

02 DÉCEMBRE

JOURNÉE RÉGIONALE D'IDENTITOVIGILANCE

L'Identité Nationale de Santé
en pratique



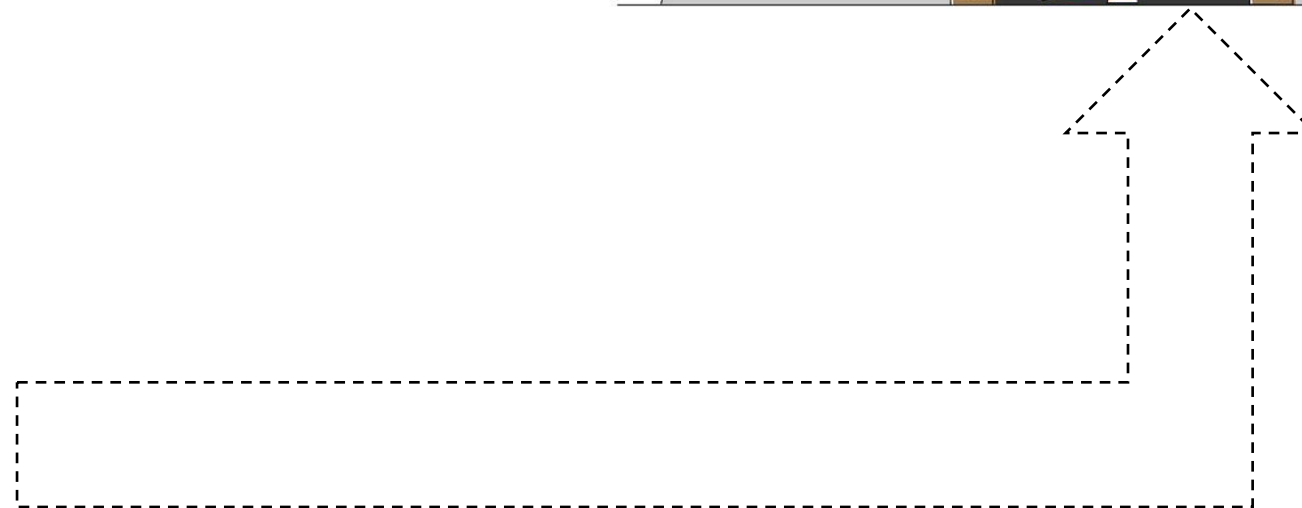
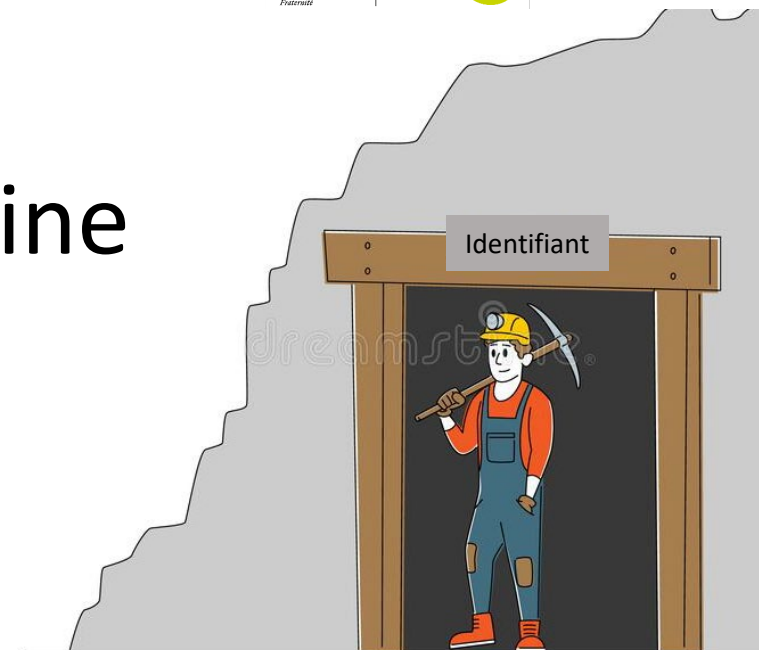


