



ACACI Austin Centre for
Applied Clinical Informatics
www.acaci.org.au

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Welcome to the March edition of our newsletter

This newsletter is so you can see what's going on with our projects, staff, Informatics Seminars as well as extending our informatics network.

New staff

We would like to welcome our latest colleague to ACACI; Sean Conley joined us in late February as Clinical Projects Officer. His move from an A/NUM in the Emergency Department brings a wealth of knowledge. His main focus will be continuing the rollout of electronic discharge summaries, which has been on hold since Mark Plummer's move to Radiology PACS.

Sean will be based on Level 3 of the Tobruk Building at the Repat and can be contacted via ext 2957.



Students & Research

We currently have a number of undergraduate and postgraduate students and researchers with us and are expecting more in the next few weeks.

From Central Queensland University we currently have:

Anja Tropp researching

openEHR—Optimising specialisation of archetypes

Jan Staehr researching

openEHR—Nursing Archetypes

Jana Granz researching

openEHR— Integration of Archetype Finder & Editor

Dr Alejandro Gigoux researching

openEHR—Mental Health Archetypes

From early March there will be two Bachelor of Health Information Management students from LaTrobe University, spending 5 weeks with us. Jude Michel will be working on mapping of SNOMED terms from proposed oncology datasets and Tung Nguyen will be work on the Nutrition Risk Assessment project.

From ACACI Co- Director: A/Prof Graeme Hart

Informatics is a poorly understood term. It really relates to the formalized study and management of information in an electronic environment, and in our case the health environment. It is important because recording, storing, retrieving and communicating complex health information between computers using different software in a clear and non ambiguous manner is actually quite difficult. Coupled with this is the difficulty of ensuring that the clinical user's life is made easier rather than harder; that all the benefits of automated rules and alerts are achieved; that privacy for all involved is maintained. Then add multiple layers of legal and statutory requirements, technical complexities and the need for 99.999% reliability and you can see this is a bit like rocket science, only harder.

We have taken the approach that the only way for Austin Health to progress is to have help from specialists in Informatics working with us in a pragmatic and collaborative environment. To this end we are developing Memoranda of Understanding with University of Melbourne, La Trobe University and Central Queensland University. These collaborations will generate research in both "pure" and "applied" areas and you will see increasing numbers of collaborating university staff and students working with Austin Health to

develop robust and innovative new health care solutions that make patient care better, safer, more effective and hopefully simpler for clinicians. Areas of early collaboration are in the words (terminologies) that clinicians use that are codified in computer language, understanding clinical nursing documentation as a preparation for electronic forms development, helping develop a clinical audit system by upgrading departmental databases and integrating the information with hospital main information sources, decision support in a nursing environment and improving clinical risk assessment especially for nutrition but also in established areas such as falls and pressure ulcer prevention.

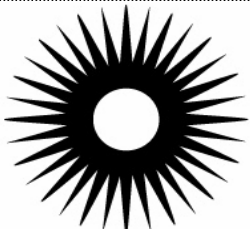
Austin staff are heavily involved in both state and national programs involving electronic health records including medications management and the statewide Cerner Clinical System Rollout.

Around all of these informatics and technical issues are important people issues. The people who work in health will be increasingly impacted by these new ways of working and you are all invited to participate and help direct the changes through training, planning and implementation meetings, and so on. We need your help so we make life better for you and your patients. You know what can be improved much better than us.

Health Informatics Society of Australia (HISA)

HISA aims to improve healthcare through informatics. HISA's state branches and Special Interest Groups are the heart of the organisation. When you join HISA you can become part of your local branch and have the ability to join in with the local Health IT events.

HISA Victoria has an upcoming conference on April 13th. The day will consist of speakers in the morning followed by 'Speed networking' investigating how best to facilitate the change from individual stand alone systems to a unified statewide patient information system which allows the prompt and efficient communication of Health information between Primary, Acute and Community Health Sectors. For more info visit www.hisa.org.au



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Informatics Seminars 2007

We are pleased to announce the following presenters and topics for our seminars. Where possible we will post presentations on the [ACACI website](#).

