



NOV/DEC 2007



**ACACI**

Austin Centre for  
Applied Clinical Informatics

[www.acaci.org.au](http://www.acaci.org.au)

**ACACI Staff**

*A/Prof Graeme Hart*

*Clinical Co-Director*

*Paul Oppy*

*CIO/Co-Director*

*Sofie Ioannidis*

*Executive Officer*

**Project Staff**

*Sean Conley*

*Caitlyn Green*

*Jan Staehr*

*Anthea Ward*

**Training Staff**

*Andrew Chong*

*Anna Brazzale*

**Nursing Informatics**

*Janette Gogler*

**Research Associates**

*Dr. Carola Hullin*

PO Box 5555

Heidelberg

Vic 3084

03 9496 2687

[acaci@austin.org.au](mailto:acaci@austin.org.au)

[www.acaci.org.au](http://www.acaci.org.au)

**Welcome to the final newsletter for 2007**

*This newsletter is a communication tool and promotes sharing of information in relation to projects, staff, Informatics Seminars as well as an opportunity to extend our informatics network.*

**Staff Changes**

We welcome Jan Staehr to the ACACI team. Jan joined us in November in a part time role and will be responsible for working on specific clinical projects. Jan has a background in both nursing and nursing informatics and has a post graduate diploma in IT. Earlier this year she worked with the Central Queensland University Informatics Research Group based at Austin Health, specifically on the development of nursing archetypes. During this time she collaborated with ACACI and she is now based at the Repatriation campus and can be contacted on ext 2603.

In late November Heather Davis finished at ACACI. Heather was the joint project lead for the Nutrition Risk Project. During her year on the project, Heather had achieved great progress with the eMUST tool being introduced. The first year report had shown that almost 1000 patients had been screened using the eMUST. A huge thank you to Heather for her hard work and perseverance and we wish her well at her new position at Southern Health.

**Informatics Seminars 2008**

Date	Day	Room
March 12 <sup>th</sup>	Wednesday	4.4
May 12 <sup>th</sup>	Monday	4.5
July 16 <sup>th</sup>	Wednesday	4.4
September 29 <sup>th</sup>	Monday	4.4
November 12 <sup>th</sup>	Wednesday	4.5

All seminars are 4pm start (room available at 3:45) and will be held in the Education Precinct, Level 4 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](http://www.austin.org.au/MapData/1.pdf)

**New Website for ACACI**

ACACI will be launching a new website in early 2008. The site address will remain the same, but it will have a fresh new look with updated content and layout. If you have any feedback about the site, please let us know!

## From ACACI Executive Officer

Sofie Ioannidis



It is that time of year where I attempt to pause and enjoy some perspective on work accomplished this year. (Although there is still a huge amount of work preparing for the new year!!!)

The key Clinical Projects that ACACI has been involved in include EDS (Electronic Discharge Summary), Clinical Audit & Nutrition Risk Assessment. A snapshot as to where these projects are up to is included in this newsletter.

Apart from these ongoing projects, the Clinical Systems Planning Day in early August resulted in a number of recommendations and the development of a Clinical Systems Strategy Paper that has progressed through to Board level. This has recently been endorsed.

The ACACI team has already commenced reviewing the workplan for the next few years. Many of these projects rely heavily on funding so a lot of the work will involve situation analysis and

preparation for the budget bid process in April next year. The Clinical Systems priorities include improving access for clinicians, atomic results, patient alerts & allergies and the list goes on. Of course none of this can happen without the essential input and involvement of key stakeholders.

By the end of 2008 the aim will be to have some funded projects that can be implemented to make a difference for clinical staff and ultimately improve patient care. Again, we look forward to working with all relevant parties in Austin Health.

The ACACI team will be taking time to enjoy some Christmas cheer from 25<sup>th</sup> December until 3<sup>rd</sup> January. During that time we will be running on a skeleton staff, so for non urgent issues, we would ask for your patience. For all urgent issues, please contact the help desk.

Wishing you a safe and Merry Christmas and a wonderful start to the New Year

ACACI

P.S If there's anything in particular you'd like to see featured in future editions of our newsletter, we'd love to hear from you. Please feel free to forward the newsletter on to anyone you know who'd benefit from sharing this information.

