

ISPC - A New System for Documentation and Benchmark in Outpatient Palliative Care



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Background

In Germany the so called Spezielle ambulante Palliativversorgung - SAPV (special outpatient palliative care) has been made a patient's right by law in 2009. To participate in a network and to gain earnings of SAPV a core documentation is obligatory. To guarantee continuity of care between all team members and all the different situations (e.g. emergency, hospice, home care) the immediate exchange of information is essential. A comprehensive case management software for daily care, benchmark, and scientific use is presented.

Objectives/Design

The software must provide all palliative care members with a longitudinal and vertical record of all aspects of a patient's palliative and hospice care management in a safe computer environment. All platforms have to be implemented. Control by insurance companies and regulatory authorities have to be enabled. The costs have to be adapted to the possible earnings.

Results

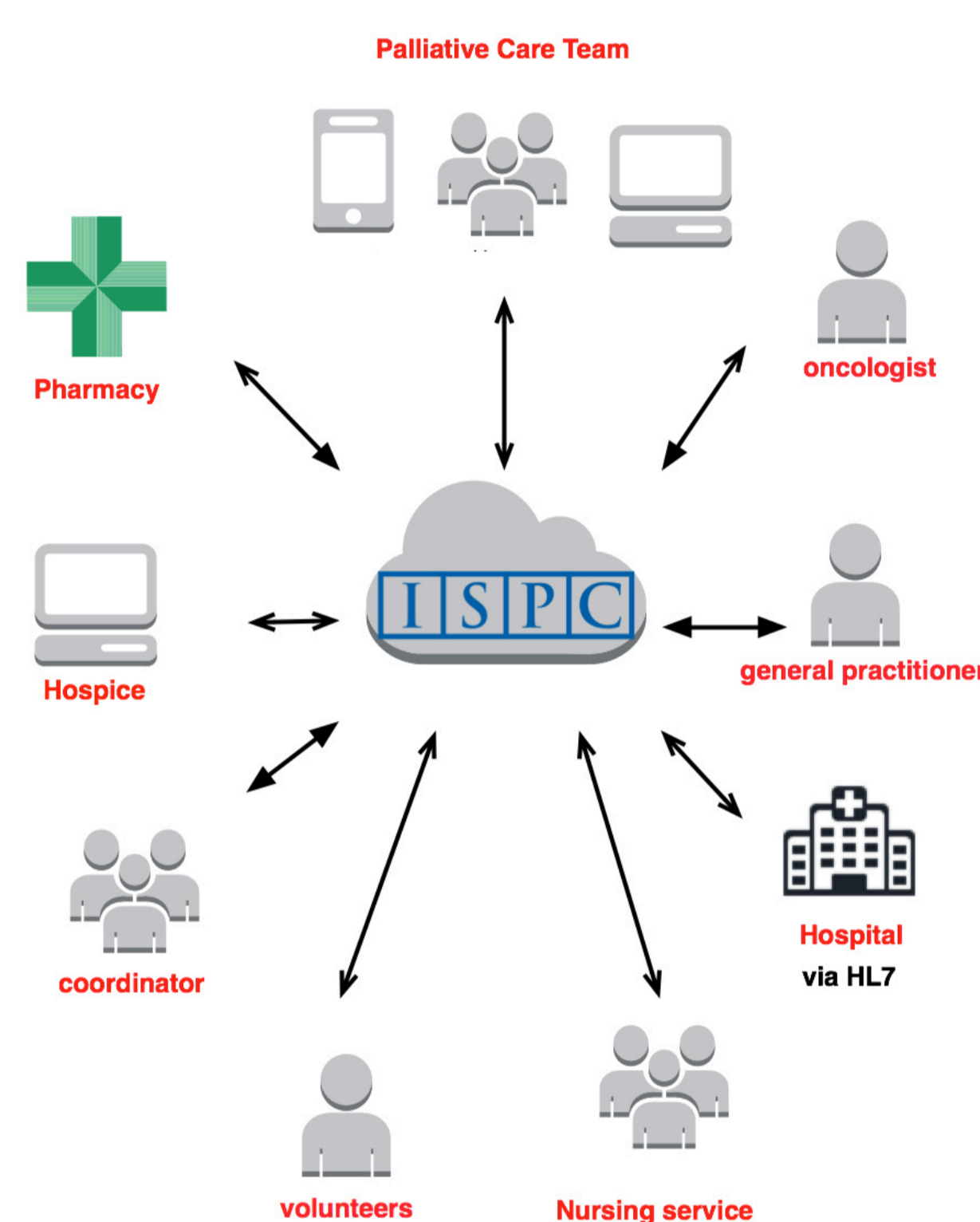


Fig. 1: ISPC-functionality

The ISPC case management software provides the palliative net members with a mobile record of all aspects of patient management in palliative care, registration, admission, transfer, discharge, leave, emergency. The available functionality enables all aspects needed in communication of the different health providers (physicians, nurses, pharmacy, support team, chaplain) and different locations of patients (home, hospice, hospital, residential home) integrating an internal messaging system (fig.1).