Présentation de l'INS et de son intérêt dans la prise en charge

Thierry DURAND – GCS SARA/Centre Léon Bérard



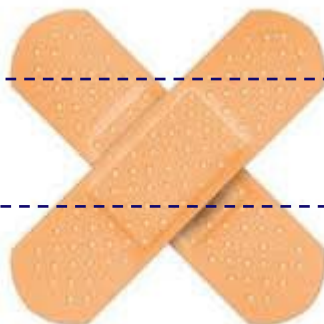
Avec l'INSQ on sort définitivement de la mine



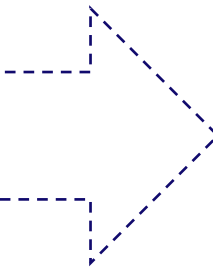


Etape indispensable pour faire de l'échange structuré

2001 on lance STIC



2021 arrivée du RNIV



IPPR
Charte régionale



INSQ
RNIV

L'intégrité de
la donnée

La
confidentialité

La disponibilité
de la donnée

La priorité
dans la santé



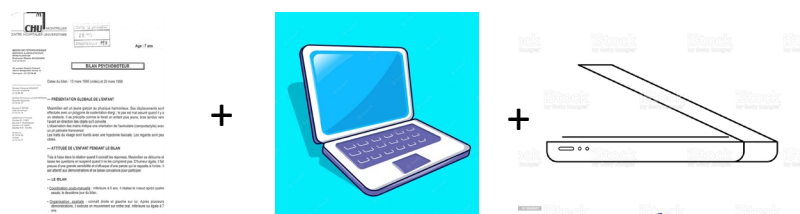
Le RNIV est la clé de voute de l'intégrité

L'échange structuré – le graal de l'efficience

Plus vite

+

Meilleure qualité



Echange non structuré

Echange structuré

WHY SHOULD WE FOCUS ON A STRUCTURED MODEL OF SECURE DIGITAL EXCHANGES TO INCORPORATE NEW DOCUMENTS IN ELECTRONIC PATIENT RECORDS?

Perrier L¹, Plantier M¹, Farsi F², Vandenberg P³, Spacagna H², Gomez F¹, Biron P¹, Durand T¹
¹Cancer Centre Léon Bérard, Lyon Cedex 08, France, ²Réseau Espace Santé Cancer Rhône-Alpes, Lyon, France, ³Agence régionale de santé (ARS) Auvergne-Rhône-Alpes, Lyon, France

OBJECTIVES

The positive impact of information systems, and notably electronic patient records, on the quality of care is increasingly supported in the literature [1-6]. Our objective was to evaluate the reliability and congruity of external documents entering into the electronic patient record from outside of the hospital system. We analyzed the number of documents in the electronic patient record that were invalidated based on the entry mode, comparing a structured model of secure digital exchanges vs. a manual method using a scanner.

METHODS

- Study design**
- The assessment of the number of invalid documents, according to the entry mode into the electronic patient record, was carried out at the Léon Bérard Cancer Centre (Lyon, France), a pilot testing site for the automation of secure digital exchange, alongside the University Hospital Centers in Lyon and Grenoble.
- The analysis period extended from January 2013 (date of the generalization of the automation of secure digital exchange) to December 2015. The manual method was carried out with the intervention of a medical secretary who scanned the documents.
- Definition of "invalidation"**
- Invalidation was defined as when information associated with the integrated document was not valid. This is usually due to integration in the wrong patient file but can also be a mistake in the date or type of document.
- Organization of the entry of documents coming from outside the Léon Bérard Cancer Centre into the Electronic Health Record**
- With the manual method using a scanner:**

- With the automation of secure digital exchange:**

RESULTS

- Invalidated documents**
- Among the 15,778 incoming documents in the computerized patient records over the period considered, 37 (0.24%) were invalidated with the use of the structured model of secure digital exchange.
- In the same period, 709,124 incoming documents were scanned manually, of which 15,298 (2.16%) were invalidated (p<0.0001).

Figure 1. The number of invalid documents divided by the number of valid documents (in %) according to the entry mode.