March Tuesday 13th

Telehealth - Remote Patient Monitoring of Patients with Chronic Disease: A current study
Presented by Janette Gogler, ADON Informatics & Dr Nick Antoniadis, Respiratory Consultant, Austin Health

&

**Central Queensland University Research Activities at Austin Health:
Of archetypes & wireless intelligent agents for patient safety**

Presented by Dr Sebastian Garde & Dr Carola Hullin, Central Queensland University

April Wednesday 18th

**Health Informatics Society of Australia (HISA)-
Presented by Brendan Lovelock, General Manager, HISA**

May Monday 21st May

**National eHealth Transition Authority (NEHTA)
Presented by Vicki Moritz, HealthSMART**

If you have a suggestion for a topic or wish to present, please contact acaci@austin.org.au

All sessions are a 5:30pm start with light refreshments available from 5pm. Sessions will be held in the Education Precinct on Level 4 of the Austin Tower. Car parking is available via the Studley Road car park. A map of the Austin is available via www.austin.org.au/MapData/1.pdf

Thank you to our generous sponsors!

For our February informatics seminar...

Thanks to *Nando's Ivanhoe* for supplying us with some delicious food prior to our seminar. Just what we needed after a hard day's work! Nando's Ivanhoe is at 203 Upper Heidelberg Road.

Thanks to *Wyeth Consumer Healthcare* for donating a number of sample bags that we were able to give away to participants.

Seminar Dates 2007

March Tues 13th

April Wed 18th

May Mon 21st

June Wed 20th

July Thurs 19th

Aug Tues 21st

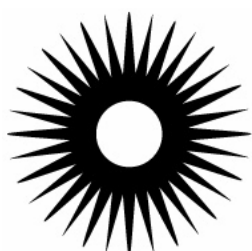
Sept Mon 24th

Oct Tues 23rd

Nov Thurs 29th

MedInfo 2007

The 12th World Congress on Health Informatics, hosted by HISA, is to be held in Brisbane in August 2007. Around 3000 participants from over 50 countries are expected to attend. For more information visit www.medinfo2007.org



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Project Overviews...

A brief overview of some of the ACACI work

Training Update

[Andrew Chong](#) & [Anna Brazzale](#) are the training leads. [Janette Gogler](#) is the lead for nursing informatics.

- In 2006, 1478 Austin Health staff had attended some form of computer training. Proposed target for 2006, was between 1300-1500.
- In 2007, IT Training Group is aiming for 1500-1700 staff attending computer training. There will be evening training offered as well as the mandatory education days conducted for the wards.
- Around 60 new medical interns trained in January 2007.
- IT Training Group attended the HMO Induction Program on 5/2/07 to present Medtrak/PACS. Post evaluations from Medical Education Unit gave the IT trainers the highest scores of the day!
- Following the HMO Induction Program, 63 HMO have had 1-1 basis Medtrak/PACS training.
- By the end of March 110 new graduate nurses will have been trained on Medtrak and electronic rostering.

Nutrition Risk Assessment- Project Overview

This project is being lead by [Heather Davis](#) & [Caitlyn Green](#) and is sponsored by [Pharmatel Fresinius Kabi](#).

Early identification of patients who may be at nutritional risk is a vital step in patient care. It allows for the early implementation of nutrition support and potentially prevents the occurrence of many serious adverse effects, some of which are:

- Impaired immune responses - increasing risk of infection
- Impaired wound healing and delayed recovery from illness
- Reduced respiratory muscle function - resulting in increased difficulties in breathing and expectoration, in turn increasing the risk of chest infection and respiratory failure
- Poor surgical outcomes
- Reduced muscle strength and fatigue; leading to falls
- Increased length of stay
- Increased morbidity, mortality
- Apathy, depression & self neglect

At Austin Health we aim to introduce standardised screening for all patients to determine malnutrition risk upon admission, condition change and transfer.

ACACI will be working to incorporate nutrition screening into the electronic health record, with an aim to develop a nurse friendly tool that can be used at the bedside.

The introduction of standardised screening using the 'MUST' tool in the UK identified that between 20 to 60% of patients admitted to hospital were malnourished.

Those identified most at risk were:

The Elderly

Those with Chronic Diseases

Those Recently Discharged from hospital

The Poor

The Socially Isolated

MUST Tool

5 'MUST' steps The Malnutrition Universal Screening tool (MUST) has been designed to help you identify adults who are underweight and at risk of malnutrition, as well as those who are obese. The 5 steps are:

1. BMI Score
2. Weight Loss Score
3. Acute Disease Effect score
4. Total Scores from steps 1,2,&3
5. Intervention & Referral to Dietitian

The electronic MUST tool is now in development. It will be piloted in the Pre-Admission Clinics, 7 East MAPU and Ward 11 Repat later this year.