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# Correct information at the right time in healthcare and nursing – collaboration without effect?

## Summary

The Swedish National Audit Office has conducted an audit to determine whether Government initiatives have contributed to the objective that authorised healthcare staff shall have access to the right patient information at the right time by means of direct electronic access.

### Background to the audit

*Motivation:* In recent years, healthcare and municipal nursing have undergone major structural changes, which has resulted in there being a larger number of healthcare and nursing providers now than was the case a few years ago. The national healthcare guarantee and the free choice of healthcare that have been introduced mean that more providers are involved in caring for patients, which places new demands on the opportunities for healthcare staff to have access to patient data. It is becoming increasingly important to guarantee an efficient, safe sharing of information between different healthcare providers. The Swedish National Audit Office has found that healthcare staff have very limited access to electronic patient information held by other healthcare providers. This despite the fact that it has been one of the main objectives for the joint initiatives of the national IT strategy for healthcare and nursing, which was formulated in 2006.

*Purpose:* The purpose of the audit is to investigate what is preventing authorised healthcare staff from using IT systems to gain access to patient information, and why the Government's initiatives in this area are not leading to the intended results. This audit report describes both Government and Municipal initiatives aimed at ensuring that authorised healthcare staff shall have access to the right information at the right time. The Swedish National Audit Office audits the efficiency of Government operations. The questions posed in the audit are therefore limited to Government initiatives and their contribution to achieving the objective.

*Implementation:* In order to achieve the purpose of the audit, the Swedish National Audit Office conducted a large number of interviews with bodies at both Government and Municipal level that are involved in the strategy, and studied reports and other documentation relating to initiatives by the various bodies in the national IT strategy for healthcare and nursing. The Swedish National Audit Office has also mapped out how the harmonisation of the regulatory framework for sharing patient data was implemented.

## The results of the audit

The audit has resulted in the following central observations and conclusions:

*The Government has created preconditions that enable healthcare staff to have direct electronic access to patient information held by other healthcare providers, but there has been insufficient guidance on applying the legislation.* The Swedish Patient Data Act has made it possible for healthcare staff to access, with the patient's consent, patient information held by other healthcare providers by means of direct electronic access. However, healthcare providers state that they have not had support in interpreting the Act, which has caused problems in its application. The provisions drawn up by the Swedish National Board of Health and Welfare have not been considered sufficient by the county councils. Both the Swedish National Board of Health and Welfare and the Swedish Data Inspection Board conduct supervision of patient integrity, albeit from different perspectives. The Swedish National Board of Health and Welfare supervises on the basis of patient safety, while the Swedish Data Inspection Board bases its supervision on personal integrity. There is therefore a risk that these supervisory roles will overlap.

*Still not possible to share information with municipal nursing service.* The audit reveals that the Government only started work on reviewing the need to share information between the healthcare sector and the municipal nursing service in 2011. The involvement of municipalities in efforts to facilitate the sharing of information has been limited, despite an emphasis on their involvement at an early stage of the work.

*One important patient group is not covered by the Swedish Patient Data Act.* It is at present not possible for those not competent to make decisions to be included in a combined system of electronic health records. The handling of consent for the sharing of patient information for those not competent to make decisions is not regulated in the Swedish Patient Data Act. According to the Act, active consent is required in order for a healthcare provider to be allowed to access information held by other healthcare providers. The group of people not competent to make decisions includes, for example, those with dementia and elderly people with multiple illnesses. These individuals will often require help from various providers in the healthcare sector and are thus to a large extent dependent on healthcare staff having access to all relevant patient information.

*The organisation of healthcare is crucial for the sharing of information.* It is the Government's ambition to increase the proportion of private providers in the field of healthcare and nursing. With more providers, it is increasingly important to guarantee an efficient sharing of information across organisational borders. The audit revealed that the organisation of healthcare has consequences on the handling of patient information. The audit shows that in a county council with few healthcare providers it can be easier to gain access to patient information, as the Swedish Patient Data Act makes tougher demands on the sharing of information between different healthcare providers than within one healthcare provider.

*Unclear assignments regarding the Swedish National Board of Health and Welfare's national projects.* The Swedish National Board of Health and Welfare has developed an information structure and a national specialist terminology for healthcare and nursing. At present there is no clear allocation of responsibility for the administration of the national information structure. This can lead to the occurrence of local versions of the national information structure, which risks compromising the concept of creating national standards. Nor has it been clarified how the national specialist terminology and the national information structure are to be extended to healthcare and nursing.

*The form of collaboration chosen between Government and municipal bodies leads to difficulties in driving work forwards towards the shared objective.* The Government has chosen to draw up, together with municipalities, county councils and private bodies, a joint strategy in which one of the objectives is that authorised healthcare staff shall have access to the right patient information at the right time by means of IT systems. The Swedish National

Audit Office's audit reveals that no single body has overall responsibility for the result of this joint work. This has led to a lack of clarity and problems with coordination. The strategy has also focused on facilitating the sharing of information at national level, despite the fact that most bodies expressed the view that the sharing of information should be facilitated within the county council in the first instance. The audit has clearly proven the need for efficient coordination between the various initiatives in order to achieve the objective of the right information at the right time. If the initiatives are not coordinated in an appropriate way, there is a risk that the value of each initiative will be lost.

## **Recommendations**

### *The Government*

The Swedish National Audit Office recommends that the Government

- submit a separate report to the Riksdag on the results so far achieved within the strategy and analyse whether there is a need to give the collaboration a clearer structure and direction, new conditions for more transparent financing and a more clearly defined responsibility for scheduling
- analyse the consequences of the increasing number of private healthcare providers for the objective of authorised staff having the right information at the right time, and consider whether any additional regulation of the administrative provisions is required
- follow up on limitations in the Swedish Patient Data Act and difficulties in its application, and consider the need to amend the administrative provisions
- investigate and put forward proposals on how an efficient sharing of patient information between the municipal nursing services and the healthcare sector can be guaranteed.

### *The Swedish National Board of Health and Welfare*

The Swedish National Audit Office recommends that the Swedish National Board of Health and Welfare

- following consultation with the Swedish Data Inspection Board, draw up more clearly defined and more comprehensive provisions and guidelines for the practical application of the Swedish Patient Data Act.

The Swedish National Audit Office recommends that the Swedish National Board of Health and Welfare and the Swedish Data Inspection Board

- cooperate in the supervision of information processing and information security in the healthcare sector in order to avoid conflicting decisions.