

26. DATA—INFORMATION—KNOWLEDGE: THE WAY UP  
IN THE ICU? COLLECTING DATA—MAKING INFORMATION:  
VENDORS MAJOR PROBLEMS IN IMPLEMENTING A PDMS  
IN THE ICU

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**Introduction:** The IT infrastructure in hospitals has developed enormously within the last decade. International standards for the system-and information integration have developed and established as well. Implementation of PDM-systems has become to a contents wise and technical routine. Are there still recurring problems with the implementation of Patient Data Management Systems (PDMS) in the ICU? If yes, which problems are recurring? What is the advantage of standardisation and where is it necessary to call for action?

**Methods:** The analysis has been made on the basis of PDM-Systems in Austrian critical care units [1]. The systems have been under examination of integrated information (systems) and applied integration standards. Furthermore the integration requested from users has been compared based on eight projects of one PDMS-supplier with the hospital IT provided hospital integration.

**Results:** The examination resulted in reaching a minimum standard in integration. Cases of integration which have increased the minimum standard are based on specific organisation of approach to a problem, apart of international standards. The gaps of integration are clearly recognisable. These gaps of integration are showing breaches of very sensitive workflow areas of the clinical staff.

**Discussion:** The following question arises: Are the increase of standards like IHE (integrating the healthcare enterprise) [2] or techniques like SOA (service oriented architecture) [3] a suitable approach to the problem to close the existing gaps of integration? Some solutions from different organisations like the ‘‘HL7 Reference Pointer’’ [4, 5] have been very practical, efficient and target-aimed. But are they trend-setting for the future as well?

#### REFERENCES

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