



ACACI
www.acaci.org.au

Austin Centre for
Applied Clinical Informatics

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Welcome to the first newsletter for 2008

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.

Planning Day Report

The planning day on 3 August was attended by 42 people including Board representatives and senior clinical, executive and management staff.

Discussion groups identified a list of issues for the ACACI workplan. This work will reduce clinical risk in the meantime and improve clinician access to Medtrak.

The full report is available for internal users [here](#)

Informatics Seminars

March 12th @ 4pm, Room 4.4, Education Precinct

Informed Consent Technology

Alice Freyne - Surgical Multimedia Services

[Click here for a preview](#)

&

Electronic Discharge Summary - The Peninsula Health experience

Bob Ribbons, Manager Clinical Informatics, Computer Services Department

Electronic Discharge Summary Project - Austin Health

Sean Conley, Project Officer ACACI

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

Future dates for 2008 seminars: all session are a 4pm start

Date	Day	Room
May 12 th	Monday	4.5
July 16 th	Wednesday	4.4
September 29 th	Monday	4.4
November 12 th	Wednesday	4.5

From ACACI Executive Officer

Sofie Ioannidis

Welcome to the first ACACI newsletter for 2008. This edition provides an update on existing projects being led by the ACACI team and also projects that are in the early commencement phase of the project lifecycle. These projects were derived from the Clinical Systems Strategy Planning Day.

To summarise ACACI Project Team Resources have been allocated to:

- Atomic Results Reporting
- Outpatient Letters in Medtrak (TrakCare)
- Sharepoint pilot project
- Electronic Order Entry - to specific areas at Austin Health

Continuing projects include:

- Electronic Discharge Summary (EDS)
- Nutrition Risk

At this point I would also like to highlight that all ACACI staff have consulting responsibilities as well as project work responsibilities. An example of this type of consulting would be meeting with the Respecting Patient Choices Team to work through some of their needs in relation to their program.

One of the key objectives for ACACI is to maintain a focal point for development of collaborative clinical informatics projects and this incorporates the consulting role.

ACACI encourages contact with our department. We can be contacted through the help desk or directly on 9496 2904 or 9496 2687

We look forward to seeing you at our first seminar scheduled for March 12th. Any ideas and feedback you may have for future seminar presentations would be welcomed by ACACI.

Project Overviews...

A brief overview of some of the ACACI project work

Nursing Informatics

Janette Gogler is the ADON for Nursing Informatics

The investigation into Nursing data elements for admission and discharge is complete and analysis is underway. Nearly 200 medical records were audited during the process and 300 forms were reviewed - this includes the "informal" forms that wards create but are not filed into the patients paper Medical Record. The areas investigated were surgical, medical and aged care. A small working party has been established to assist with the analysis before a maximum data set is developed.

Over 100 New nurse graduates have commenced in Austin Health and training on Medtrak and PCMS rosters is well underway.

In March visiting informaticians and educators from Perth WA will be given an overview of informatics at Austin Health with enthusiasm to seek

collaborative opportunities.

Honours HIM student David Mangano, LaTrobe University, has submitted his thesis on " Analysis of the information flow of clinical allergy information within a hospital environment" David was an undergraduate placement in Nursing Informatics in 2006 when we performed an extensive investigation into allergies recording during the transition phase of paper and electronic patient records. His thesis builds on the earlier investigation and is an essential piece of work in understanding workflow patterns in a health service.

Murat Gok from University of Goettingen is nearing the end of his 12 months as Austin Health with his Masters thesis on concepts for introducing an EHR -system to a clinical service based on the openEHR approach. He will return to Germany where his supervisor (our other German-Aussie) Dr Sebastian Garde is now living.

Clinical Audit

This project is being lead by **Sofie Ioannidis**

The Clinical Audit Steering Committee has agreed to a new workplan for 2008. This includes the creation of 3 working groups that will focus on specific goals in relation to Clinical Audit at Austin Health.

The 3 working groups are:

- *Group 1 - KPI setting - Quality & Safety Aggregation (Lead by M Yeoh)*
- *Group 2 - Technical Working Group (Lead by G Hart)*
- *Group 3 - Documentation, engagement & framework (Will come together once Group 1 & 2 have completed specific 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 7 and 6 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.

Evaluation

We are currently in the process of undertaking evaluation of the EMUST system. This is being done via circulation of surveys to all nursing staff involved and attendance at relevant staff meetings to discuss the issues highlighted by the surveys.

We are also about to embark on the evaluation of the EMUST system from the dietitians and patient viewpoint. Evaluation outcomes will be published in future newsletters.

Publications and Presentations

Two abstracts focussing on the EMUST system have been accepted for presentation at the Dietitians Association of Australia Conference in May 2008.

Currently, two papers are being prepared for submission. One to the Journal of Nutrition and Dietetics and one to the Quality and Safety in Healthcare Journal.

What's Next?

We are continuing to analyse the data we are getting from EMUST and pass this back to the relevant wards/clinics for review. 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.

Clinical Correspondence in Medtrak

This project is being lead by [Anthea Ward](#)

ACACI is leading a project that will see outpatient letters that are typed via the Lanier system available in Medtrak.

The objective of this project is to upload the letters into Medtrak and no longer file them in the paper medical record.

Approximately 900 outpatient letters and 20-25 operation reports are typed by HIS each week. Letters currently take around three weeks to reach the medical record file.

Once the project goes live, letters will then be available online once they have been typed.

Anticipated go-live date is 1st July 2008.

What does this mean for doctors?

- Anywhere, anytime, access to patient letters
- The paper copy of dictated letters will no longer be in the medical record
- Doctors will continue to receive the paper copy in clinic to be signed and sent
- Letters can only be accessed via Medtrak; **current** and **active** log-ins are needed
- Training sessions will be scheduled for doctors closer to the go live date

Business Benefits:

- Immediate access to clinical information if the patient presents unexpectedly
- Multiple users can simultaneously access the same patient record
- A copy of correspondence being held indefinitely

Electronic Order Entry (Pathology & Radiology)

This project is being lead by [Sofie Ioannidis](#)

Diagnostic tests are currently ordered using paper forms (other than in Emergency Department) or over the telephone. This has the disadvantage that many of the orders are incomplete and/or illegible, and there is sometimes no evidence a test has been ordered.

This project was identified as a priority from the Clinical Systems Strategy day in August 2007 and subsequently was listed on the ACACI workplan.

The scope of this project incorporates implementation of the TrakCare Electronic Ordering Module to enable electronic ordering of Pathology and Radiology in to an acute specialty, in this case ICU (Intensive Care Unit) and also to a non admitted patient service, Staff Clinic.

Training

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

2007 has been another successful year for the training department. A total of 1265 Austin Health staff attended some form of computer training as the table of the right shows. A new year has arrived and it's time to start training once again! January and February are the busiest times for us as new nursing graduates, interns and HMO/Registrars have commenced

Orientation for the Interns was conducted on Friday 11th of January with 3 rotating sessions each session going for 40 minutes. Roving was also conducted in the Outpatient clinics during the week, assisting staff mainly with setting up their OP Worklists. Andrew and Anna attended the orientation for the HMOs/Registrar's on Sunday 3rd of February, with training currently being conducted for HMO's/Registrars.

So far, about 100 nurse graduates have been trained in Medtrak (in conjunction with Janette Gogler's training on PCMS) and another 40 new interns have been trained on Medtrak, PACS and using Webmail. On top of that, another 30 new HMO/Registrars have also been trained. Then to top this off, we have the regular training programs still to conduct.

Apart from training during 2008, the IT Training Group will be involved in a pilot project to learn and train Microsoft Sharepoint. This project will commence in late February and will be piloted in the IT, Intensive Care Unit and Corporate Development. If successful, it will then be implemented to hospital wide later on this year.

For further details of training sessions, visit the [IT Training intranet site](#)

Course name	Total
Code Tables: Set Up New Users	1
Computer Coaching	26
Content Management System Training	7
EMUST Training	16
General Induction Training	13
Information Technology Department	18
Lee Total Care	10
MedTrak Admin Roving	43
MedTrak Allied Health - excludes Dietetics, Speech Pathology Training	45
MedTrak Allied Health Roving	49
MedTrak Medical Demo	118
MedTrak Medical Intern	27
MedTrak Medical Staff	78
MedTrak Medical Staff Roving	25
MedTrak Medical Students Training	107
MedTrak Non-Clinical	21
MedTrak Nurse Bank Training	2
MedTrak Nurse Consultants Training	28
MedTrak Nursing Roving	65
Medtrak Nursing Study Day	133
MedTrak Outpatients Clerks	34
MedTrak Secretaries Training	7
MedTrak Ward Clerks Training	25
MedTrak Ward Nurse Advanced Training	24
MedTrak Ward Nursing - Module 1 Training	4
Nurse Graduates Training	100
Nursing Induction Training	83
Outpatients Nurses	5
Pastoral Care Training	14
RAHCU Module 1 - Basic Computer Training	9
RAHCU Module 2 - File Management	6
RAHCU Module 3 - Intranet and Internet	5
RAHCU Module 4 - Email (Outlook) Training	25
RAHCU Module 5 - Word Training	12
RAHCU Module 6 - Excel Training	26
RAHCU Module 7 - Using PowerPoint	2
Superusers Meeting	27
The Care Manager (TCM) Training	19
Waiting List - Non ESIS Reportable	6
Grand Total	1265

Atomic Pathology Results

Jan Staehr is the project lead

This is also a new project originating from the Planning Day in 2007. It aims to improve clinical efficiency and reduce patient risk.

An atomic pathology result infers the pathology result is presented in its most basic form. Currently, results for a test like an FBE that is composed of multiple tests, are treated as one test result when displayed in MedTrak (TrakCare). This project aims to separate the storage and display of quantitative, Haematology and Biochemistry results in MedTrak into the individual component test results. By making this change, individual results can be selected specifically for inclusion in reports such as the Discharge Summary. This will enable the clinician to limit the information to only the relevant results for inclusion in reports. More importantly, the project will provide the essential building blocks to enable the additional functionality of charting results over time, grouping results in more clinically meaningful ways and offering decision support.

To date, key stakeholders have been consulted and project planning is underway. The project involves detailed testing and demands close collaboration between the IT and Pathology departments as well as the two software vendors. It is perhaps most demanding of the Pathology department at Austin Health and their support of this project is much appreciated.

Electronic Discharge Summaries

Sean Conley is the project lead

In 2008 the Electronic Discharge Summary (EDS) project has continued to move forward. During January and February a further five clinical units have gone live with EDS. These include (CAMHS), Adolescent Unit, Spinal Acute, Infectious Diseases, General Surgery 3, and Neuro Rehab. This means that the number of clinical units now using the EDS tool has increased again from 58%-64%. The percentage of discharge summaries produced by these units has again topped the 70%.

In January this year a new wave of medical staff began work at Austin Health. For the first time at Austin Health the group of 30 interns were broken into three groups with each group receiving 40 minutes of training in Electronic Discharge Summaries. A Sunday training session was also held for HMO's and Registrars followed by extended training throughout their first week. This was a very successful initiative that we will replicate again next year.

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

