Chapter 7

Patient Journey Record Systems (PaJR) for Preventing Ambulatory Care Sensitive Conditions: A Developmental Framework

Carmel M. Martin
Trinity College Dublin, Ireland

Rakesh Biswas
People’s College of Medical Sciences, India

Joachim Sturmberg
Monash University and The University of Newcastle, Australia

David Topps
Northern Ontario School of Medicine, Canada

Rachel Ellaway
Northern Ontario School of Medicine, Canada

Kevin Smith
National Digital Research Centre, Ireland

ABSTRACT

This chapter articulates key considerations for the translation of the concept of the Patient Journey Record Systems (PaJR) into real world systems. The key concept lies in the ‘discovery’ of the use of patient narratives to locate the phase of illness in a patient journey. We describe our developmental framework of in the context of Ambulatory Care Sensitive Conditions (ACSC) for older patients with multiple morbidity, who are at a high risk of hospitalizations and other adverse health outcomes. The framework addresses the feasibility and usability of an information technology based solution to avert adverse outcomes of hospitalization when this is potentially avoidable by activities in primary care.

DOI: 10.4018/978-1-60960-097-6.ch007
Key considerations in the PaJR knowledge systems are the design and implementation of robust expert knowledge and data support systems. The patient, caregiver, physician and care team perspectives drive clinical usability and functionality requirements. Experts from computer science domains in artificial intelligence, expert systems, and decision support systems ensure the requirements for the functionality of underlying systems architecture are met. We explore this transdisciplinary perspective and ways in which coherence might be achieved among the many practitioners and expert domains involved in a developmental framework for PaJR. We make a case for the implementation of PaJR systems as part of a universal move to electronic user driven health care.

INTRODUCTION

In this chapter we explore the translation of explicit and tacit knowledge (J. P. Sturmberg & Martin, 2008) about the patient journey into real world systems— the Patient Journey Record System (PaJR). The exploration described in this chapter is from a clinical perspective. We propose a developmental framework to encompass knowledge translation from implicit information to explicit knowledge utilizing many existing developments in health services use of information technology, supporting self care and clinical care. Increasingly, ongoing developments in information technology can, if appropriately designed, provide a way forward for patient-centered user-driven care, particularly for patients with chronic conditions at high risk of decline, or where they or their families have sustained inputs and an ongoing active role in their care.

TRANSLATING NEEDS, IDEAS AND KNOWLEDGE FOR AN INFORMATION TECHNOLOGY-BASED SOLUTION

Understanding Knowledge Translation: A Brief Introduction

Knowledge translation (KT) is the process of transferring research-based knowledge to daily practice. Moving knowledge between users, researchers, inventors, innovators and consumers should benefit society by improving the well-being for its members, and enhancing the economic rewards for its goods and services (Graham & Tetroe, 2007). Knowledge comes in many forms and Lane and Flagg (2010) have identified three stages of development from the concept to operational design to implementation and marketing (Figure 1) (Lane & Flagg, 2010).

The development of a human information knowledge-based system (Kendal & Creen, 2007), involves: “Assessment of the problem; Development of a knowledge-based system shell/structure; Acquisition and structuring of the related information, knowledge and specific preferences for usability and functionality; Implementation of the structured knowledge into knowledge bases; Testing and validation of the inserted knowledge and Integration and maintenance of the system and Revision and evaluation of the system.” (“http://en.wikipedia.org/wiki/Knowledge_engineering#cite_note-3,” 2009).

Based on this theoretical framework and the PaJR conceptual framework, (Carmel M Martin, Biswas, Joshi, & Sturmberg, 2010) we are developing a prototype IT-solution to integrate patient, carer and clinician knowledge for ongoing close monitoring and more timely intervention for patients with chronic and/or unstable conditions.

A workable prototype implies the development of potential applications that form the basis for intellectual property and claims through patenting. Inventions are more tangible than discoveries,
Related Content

The Importance of Raising Chronic Kidney Disease (CKD) Awareness for Young People and Parents: Young People with Chronic Kidney Disease (CKD)
www.igi-global.com/article/the-importance-of-raising-chronic-kidney-disease-ckd-awareness-for-young-people-and-parents/137737?camid=4v1a

Assessment of Liver Function Using Hybrid Neuro-Fuzzy Model of Blood Albumin
www.igi-global.com/chapter/assessment-liver-function-using-hybrid/67861?camid=4v1a

Development of a Methodological Approach for Data Quality Ontology in Diabetes Management
www.igi-global.com/chapter/development-of-a-methodological-approach-for-data-quality-ontology-in-diabetes-management/138413?camid=4v1a

Random Forest Classifier Based ECG Arrhythmia Classification
www.igi-global.com/article/random-forest-classifier-based-ecg/42992?camid=4v1a