



**Madrid, October 16, 2008. Ernest Lluch's Assembly Room of the Ministry of Health and Consumer Affairs.**

### **ROUND-TABLE 3: DOES THE HOSPITAL TELL EVERYTHING? The Specialized Health Care Information System**

#### **COMMUNICATION 1: Configuration Management Database in consultations**

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#### **SUMMARY**

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The making of a high coverage “CMBD” for out-patient medical assistance is hard to carry out when traditional methods of clinical documentation, data capture, indexation, codification and login are used. Among the reasons of this hardship factors have been quoted factors like the high volume of existing medical assistance, the need of introducing new documental and administration tasks in a mainly verbal and direct communication context, or the absence of a standardized terminology which facilitates the indexation of clinical documents associated to each contact.

In the Hospital Complex of Toledo (Health Service of Castilla-La Mancha) had been made a study of viability on the implementation of a “CMBD” of External Consultations and Out-Patients Emergencies contacts destined to provide the elements included in its data structure. Data structures in the field of the National Health System have been appraised, as well as in the background of the Health Service of our region, in the Health Area and inside the hospital itself.

Our boarding consists on four Basic ideas:

1. Specialised taxonomies
2. Decentralised data capture
3. Operative incentives
4. Automatic encoding

It was developed a Web application (“eDocs-SIPAE”) that extracts data from the Patient Management information system, which eases the decentralised catching of clinical-administrative information in the surgery itself or in the Emergency area, it supplies tools in order to making quicker the running of requests of complementary tests and manages not only the encoding of clinical data but the casuistry registry.

The taking of clinical information associated with the management accounts was assessed in a pilot project; it was considered top priority to haste the elaboration process of statistical data for the formulation of welfare new-organization and multiple level decision-taking designs.

As a strategy for giving a sustainable support in time and adaptable to the future information needs of every agent involved in it, we have implemented “CMBD” messages of multidimensional and flexible structure, equipped with instruments of semantic disambiguation.

In order to establish the usefulness of the project, information requirements proposed for the out-patients “CMBD” of the National Health System were confronted with the recovery potentials of our information system, identifying this way the possible vulnerabilities of our working method in a very early stage as well as the possible quality failures of the final product.

Starting from the pilot project, an extension of the system to our new external consultation services and units was done. In the presentation, the analysis and statistical-related products of the register data for clinical functions, of executive and clinical management will be described. It shall be explained the operative incentives and their prospective repercussion in the requests of complementary tests management. The basis of the design of the categorizations on the clinical classification will be enumerated. It'll be given a detailed description about contacts control documents and

clinical information capture. Updated data on automatic encoding components and their operative results will be provided. It shall be imparted details about integration of the obtained information in the analysis of processes via retrospective practices based in the longitudinal records of patient's contacts. The basic design of "InfoProceso", a chronological display of courses specially out-patient assistance-oriented will be described.

During the arrangement it'll be carry out a brief interactive simulation of the process of decision –taking linked to the product design, specially stressing the management and technological aspects which we have been considered as essential.

Finally, it will be afforded quantitative and qualitative information on the obtained results in the exploitation of the registry up to the date of preparation of this communication.