## Project Overviews...

*A brief overview of some of the ACACI project work*

### Clinical Audit

This project lead is Sofie Ioannidis

A lot of focus in the later part of this year has been on the work produced by Team Black—a group of Computer Science & Software Engineering students from The University of Melbourne.

Team Black created a central online database management system whereby users are able to create their own databases using a standardised online format and access. Essentially the idea is to use databases via a central internet portal. This body of work was largely a proof of concept and the end product is a prototype that will be reviewed and evaluated. Evaluation will incorporate an assessment of extending this model to clinical databases to increase efficiency and data quality.

Team Black demonstrated the prototype in mid October to members of the Clinical Audit Steering Committee (CASC). Austin Health would like to thank Team Black for their efforts. ACACI would also like to acknowledge the Information Managers/Coordinators involved in this project, more specifically the efforts of the Surgical Division.

### What's Next?

A work plan and an appropriate framework for clinical audit will be developed for 2008.



# Project Overviews...

*A brief overview of some of the ACACI project work*

## Nutrition Risk Assessment Project Update

This project is being lead by [Caitlyn Green](#)

The Electronic Malnutrition Universal Screening Tool (EMUST) has now been in use in pre-admission clinics and Ward 7 East for the past 5 and 4 months respectively. Ward and liaison nurses have been doing a fantastic job screening patients, with the EMUST system sending automatic pages to dietitians - alerting them of patients who are at high risk of malnutrition.

### 7 East Results

Over the 3 month period (until 23<sup>rd</sup> October 2007), 7 East staff had screened a total of 277 MAPU patients. This represents 75% of the total MAPU admissions during this time.... A FANTASTIC effort!!

Of these 277 patients, 17% were found to be at high risk of malnutrition and were immediately referred to the dietitian for assessment and treatment. 54% of this group were found to be at low risk of malnutrition. This data is consistent with trends identified in international studies of acute hospital patients.

Introduction of the EMUST system has drastically improved patient care. 100% of high risk patients are now immediately referred to the dietitian for follow-up. (Baseline data indicated that only 20% of these patients were being referred to a dietitian for follow-up)

### Pre-admission Clinics

Data analysis over a 4 month period shows that liaison nurses have screened a total of 649 patients in the pre-admission clinics.

Of these 649 patients, 7% have been identified as

having a high risk of malnutrition and 82% at low risk of malnutrition. The high risk patients are immediately referred to the dietitian who provides out-patient follow-up as necessary. This pattern of risk is consistent with community incidence of malnutrition.

Unsurprisingly, in the pre-admission clinics, obesity has proven to be a much more significant issue. A total of 31% of patients presenting to pre-admission clinics are classified as obese. This is again representative of the increasing incidence of obesity in the wider community.

This group of obese patients awaiting elective surgery presents unique issues for the health care system. Early identification and management of weight has the potential to significantly reduce surgical risk to the patient. The challenge now lies in finding the best way to manage and treat these patients.

### What's Next?

We are continuing to analyse the data we are getting from EMUST. We are also about to conduct an evaluation with the nurses and dietitians who use the system. We are currently looking at ways to ensure that EMUST is sustainable and are about to embark on Phase 2 of the project - development of a comprehensive nutrition management system.

### And.....

It is with much regret that we say goodbye to Heather Davis who is heading off to pursue other career options. We say a big thank-you to Heather for all her hard work and dedication - her passion and motivation will be sorely missed.

## Training

[Andrew Chong](#) & [Anna Brazzale](#) are the IT training leads

IT Training Milestones for 2007 are:

- In 2006 - trained 1502
- Currently in 2007 - trained 1203 so far (up to Oct 2007)
- Continue with training on Medtrak, PACS and RAHCU to all Austin Health
- Implementing a training program for medical staff commencing in 2008
- Assisted training rollout for Content Management System (CMS) to key Austin staff stakeholders
- Assisted training rollout for The Care Manager (TCM) software
- Assisting documentation and training on Nutrition Risk Assessment
- Updating training documentation on the changes to Medtrak P7



## Electronic Discharge Summaries

Sean Conley is the project lead.

As this is the last Electronic Discharge Summary Update for 2007 I thought it timely to go over what we have achieved in 2007.

- The Number of live units has increased from 41% to 58%.
- The number of EDS produced per month has increased from approx 850 per month to around 1300. This is an increase of 450 EDS a month. The percentage of EDS produced by live units has increased from 51% to 74%.

