A Temporal Perspective on Electronic Medicine Management Work

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- Worked in the field of e-health since 2002

- Keywords: Organization, work, learning, knowledge sharing

Background - Norway

- Medicine management and digitalization are high priorities in the Norwegian e-health strategies

- Governmental strategies encourage digital communication and collaboration between levels of care

- Multiple electronic information systems poses a challenge for medicine management, as none of them provides a complete overview of a patient's medicine history

What are the problems with electronically shared information and how are they solved?
- physicians perspective

- The transition between levels of care in an illness trajectory is particularly challenging because of the work related to information exchange

- Using physicians' and GPs' points of views

- Exploring the work related to sharing of information regarding patients' medicines between the hospital and the primary care

Temporality

- Professionals working and interacting with the temporal features of their work
- Sequence of work activities as the patient progresses through a illness trajectory

Illustration: Colourbox

Method - Qualitative study

- Interprofessional participants from two hospitals in Norway representing the chain of medicine management

- Three in-person (8-10 participants in each) focus group discussions held in 2022 and 2023

- Lasting approx. 3 hours each

- Selecting physicians' perspective

- Using the medicine management trajectory to illustrate the timeline and work activities performed

Results

Mismatch between the medicine list in the referral letter and the medicine list in the discharge summary

Problem with the information shared between physicians

- Discharge summary as an end point for the physicians' work in the hospital

- GP sees inconsistencies in the medicine information due to which the patient's treatment is organized in returning events

Evaluating the consequences of inconsistencies

Evaluated according to time and effects

- Opportunity to change the dosage after a second evaluation of the illness trajectory
- Consequences of potential errors, effects of prescribing wrong medication and the effort put into the extra workload

Solving the problem of inconsistencies

Providing information on whether the medicines have been reconciled and/ or reflection on the information given

- The nurses circulate information about the action, attempting to collectively create an emergent temporal structure by searching for knowledge by using the telephone

- The physician viewed this as an individual responsibility, closing the negotiation by evaluating and deciding medicines and further treatment

- Temporality is represented in the information, which the GP or the physician needs to stabilize until new information occurs

Conclusion

- Problems associated with electronically shared information are related to temporality in the patient's illness trajectory, their medicines, and the work of professionals related to this temporality

- Electronic management systems are stable, while the illness trajectory, medicines, and work of professionals are only stabilized for a short period of time

- At the hospital, the discharge summary represents the closure of an event

- In primary care, the GP uses a life-course perspective in the treatment of the patient, creating a temporal structure whose character is derived from aspects of the working-life structure

- New initiatives involving digital tools for medicine management need to take into account the temporal structure of future work and connect it with a tool that facilitates temporal medicine information through the healthcare trajectory