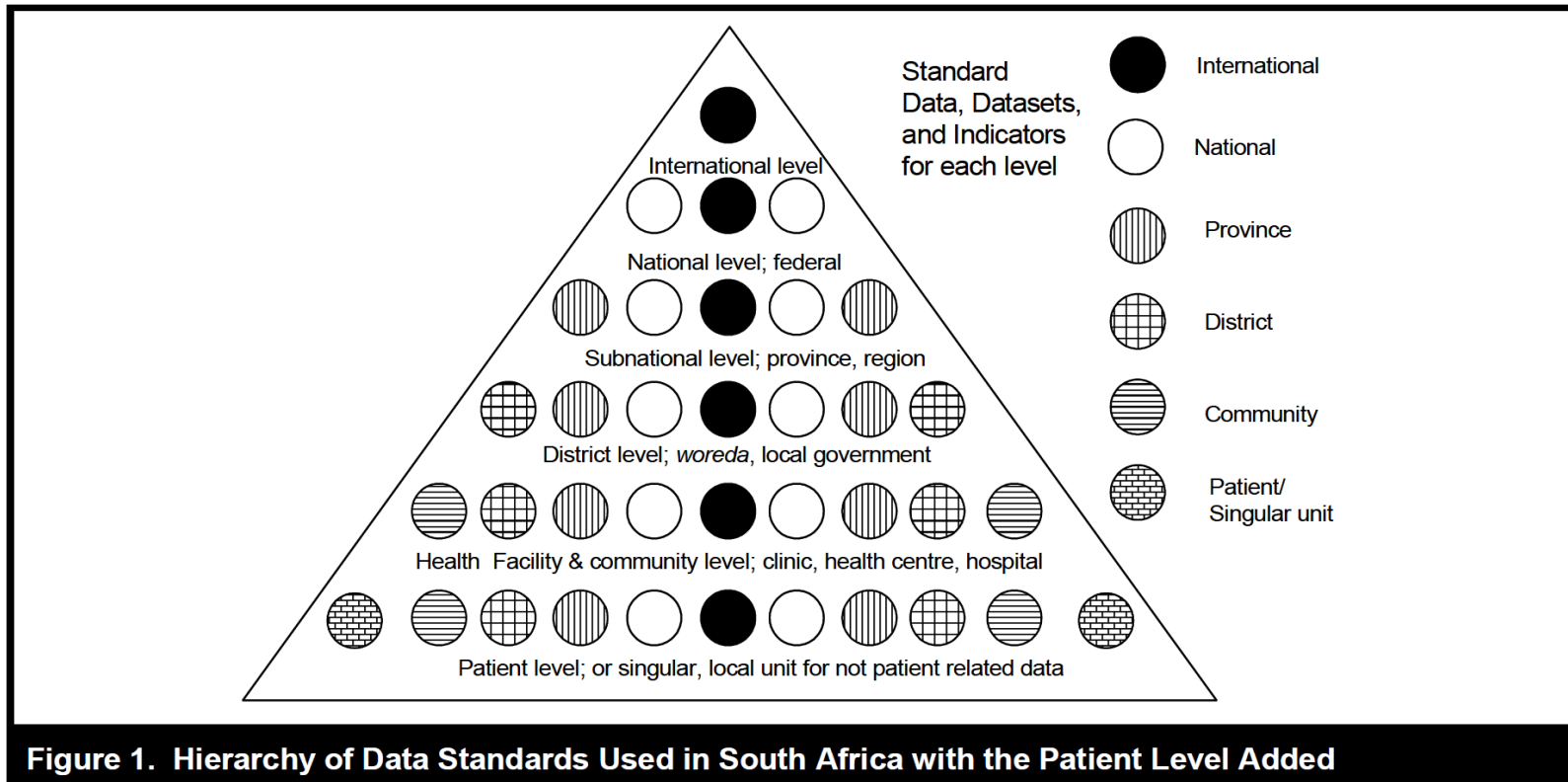


Figure 1. Hierarchy of Data Standards Used in South Africa with the Patient Level Added

- Braa et al. (2007)



Metodestandardisering

Hypothesis of separability: For a clinical terminology, the representation of concepts and the relations between them can and should be separated from the linguistic knowledge about how these concepts are expressed in language and the pragmatic knowledge concerning how these concepts are used in dialogues with clinical users.

- Rector (1999)



Ingen standardisering

‘The law of medical information’: the further information has to be able to circulate (i.e. the more different contexts it has to be usable in) the more work is required to disentangle the information from the context of its production. The questions that then become pertinent are; who has to do this work and who reaps the benefits?

- Berg & Goorman (1999)

‘You may wonder, then, how it is possible to locate the patients when it is not possible to use the diagnose codes! We cope by using the laboratory results (. . .) [as index and subsequently] read through the patient record text in order to see what this is all about’

- Lege/forsker, i Ellingsen & Monteiro (2003)



Hybrid/selektiv

The employment of the ICF illustrated that the structuring made by the ICF was made on a relatively superior level. The fine-grained classification possibilities in the ICF were not employed. This enabled the users to use free form writings within each ICF-category. That is, the patient's condition was not reduced to a situation where the case was described by codes and predefined text strings.

- Ellingsen (2003)



Læringsbehov

- Vertikalt (teknologiorientert)?
- Horisontalt (organisasjonsorientert)?
- Pilot som læringsarena
 - **Tradisjonell:** Full funksjonalitet for et begrenset antall brukere?
 - **Alternativ:** Begrenset funksjonalitet for et større antall brukere?
 - **Tid:** Hva prioriteres – tempo eller læring?
 - 'Time-to-Market' for hvem – sykehus, leverandører eller politikere?



Konklusjon

La oss 'skynde oss langsomt' og ta oss tid til å stille spørsmålstegn ved (og utfordre) hva vi tar for gitt