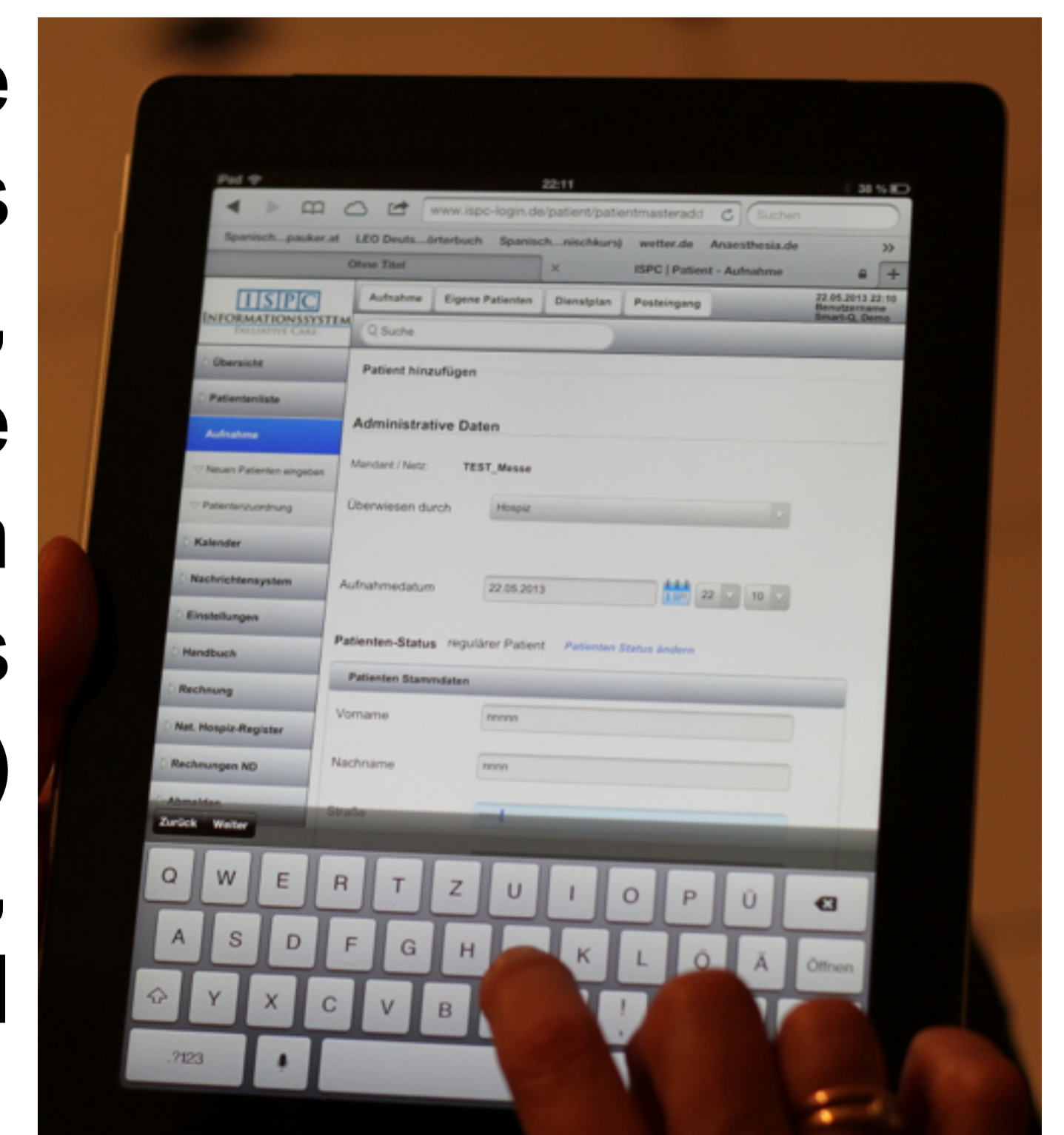


Fig. 2: ISPC-on an iPad

The focus is on a longitudinal record regardless of the patients current status or location. The software is web based and running on all systems (PC, Mac, Linux, iOS, Android) and hardware (tablet, computer, smartphone) (fig. 2). A list of all own patients and all patients of the net guarantees real-time cooperation between home physicians and palliative care teams on duty. The symptom list is a longitudinal record enabling the estimation of treatment effects or the progression of the disease. This is underlined by graphic figures of the patients' history (fig.3). A rota system, calendar for appointments and team meetings, templates for referrals are included (fig.4). New items and scales according to the needs of the users can continuously be integrated

