Implementation of openEHR in Social services in Finland
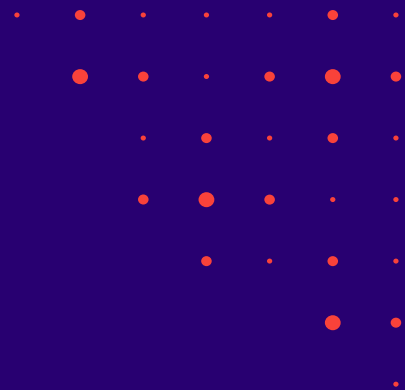
Nordic openEHR collaboration meeting

8.9.2022

Mikko Kaidesoja, Solution Lead Heath and social services

tietoevry

Agenda

1. Status of usage and development

2. Ongoing development

3. Experiences and pain points

4. Short Demo

Status of usage and development of the OpenEHR data

- Lifecare Social Care production running in Päijät-Sote region from the beginning of April 2022.
- 50 Forms based on national data and document models in use in working-age services
- Release wk38/2022 contains 90 new forms for the other service categories:
  - child welfare,
  - family services,
  - services for the elderly,
  - handicapped services and
  - substance abuse treatment
- New customers will start production usage at beginning on next year.
- Forms are archived to the national archive, but not in structural format.
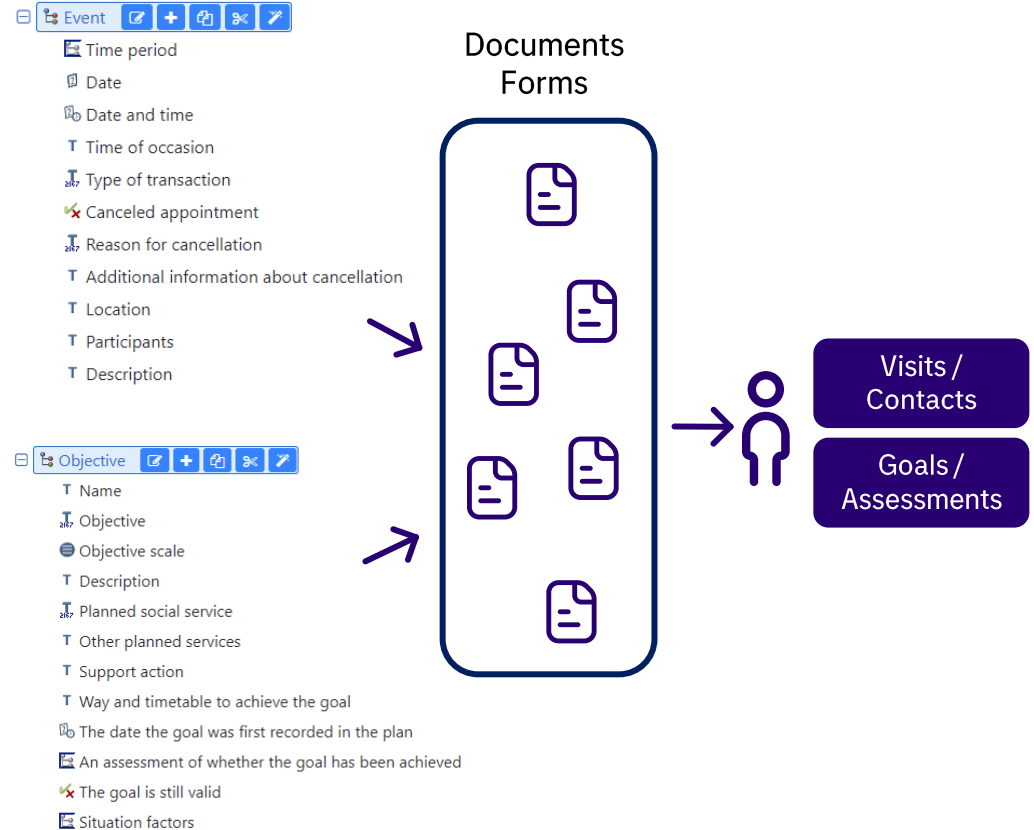
</> Architypes 130

Forms 140

Links

Social care: Sosmeta

Health care: Termeta

Ongoing development

- Structural archiving
- Gathering meaningful information based on architypes from documents
- Both customer- and organization-specific summaries of the collected data will be produced
  - For example
    - Client visit/contacts
    - Goals of the plans
- Data visualization
- Providing information to evaluate the effectiveness of social care

Architypes

- Event
  - Time period
  - Date
  - Date and time
  - Time of occasion
  - Type of transaction
  - Canceled appointment
  - Reason for cancellation
  - Additional information about cancellation
  - Location
  - Participants
  - Description

- Objective
  - Name
  - Objective
  - Objective scale
  - Description
  - Planned social service
  - Other planned services
  - Support action
  - Way and timetable to achieve the goal
  - The date the goal was first recorded in the plan
  - An assessment of whether the goal has been achieved
  - The goal is still valid
  - Situation factors

Documents Forms

Visits / Contacts

Goals / Assessments

Experiences and pain points

1. The national data structures are not always familiar to the social workers in all aspects. Using of the documents is partly challenging.

2. The National data model is not stable, the changes are still continuous.

3. Archetypes are not systematically used in documents. For example, architype "decision" is not always used in decision documents. Makes it difficult to utilize data.

4. Registering social care information always in a document context (because of national requirement) makes information management sometimes difficult

5. The national data model is based largely on free text. Utilizing data is challenging and requires text-based analytics.

6. Co-operation with national authorities still challenging. The IT-perspective is not always considered.

Thank you

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