Data sharing across care settings enabled by the interRAI Suite

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“AIM OF THE STUDY”

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COORDINATION PREVENTION MONITORING KNOWLEDGE

WHAT DO THEY CARE ABOUT?

STAKEHOLDERS

CARE RECEIVER

Public Health
WHY?
FOR WHOM?
Efficacy? Reliable? Quality? Use?

ADMINISTRATION... BUT... COLLECTION OF INDIVIDUAL SNAPSHOTS
- Incoherence of clinical instruments with similar objectives
- Heterogeneity precludes measuring evolution
- Data sharing by paper
- Risk of error, false info and loss of data
- Most likely double administration
  - Non-patient repeats the same questions, over and over again.

STANDARDISATION ESSENTIAL INFORMATION... CAPTURES CHAIN OF EVENTS
- Multiple instruments of the same suite in various care settings
- Uniformity facilitates the monitoring of evolution
- Centralisation of data
- Sharing of digitalised data
- Premorbid information available upon admission
- Avoid double registration

CORE CONTENT AMONGST 2 EXAMPLES OF THE INTERRAI SUITE

CORAI
Une coordination des soins renforcée grâce à la Suite interRAI
COORDINATION

COMMON LANGUAGE: Cognition, functional abilities, …

Feuille de route du programme cantonal

Belgium
2004 - Ongoing

Methods

1 year pilot project

For each patient who was transferred between the participating care organizations:
• patient assessment with a uniform coding system (interRAI system)
• a summary of overall functioning and potential problem areas
• patient information shared across the settings.

HOSPITAL:
• 4 geriatric services in 3 hospitals
• 29 trained clinical staff
• 4 disciplines (nurses, physician, occupational therapist, social service)
• 410 interRAI Acute Care - CGA in routine clinical practice

2 questionnaires and 6 recorded focus groups

General results

✓ For all participating organizations this study was a first introduction to standardized data exchange.
✓ Data exchange between hospitals and nursing homes was satisfactory.
✓ Home care organizations had some organizational problems (e.g. fragmentation of staff working at different locations) which hampered data exchange.
✓ Data exchange using the BeIARAI-software realized a better collaboration between the participating care organisations.
Strengths
- Facilitating a common language
- Understanding patient’s condition early after transfer
- First attempt exchange data in electronic way
- The strict regulations of access, security, and privacy met users’ expectations
- Medical, nursing and allied health professionals data which are often fragmented were centralized
- Data sharing implied a gain of time for the subsequent organization to complete a new assessment

Weaknesses
- Time consuming procedures
- Dependence on inter-institutional collaborations
- Overlap current assessments and registration forms
- User friendliness and efficiency of website should be improved

Opportunities
- Systematic and timely problem/risk detection of geriatric syndromes
- Continuity of data

Threats
- Full integration in clinical procedures
- Training
- Collaboration issues
- Extra staffing needed during implementation

Interoperability software
1. Data collection
2. Data processing to calculate algorithms
3. Clinical results
Global ACE Forum 2017

**Example 1**

**Example 2**

**Example 3**

**Interoperability software**

**Local software**

**interRAI function**

**Sharing interRAI data**

**Preconditions**

- User-friendly (web-based) (integrated) software
- A good collaboration between all care partners including physicians
- Culture of “trusting” and “sharing” data
- The appointment of staff for coordination tasks

**Conclusion**

Standardized data-exchange across care settings

Centralizing data of various health professionals

These two essential principles guarantee **continuity of patient data**

Strict security and compliance with privacy regulations needed

**Weaknesses and threats** exists and should be addressed

**SHARING**

**interRAI**

**DATA**

**WITHIN**

**THE**

**CARE**

**ORGANISATION**

**EXTERNAL STRUCTURE**

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