CONCLUSION

- This study shows a significant difference between the two methods of integration of incoming documents in the electronic patient record. Any error detected, given its potential impact on management (e.g., identity monitoring issues), requires the invalidation of the document and its reintegration into the corresponding electronic patient record. These corrections also generate additional costs.
- Therefore, structured models of secure digital exchanges should be promoted, especially in a context where the number of documents coming from outside the hospital is increased.
- These results reinforce those of the PREPS eSIS research project, i.e., the use of electronic patient records in French acute care hospitals is associated with a better performance regarding accreditation decisions [7], improved organizational performance in surgical units [8,9], higher quality of patient records management [10], and is cost-effective in the context of cancer visits [11].

Statistical analysis

- The mean number of invalid documents divided by the mean number of valid documents (%) were compared between the two entry modes using the Chi-squared test.
- All statistical analyses were performed using STATA software (version 13.0) (StataCorp LP, College Station, TX, USA).

References

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- 2) Biron P, Durand T, Perrier L, et al. (2015) Electronic health record implementation: the evolution of information systems in a cancer center. *Journal of Medical Internet Research* 17, 194-197.
- 3) Biron P, Durand T, Perrier L, et al. (2015) The impact of secure digital exchange on the management of health information systems in a cancer center. *Journal of Medical Internet Research* 17, 198-201.
- 4) Biron P, Durand T, Perrier L, et al. (2015) The impact of secure digital exchange on the management of health information systems in a cancer center. *Journal of Medical Internet Research* 17, 202-205.
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- 6) Biron P, Durand T, Perrier L, et al. (2015) The impact of secure digital exchange on the management of health information systems in a cancer center. *Journal of Medical Internet Research* 17, 210-213.
- 7) Biron P, Durand T, Perrier L, et al. (2015) The impact of secure digital exchange on the management of health information systems in a cancer center. *Journal of Medical Internet Research* 17, 214-217.
- 8) Biron P, Durand T, Perrier L, et al. (2015) The impact of secure digital exchange on the management of health information systems in a cancer center. *Journal of Medical Internet Research* 17, 218-221.
- 9) Biron P, Durand T, Perrier L, et al. (2015) The impact of secure digital exchange on the management of health information systems in a cancer center. *Journal of Medical Internet Research* 17, 222-225.
- 10) Biron P, Durand T, Perrier L, et al. (2015) The impact of secure digital exchange on the management of health information systems in a cancer center. *Journal of Medical Internet Research* 17, 226-229.
- 11) Biron P, Durand T, Perrier L, et al. (2015) The impact of secure digital exchange on the management of health information systems in a cancer center. *Journal of Medical Internet Research* 17, 230-233.

Dans la vraie vie ça permet quoi?

ZEPRA

Envoi d'un compte rendu directement dans le DPI du destinataire

Pacs to Pacs

Envoi d'un examen radiologique directement dans le PACS du destinataire (et le CR dans le DPI du destinataire)

Bioserveur

Envoi d'un résultat de biologie de ville directement dans le serveur de résultat de biologie de l'hôpital

En synthèse : comment faisait-on avant?

Les pièges

- Le numéro ne suffit pas – il faut toujours contrôler si le numéro correspond bien aux traits d'identité
 - Bioserveur
- Les flux entrants non centrés patients ne permettant pas la réintégration automatique
 - Une seule porte de sortie : message MSS avec extension XDM

Le GCS SARA converge au fil de l'eau vers tous les choix du national

- Intégrer les principes du RNIV dans ses propres outils (Mespatients, RCP, ...)
- Intégrer l'INSQ dans nos flux :
 - ZEPRA = MSS : fait
 - Bioserveur : chaque site le fera progressivement au rythme du déploiement de l'INSQ dans son SIH
 - Pacs to Pacs : Travail à faire dans les prochains mois - cela permettra de fonctionner également au-delà de la région ce qui est très courant dans les transferts d'examens radiologiques
- Savoir aller chercher de l'information dans le DMP – le DMP propose (ra) des informations indisponibles actuellement : rdv, vaccins, traitements habituels, ... une nouvelle ère commence

Et maintenant ...

- Il faut s'investir dans le RNIV car c'est les fondations d'une information qui circulera mieux
- Tout n'est pas simple car il va falloir changer pas mal d'outils, d'habitudes, de procédures
- Aujourd'hui les orateurs vont vous rassurer, vous éclairer pour que chacun puisse faire son chemin

MERCI DE VOTRE ATTENTION

