

Information Integration Model in Critical Care Settings: Role of Electronic Health Records

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INTRODUCTION

- Information integration critical to clinical care
- Large amounts of heterogeneous data
- Fragmentation contributes to medical errors [1].
- Information integration can mitigates these errors [2, 3].

Aims:

- Characterize information integration model in a Medical Intensive Care Unit (MICU)
- Determine impact on physician activities and patient safety.

METHOD

- Ethnographic observations (4 x 2 hours)
- Shadowing (4 x 1.5 hours each)
- Qualitative coding with emergent categories:
 - Practitioners
 - Information resources
 - Activities
- Understood the workflow and information needs of physicians and residents.
- In addition, shadowing enabled us to learn more about the nature of data intensive activities, technology and electronic health record (EHR) usage.
- Data analysis performed in in terms of
 - o "information modules" generated
 - o the role of clinicians who collect, use, and access information for day-to-day care activities, and
 - interactions between clinicians and technology

RESULTS & DISCUSSION

We developed a model of clinical information flow and integration in MICU. Figures 1 and 2 give an overview of data dependent activities and technology used by clinicians during patient care.



- and electronic health record (EHR) usage.
 - Information integration and interpretation: Residents/fellows integrated information chunks from heterogeneous sources to develop "case summary"
 - Integration tasks were case dependent and decision-specific.
 - **Technology underutilization:** Sub-optimal use of support technologies such as order entry systems to minimize redundancy and cognitive load
 - EHR = "data store": used primarily as a bridge between patient's bedside and physician's workbench.



Figure 2: Information flow and integration model in MICU

Complexity in critical care: Emerging workflow activities and information created significant barriers for effective information integration.

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