Improving palliative care through national electronic quality register data in Finland 2022

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Abstract (300 word limit)

Statement of the Problem: Lack of adequate electronic data collection (4) clearly prevents improving the quality and effectiveness of palliative care.

Methods: Electronic Patient Record (EPR) systems have been the main patient information system in Finland for more than 15 years. It is possible to integrate a disease-specific register (DSR) into the electronic patient information system. A DSR was defined together with experts to collect quality data on palliative care. The parameters of the register will include nationally agreed quality indicators. Some patient-specific information is entered into the registry through EPR system integration, such as visit data, patient personal information, and medication information. In the patient contact, the patient's current information is supplemented, for example, regarding the hospice care decision, the treatment measures, and the treatment plan. The register includes the patient's electronic service system, MyHealth (Figure 1). Through the service, the patient or a close relative can answer electronic questionnaires and provide information about the patient's condition, ability to function, pain and quality of life to the unit that cares for him or her. After the patient's death, the key pre-death events are recorded also.

Findings: The data collected in DSR will produce standard reports which present the key indicators in an understandable format and automatically updated several times a week. Reports can be used for evaluation of the quality of care and finding the critical points in care that need improvement.

Conclusion & Significance: The use of the DSR for palliative care nationally or internationally, both in developed and developing countries (4,5) makes it possible to benchmark quality of care between the clinics, health care districts or by country and make needed recommendations for care. In accordance with the Act on Secondary Use of Health and Social Data, wider utilization of data is also possible.

Image

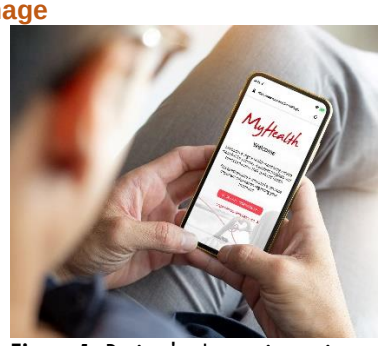


Figure 1. Patient's electronic service system, MyHealth, can be used on a smartphone, tablet or computer.

Recent Publications (minimum 5)

1. Rytkönen M, Kaunisto M, Pietilä A-M (2017) How do primary healthcare and social services enable young people´s participation. Health Education Journal 76(6): 730–740.
2. Wurcel V, Perche O, Lesteven D, Williams D, -A, Schäfer B, Hopley C, Jungwirth R, Postulka A, Pasmans R, Hermansson L-L, Ott M, Glorioso V (2016) The Value of Companion Diagnostics: Overcoming Access Barriers to Transform Personalised Health Care into an Affordable Reality in Europe. Public Health Genomics 19: 137-143.
3. Facey K, Hansen H, Single A (2017) Patient Involvement in Health Technology Assessment. Chapter: Medical Technologies: Involving Patients in Development and Assessment, Victoria Wurcel, Sophie Cros, Sebastian Gaiser, Lisse-Lotte Hermansson, Katherine Jeays-Ward, Laura Norburn et al. Springer 391-399.
4. Ohvanainen A, Niemi-Murola L, Elonheimo O, Pöyhiä R. Hospital-at-home network in Finland. Int J Healthcare Manage 2020; 10.1080/20479700.2020.1725717
5. Pöyhiä R, Mwalumuli E, Mtega A, Vegula J. Long-term sustainability of palliative care in a rural hospital in Tanzania. A prospective 4-year study. J Pall Care 2020l;35: 192-198.

Photograph



Biography (150 word limit)

Kaunisto is working as an Area Manager in BCB Medical ltd. She has been working as a midwife for 13 years in specialized medical care and over two years as a Project Coordinator in Kuopio University Hospital. In BCB Medical she has been working since October 2019 and works in a close co-operation with hospital districts in the eastern and northern part of Finland. She has a master's degree in health sciences and a focus on preventive nursing. It is important for her to develop healthcare, digitalize and utilize data for the benefit of patients.

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Notes/Comments: