



Norwegian Centre for
E-health Research

Into the Multiverse of (e)-Medication Lists



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Main research question

What is the relation between actors, including digital tools and systems, when tracing the medication list?

Theoretical framework

Actor-network theory. Used as a “toolbox” in methods and analysis.

Methods

Ethnographic fieldwork in different parts of the health care system in two Norwegian municipalities, consisting of observations and interviews.

Why?

Reduce medication errors and medication risks
Improve communication and cooperation in the health care sector

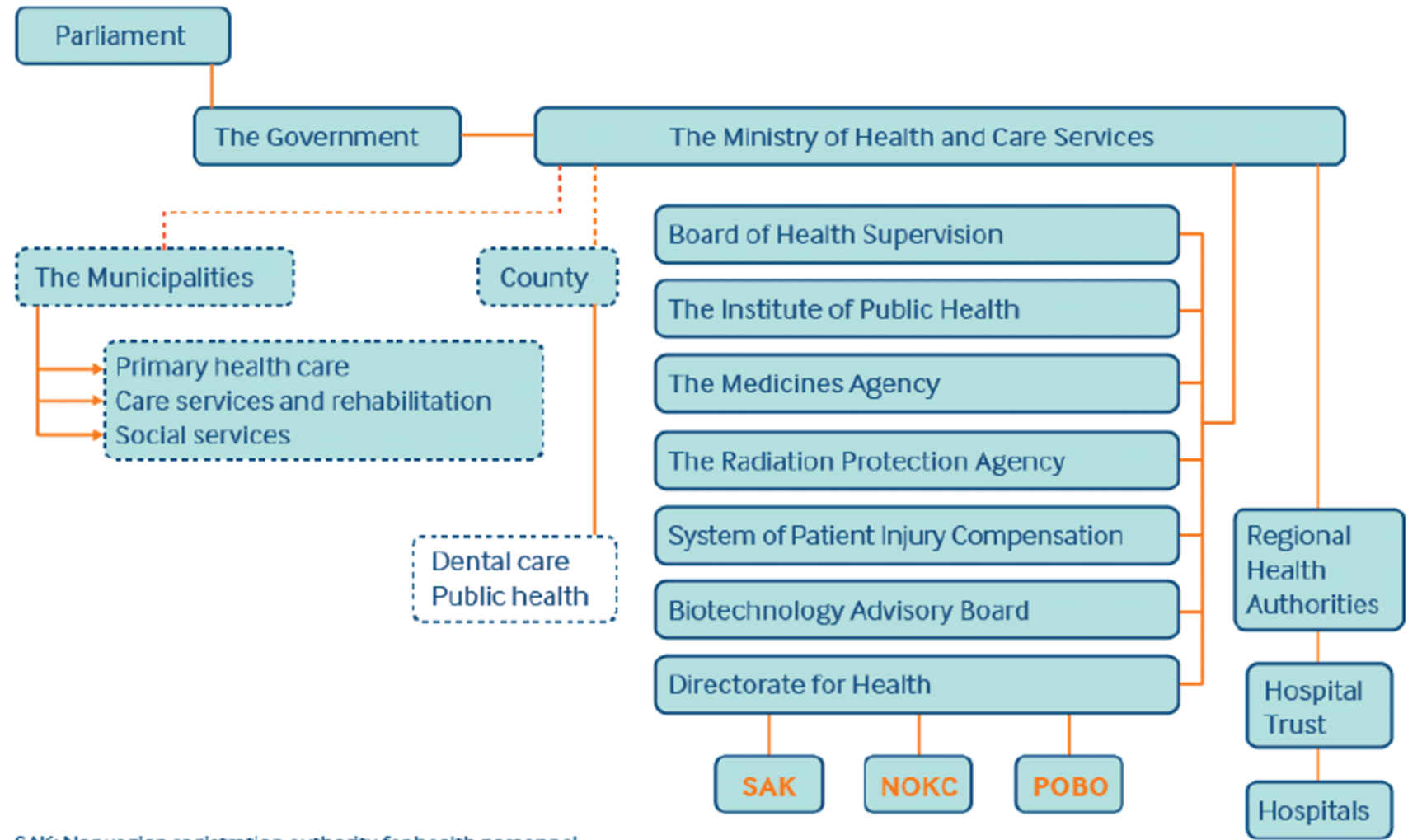


Illustrasjon: Colourbox.com



Organization of the Health System in Norway

The Norwegian context



SAK: Norwegian registration authority for health personnel
 NOKC: Norwegian Knowledge Centre for the Health Services
 POBO: Health and care services ombudsmen



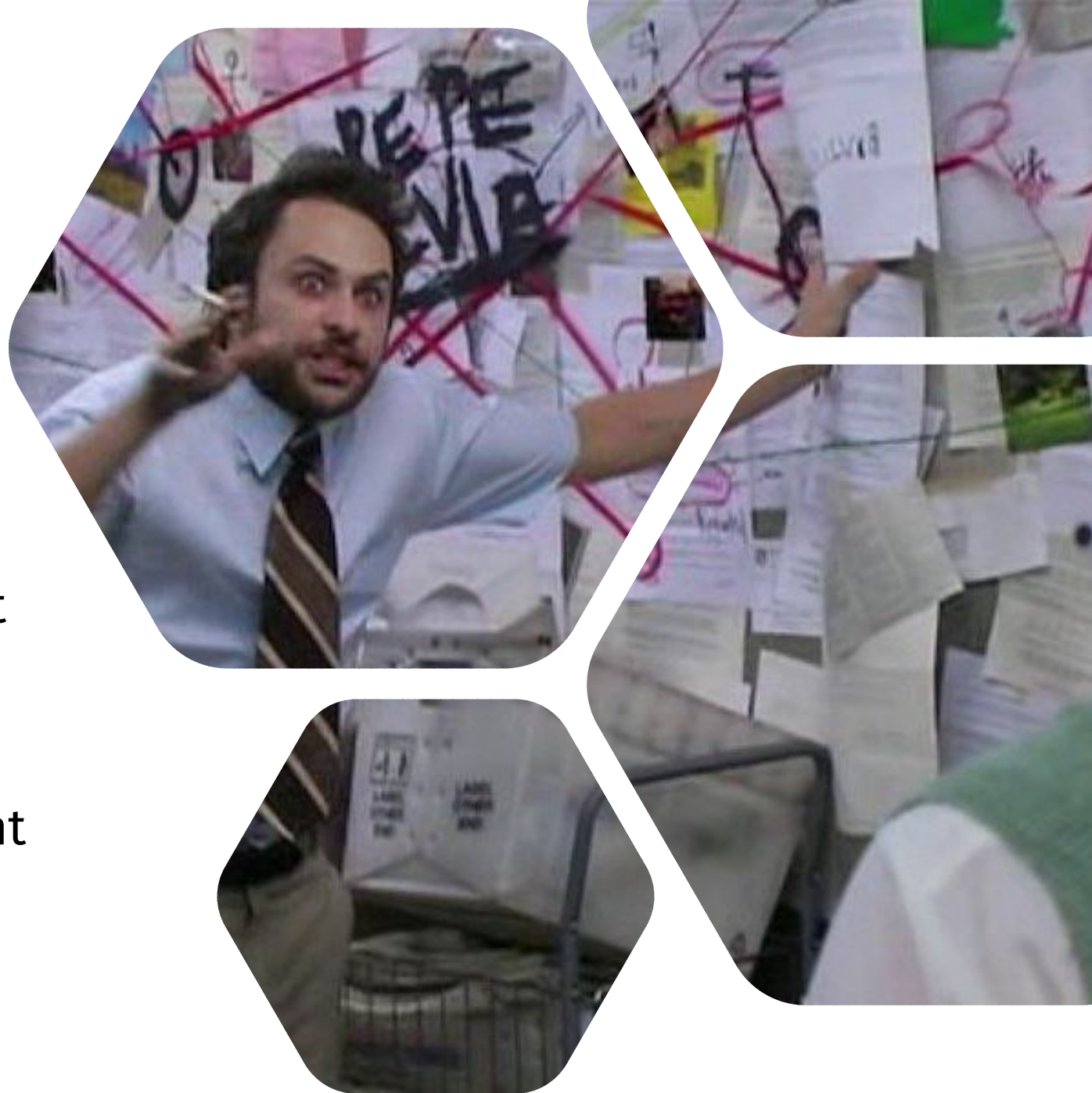
The municipalities are very different

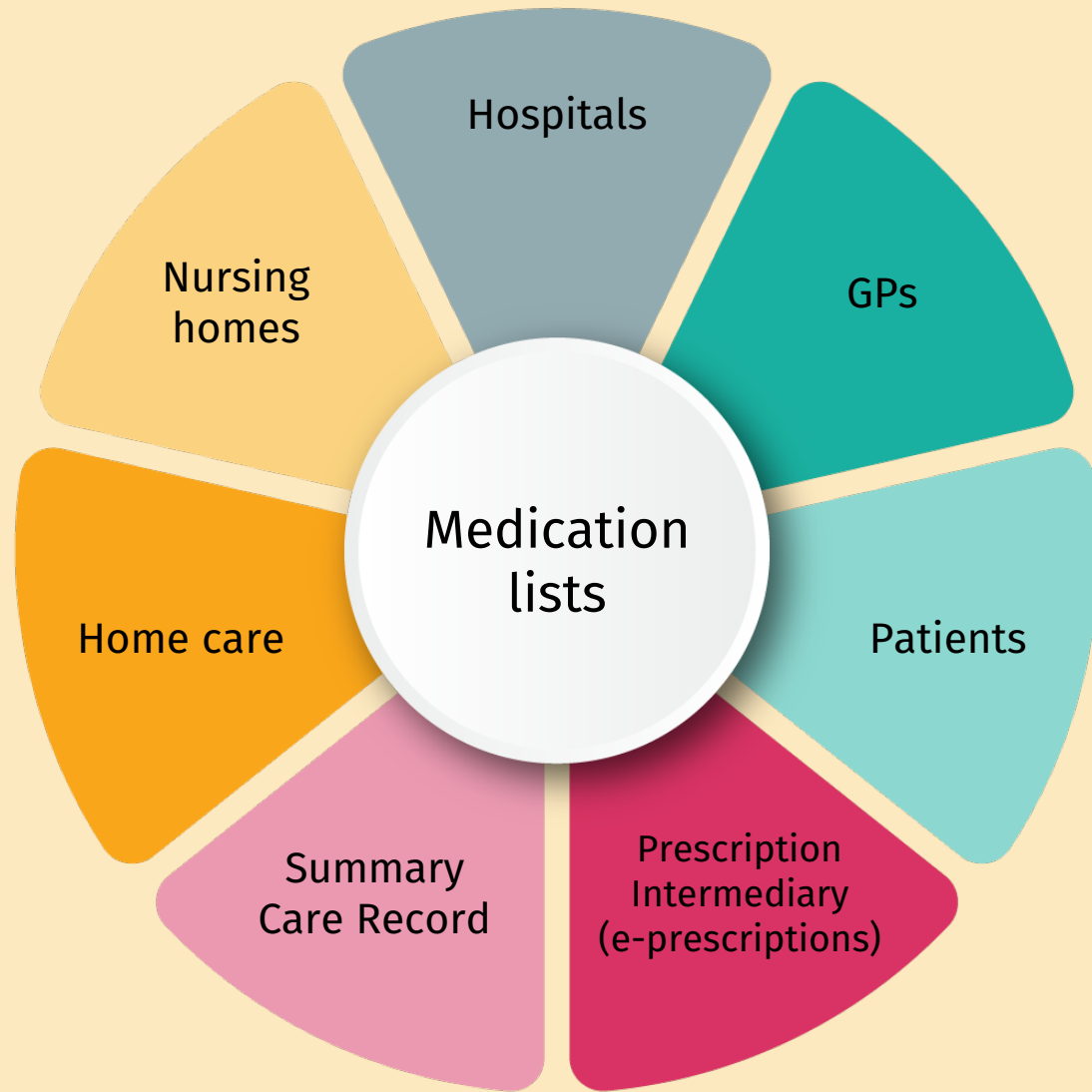
And I will illustrate that with a story from my fieldwork

Why multiverse?

Exists multiple medication lists at different locations, and they are not the same

Should be «moving» with the patient according to Norwegian law







Case: Bodil





GP





GP



Home care services






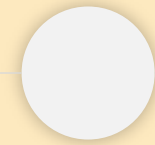
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Home care services

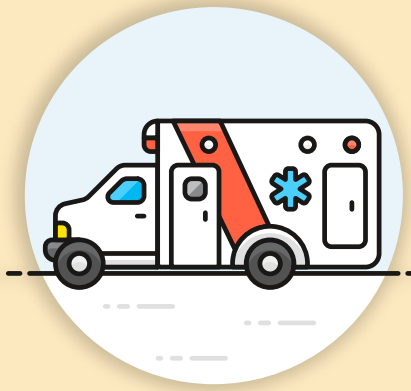
Summary care record
The Prescription Intermediary




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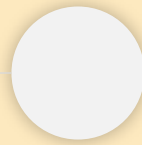
Home care services



Paramedics



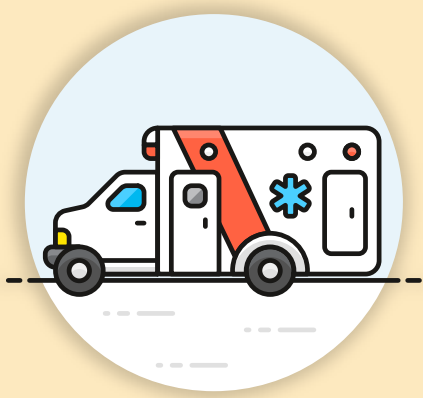
Summary care record
The Prescription Intermediary



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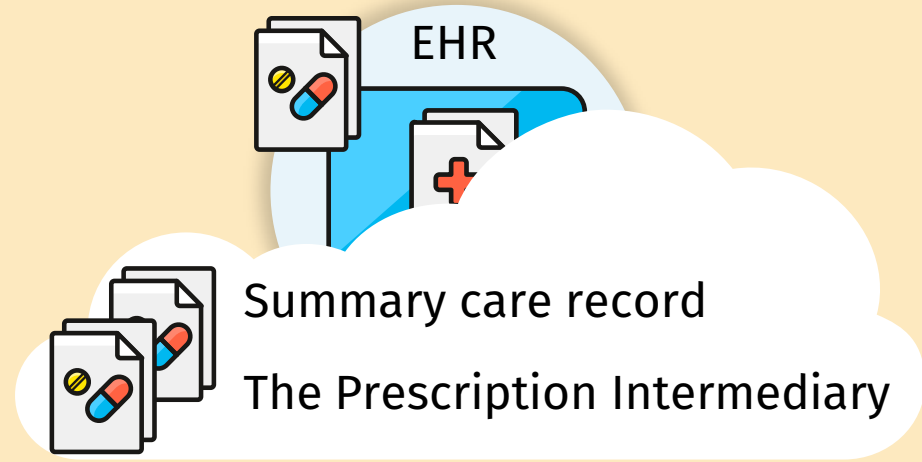
Home care services

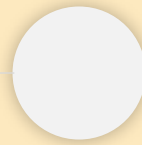
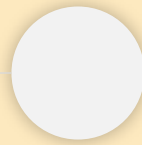


Paramedics



ER

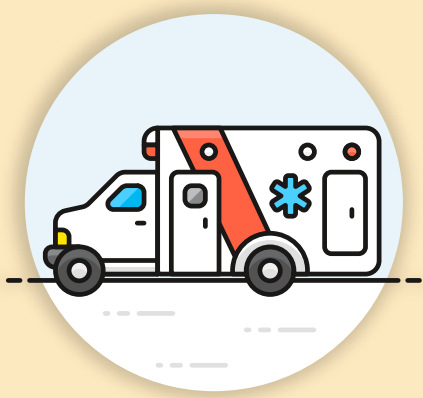




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Home care services



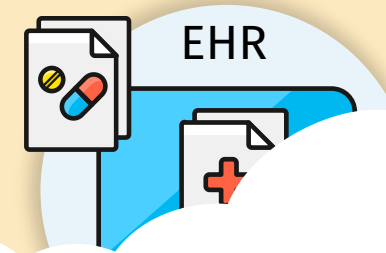
Paramedics



ER



Hospital ward

Summary care record
The Prescription Intermediary



Do you have the new medication list from the hospital?

What? Bodil has been admitted?



I think there was at least one blue pill...



Home care services

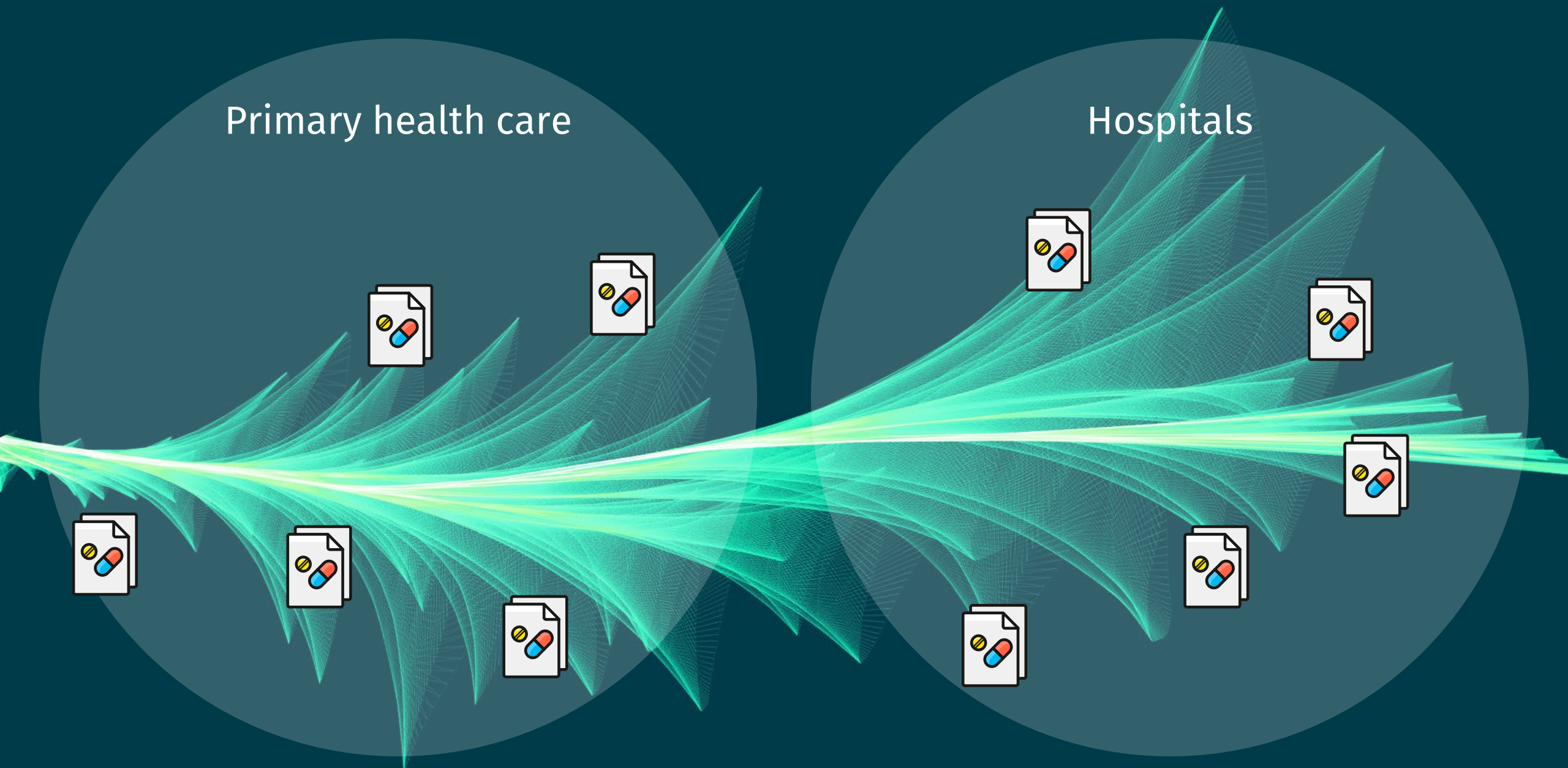


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Primary health care

Hospitals





Thank you for your attention



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