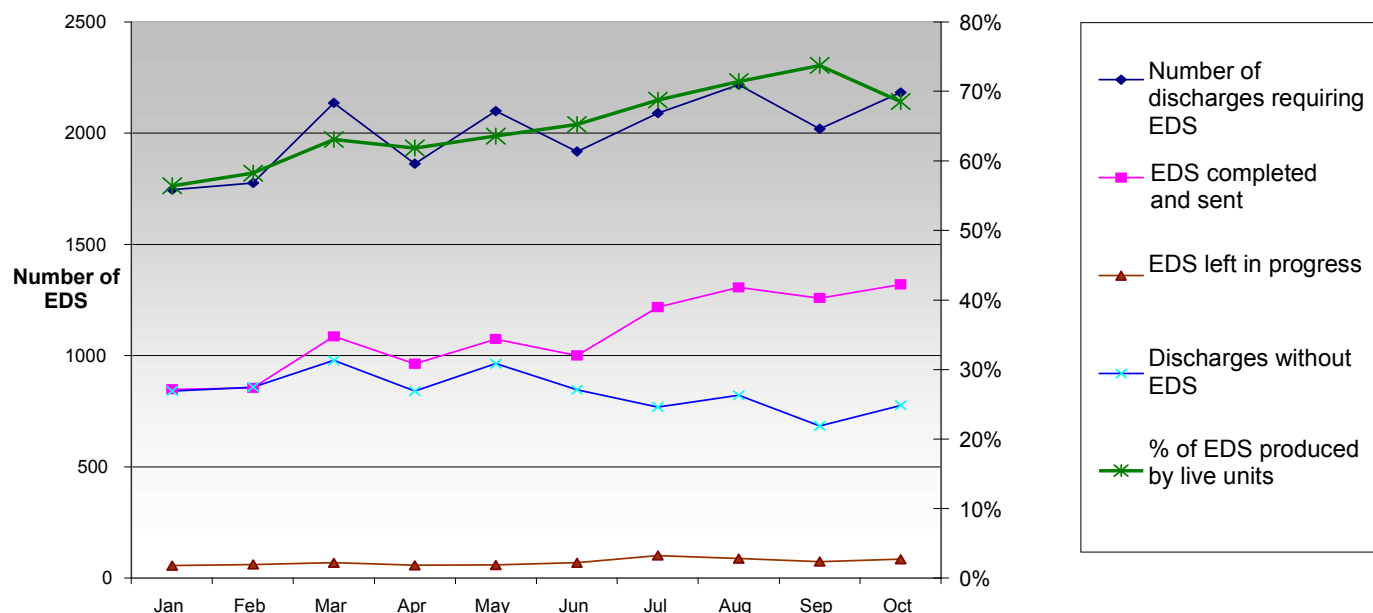
The status report and associated recommendations mentioned in the September ACACI newsletter were taken to the IT Steering committee and the Medical Advisory Committee in November. Recommendations presented to the committees

have resulted in TrakHealth providing two patches to improve our current EDS software. Further formatting upgrades will also be provided in subsequent TrakCare upgrades scheduled for 2008/2009.

A distribution list has been developed so that Health Information Services can provide monthly updates on EDS usage to clinical heads of units. The first of these monthly reports was sent out in November. Circulated with this report was a questionnaire asking for feed back on the EDS tool and looking for ways to further improve clinical units' use of Electronic Discharge Summaries.

The Health Information Management Committee has recently updated the Austin Health Discharge Summary Policy. This updated policy will be made available in December.

### Breakdown of EDS Progress 2007 - Incorporating Live & Non-live Units



## Nursing Informatics

Janette Gogler is the ADON for Nursing Informatics  
Activities for year 2007 Nursing Informatics services:

1) Symposium: we held a very successful gathering with Austin staff and regional and interstate visitors. The Nursing Informatics Users Group planned and organised the activities for the day obtaining a very positive response from all participants.

2) Research activities:

- ⇒ Usability studies
- ⇒ Workflow investigations
- ⇒ Data elements for Admission and discharge
- ⇒ archetypes developed - aged care
- ⇒ Telehealth - remote patient monitoring

3) Extensive collaboration with local, national and international collaborators.