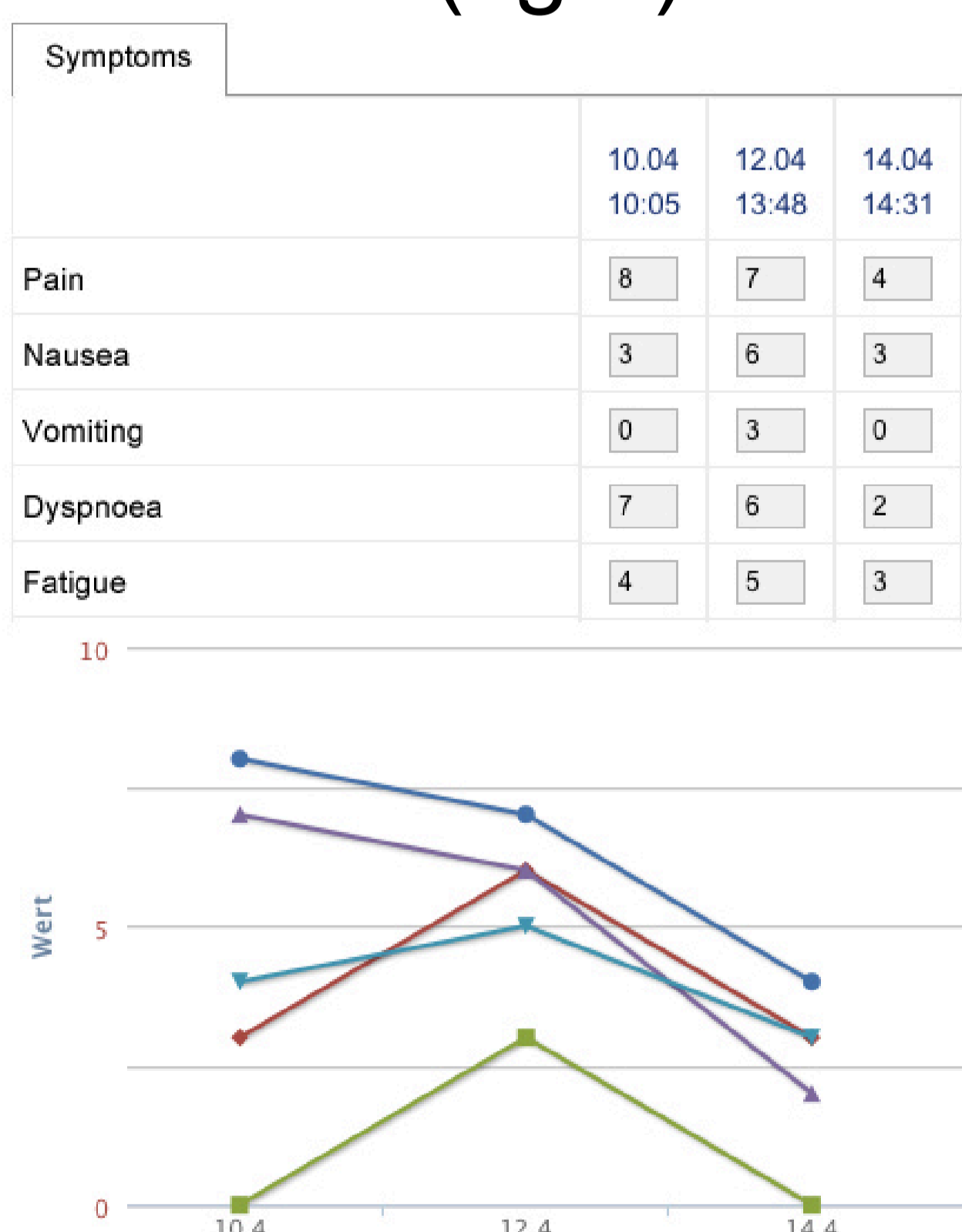


Fig. 3: Symptom list

into the system thereby improving the workflow. Scientific data can easily be obtained from any physician/palliative net. Safety is guaranteed by the Entrust® IdentityGuard driven one time password (OTP). Real-time information enables tracking patients across all service lines and ad hoc integration of all care providers. The software reduces duplication and errors and ensures appropriate and validated information for all team members.

