

## **Communication between hospitals and general practices: administrative thresholds and organizational barriers in a sociological perspective**

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The project is currently under way, collecting data for a Ph.D. dissertation in sociology. In a descriptive pre-study we mapped a typical paper based patient documentation processes to identify administrative thresholds that produce time delay in communication between general practice and hospital. The mapping of the process started with the initial sending of the referral letter connected to patient consultation, via the documentation process in the hospital, and ended with the arrival of the discharge letter at the GP's office. Both for referrals and discharge letters we found areas where the paperbased document is delayed due to both secretarial shortage and medical inefficiency. In an ongoing study based on a qualitative approach, we focus on these specific areas in the communication process, to fill in the picture from the descriptive pre-study. Here we also collect data from an ongoing project where paper based communication is replaced with electronic interchange, to assess the effects on organisational practice.

So far we found that implementation of information technology is not only affected by more obvious, administrative thresholds, but is also effected by organisational and cultural barriers. The general practitioner and the specialist tend to view patient documents from their own perspective, they put different meanings to the same type of document. Specific types of patient documentation can be viewed as "boundary objects" crossing organizational barriers that affect both the basis of medical decisions and educational effects. Such barriers exist both between GP-offices and hospitals and between internal units in the hospital hierarchy. Such organisational barriers will have negative effect on the information quality of the patient record.

The purpose of using information technology is to increase the information quality to establish an adequate basis of decision making and to increase educational value of medical documentation. However, the increased use of information- and communication technology in complex organisational environments tend to increase the information overload in medical practice. New technology demands new administrative practices which produce confusion among health care workers who seem to keep up the old way of doing things.