



CASE STUDY

Stockholms Sjukhem (SSH)

IT-SOLUTION FOR CONSIDERATION, RESPECT AND KNOWLEDGE.

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Stockholms Sjukhem (SSH) is a foundation which, since it was inaugurated in 1867, has cared for people with chronic or long-term illnesses. Today, SSH offers high quality care within three areas: palliative care, neurological rehabilitation and geriatric hospital care. SSH has 160 care beds, divided into eight wards. There are also home nursing and day-care, out-patient clinic, and a modern X-ray department which serves both residents and out-patients.

“We could never have done a better choice for a hospital information system than what we did in 2002” says Henrik Andersson—IT director of Stockholms Sjukhem (SSH). Enthusiastically he continues to reflect on the four years now passed since computerization began at SSH: “The reactions to introducing Profdoc have been overwhelmingly positive. The solution is extremely stable with very limited need for support and follow-up. In 4 years of operation, the system has not been down even for one minute due to Profdoc issues.”

Underpinning the success of Profdoc are reactions from personnel who have moved on from SSH to other hospitals, quoted as saying: “You don’t know how lucky you are, with so many functions at your fingertips with instantaneous response times”.

BENEFITS

The main benefits of introducing the IT solution from Profdoc at SSH have been information sharing between healthcare professionals and less time to search for information. This especially applies to nurses who now have access to comprehensive medical records written by doctors, peers and other professional groups. Previously, copying of paper records was used extensively to allow all implicated persons in the care process access to the same information. Now this work can be saved, and in addition the quality and timeliness of information increases dramatically. Also, the process of computerization reduced the internal bureaucracy by replacing the previous 200 paper forms for patient administration with 4-5 focus areas in terms of application modules. Overview on activities is vastly improved as well as planning and personnel al-

location. During 2005, a quality assurance initiative for documentation was introduced which involved auditing of all patient records according to a specific template. Through the Profdoc system, all case records for all admitted patients could be examined and audited conveniently and efficiently.

DECISION TO COMPUTERIZE AND SELECTION PROCESS.

The principle decision to introduce a hospital information system at SSH was made in 1998. New management was appointed in 1999 and the new CEO Hans Ahlin engaged Roland Carlström as chief operating officer in the beginning of year 2000. One of the main tasks waiting for Mr. Carlström was to get moving on the computerization process, and the IT project officially commenced in September 2000. The first activity for the IT project was to conduct a businessprocess analysis within SSH. At the time, paper-based forms were used extensively to manage the patient and care processes and more than 200 forms were identified and analyzed in terms of when, where and how they were being used.

Parallel to the business process analysis, a group was assembled to define the practical needs for IT functionality at SSH. The group was comprised of doctors, nurses, secretaries and administrative staff. The mandate of the group was to define the needs of SSH for a clinical and administrative IT solution. Once the working group had documented the needs of SSH, an invitation to express interest and get a copy of the document was sent out to 10 potential vendors during summer 2001. Six vendors came back and were subsequently invited to hold a one day demonstration for an evaluation committee. Based on



the one day demonstrations, a short list of four vendors was created. The shortlisted vendors were invited to facilitate a demo installation to be available for one week. The purpose of this was to give SSH employees an opportunity to work extensively with each of the systems, to gain personal and practical experience of the different solutions. A systematic points system was used in the process to rate the solutions according to relevant criteria. After the impressions and experiences from the one week trial period had been compiled, two systems came out on top with an almost identical score according to the rating criteria. However, a balloting process among the committee members for final selection voted 10-0 in favour of Profdoc and the contract for delivery was awarded in June 2002.

IMPLEMENTATION PROCESS

An implementation group was formed with the responsibility to ensure proper configuration of the Profdoc system and facilitate user training. Two immediate priorities were identified:

- Standardise terminology and procedures in the new system
- Improve IT skills in general

At this point, terminology and procedures were fragmented and inconsistent and several overlapping standards existed such as VIPS (Swedish nursing records terminology standard), the Karolinska University Hospital terminology standards and SPRI-standards (Swedish Institute for Planning and Rationalising of Health Care). Also, terminology was defined per profession, and there was no common ground for a unified documentation standard across the institution. A pragmatic approach was initiated to create SSH's own terminology index based on 'best practice' selections from VIPS, SPRI, KS and other sources. As for improving IT skills, questionnaires were used to map out IT knowledge among employees.

The personnel was then divided into three groups 1) Those who need no general IT training 2) Those who need 2 days of introductory IT training and 3) Those who need 3 days of introductory IT training. Furthermore, to prepare everybody for the impending deployment of computers, everybody began to use Microsoft Word to records patient status during admission. Simple Word templates were used for this purpose. This was documentation previously done by hand, and was the first glimpse of computer records implemented even before Profdoc became operational. The first wave of roll out for Profdoc users began in October-November 2002, starting with one 20 bed ward as a two month pilot. A basic start-up suite of 5 modules was adapted and tested out according to the hospital routines. The start-up package consisted of patient attributes registration, case record text, measurements, activity management and overviews. After 4 months of piloting, the full roll-out commenced in the spring of 2003. Each ward was started with 2 week intervals, and the speed of implementation and adaptation became rapid. By April 2003, every ward, including home care services, and every professional group had started to use the system.


FURTHER DEVELOPMENTS

After SSH had fully implemented Profdoc at every ward and for all personnel, much of the focus has been to expand the use and utility of activity planning. Also, fully adopting all documentation and forms into the system and thus eliminating many of the remaining paper-based routines that existed in the hospital was taken care of. Beginning in 2006, the electronic medication administration records (EMAR) was introduced at 4 wards and it reflected a highly advanced usage of Profdoc.

“Our decision to go for Profdoc has turned out to be very fortunate”

Stockholms Sjukhem
Annual Report 2005

Fact and Figures Stockholms Sjukhem



Beds : 160
Inpatient admissions : 1,400 per year
Total patient days : 60,000 per year
Radiology examinations : 4,300 per year
System : PROFDOC Hospital Information System
Registered users : >300
Year of installation : 2002



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