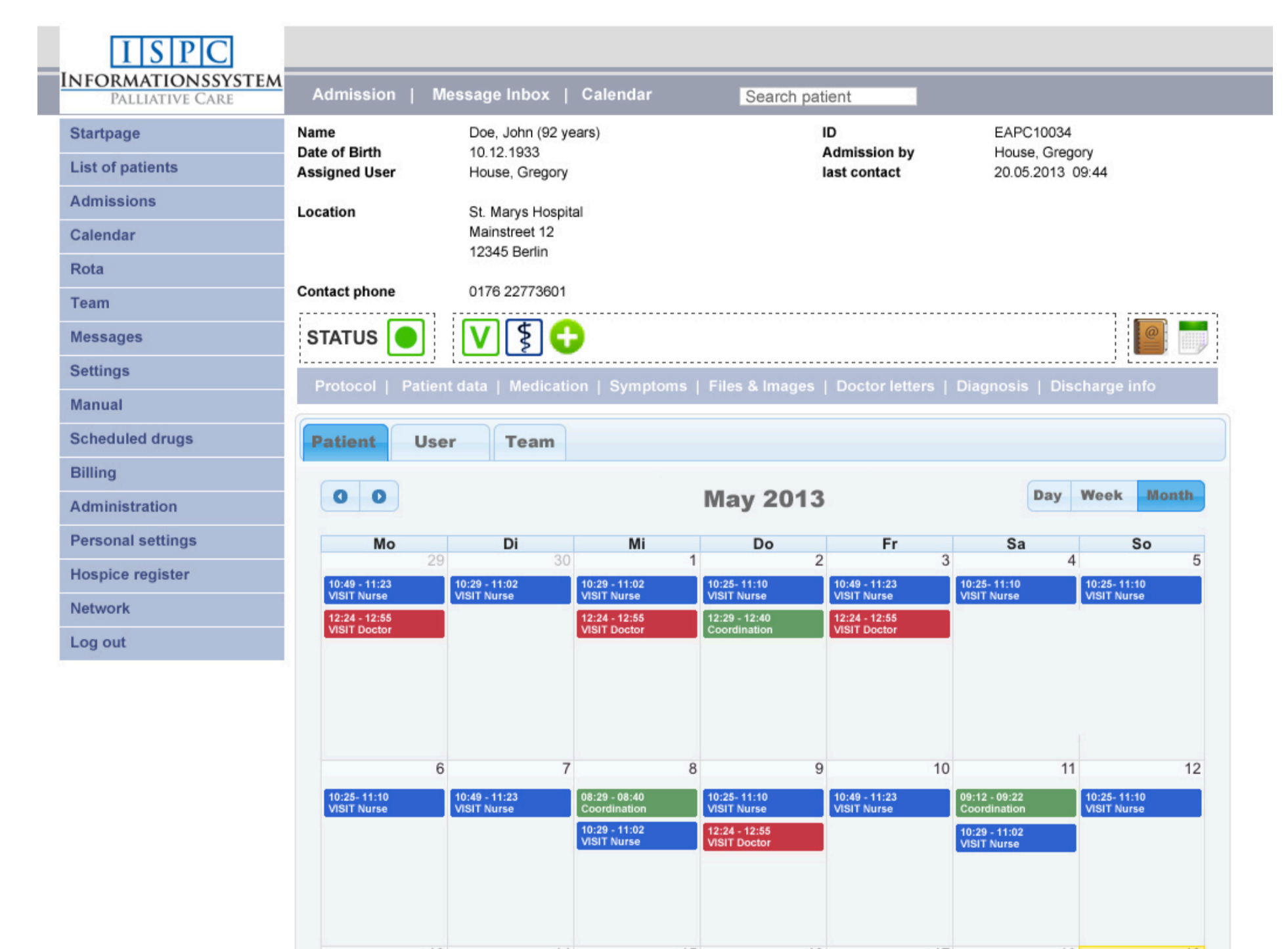


Fig. 4: Calendar

Conclusion

The software is designed to accompany each patient and their families over all areas of service. The system has proven patient centered care, stability and flexibility over 2 years of use and 600 users and more than 30.000 patients. The high number of patients has enabled scientific work with the anonymized data of different palliative care teams. As an example it could be demonstrated that most patients due to SAPV are enabled to die at home but also that in contrast to general beliefs many patients at the end accept to die in nursing homes or hospitals.