

Information Practices and Information Systems in Home Health Care: A Field-Study



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In line with the general development in health care an increasing number of people receive health care in their homes. Caring for patients in their homes requires that providers have systems that collaborate with other providers, with access to relevant, accurate, up-dated and situation specific information. To enhance quality of care and efficiency in collaboration of services, the use of appropriate health information technologies (HIT) is frequently suggested as a solution.¹ In addition different types of collaborative processes must be supported by different technologies in order to provide proper support to the work. Most studies which have investigated health care information practices have been conducted in hospitals.²⁻⁵ We have not identified studies exploring home care nurses' information practices in-depth. The aim of this presentation is to report from an ongoing study aimed to explore home care nurses' information practices including their collaborators in the different situations and available information.

Methods: A field study using observations, individual and group interviews were conducted. The entire material contains totally 97 observations and 23 interviews with nurses in two Norwegian municipalities. A conceptual framework building on a practice typology guided the overall study design. The typology describes that nursing care could be separated within four different practice situations; acute situations, problematic situations, non-problematic situations, and problem identifying situations. Each of the practice situations has their own distinct characteristics, though they are not mutually exclusive categories.⁶ An integrative analytical approach was used to analyze the collected data.

Results: The analysis revealed that practice situations in home health care are characterized along two different but inter-dependent axes regarding the nurses' information needs. Firstly, patient related axes representing a continuum from acute to long term care situations. The second axes concerns organizational factors representing a continuum from where the nurses collaborated with other providers in a particular situation in a limited time and space, to practice situations which required long-time interdisciplinary and inter-organizational coordination and information. The home care nurses did not always have access to relevant situation specific information in the different practice situations. This was partly due to lack in their HIT system and partly due to gaps between providers in different levels of the health care system. The two different municipalities had different HIT systems. Both systems had their advantages but also shortcomings for covering the nurses' information and collaboration situations.

Discussion: The findings illustrate that home care nurses need to manage different information situations. They are not guaranteed accurate information at point of care in every situation. Their HIT systems are not developed at a level of meeting the plurality and complexity of practice and information situations. However, the findings from the current study may be helpful towards a more systematized development of feasible and appropriate HIT.

Conclusion: The study highlights the need for developing more appropriate and accurate HIT-systems for ensuring quality and safe health care for patients at home.

References

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