



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

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Welcome to the Quarter 3 newsletter

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.

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Welcome to Heather Grain

Heather Grain has joined ACACI as our Executive Officer for maternity leave cover.

Heather is a Fellow of the Australian College of Health Informatics who She has worked on health care information system developments at hospitals, in the community, district nursing and on national initiatives such as patient identification.

She designed and led the health informatics program at La Trobe University, including the China Health Program, and brings a strong standards background through her positions as Chair of Standards Australia's Health Informatics Committee (IT14) and internationally as Convenor of the International Standards Development working group on Health Informatics Semantic Content and co-chair of HL7 Vocabulary Technical Committee.

She has personal interests in the development of patient and provider identification, information access control and natural language processing to assist in accurate and simple data collection in the clinical environment.

You can contact her at heather.grain@austin.org.au or 9496 2904

Informatics Seminars

September 29th, 4-5pm,

Room 4.4 Education Precinct, Level 4 Austin Tower

Seminars are 4pm start (room available from 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.

Cancer Clinical Networks - the Role of Data and IT

Dr Christopher Bain, Information Manager

Western and Central Melbourne Integrated Cancer Service

Use of Data in an ICS in support of cancer care

Mandy Byrne, Cancer Data Information Analyst

North East Metropolitan Cancer Services

Evaluation of Cancer Outcomes Project

<http://www.cancervic.org.au/eco/>

Linda Batson, Regional Manager Oncology Information Systems
Barwon South Western Regional Integrated Cancer Service

From ACACI Executive Officer Heather Grain

This quarter was exciting for those interested in system connectivity as the first full Connectathon was held in Canberra. These are events where agreed, standardised implementation profiles for communication are established, based upon existing standards and where vendors set up their systems and prove their ability to connect in an appropriate and meaningful way.

The first achievement recognition for connectivity were presented to the participating vendors at the recent Health Informatics Conference (HIC08) in Melbourne. For those of you interested in interfaces and system connections it might be worth asking your software vendors whether they participated, and if they did, did they pass?

The introduction of this approach to interoperability is widely accepted internationally and it is exciting to see Australia move towards a practical, measurable approach to resolving this ongoing problem. ACACI was represented at the executive meeting held in conjunction with the Connectathon.

The Clinical Informatics group have focused activity on delivering achievable objectives over the last few months and on the identification of clear requirements for further development where our systems are unable to provide the full functionality desired.

A review of outstanding, completed but not implemented projects is being undertaken to identify requirements and assess the overall strategy for information system development within the organisation.

Calling all Clinical Information Coordinators

The Clinical Information Coordinators Group was established to provide a network to staff who provided support to clinical practice and clinical audit by provision of integrated Information Technology solutions.

The group meets every other month, with the goal of leaning and sharing IT related information. ACACI projects are discussed as are other Austin IT project and HealthSMART directives.

The next meeting is scheduled for **3rd October @ 11am- 12pm in Room 4.1, Education Centre**. To get involved in the meetings or to receive copies of the minutes, contact [Anthea Ward](#).

Masters Student—Rani Ghosh

Rani is with ACACI for 11 weeks as a masters student and is currently perusing her Master of Business Administration and Master of Commerce from Deakin University.

“This is my fourth semester at Deakin. I come with 5 years of work experience as a training officer in the hospitality industry and as a process and soft skills trainer with Dell International in India.

The main objective of this research is to identify and analyse issues surrounding identification of clinicians. To offer high quality healthcare, medical staff need to be correctly identified. According to Standards Australia (2004) health care providers are identified through a set of unique numbers such as provider number and prescriber number.

The provider number helps identify healthcare practitioners and records the services that they provide. Healthcare providers are also given registration numbers and expiry dates to further help in the process of identification. Missing provider and prescriber numbers on referral forms have serious implications such as not being able to identify the doctor that is treating the patient and maybe has ordered certain tests for that patient. Another serious repercussion is that due to missing provider numbers on referral forms the hospital does not get reimbursed by Medicare and therefore losses a lot of revenue.

The purpose of this project therefore is to identify the gaps in the current processes that should ideally record these unique identifiers. Since every department has different systems and procedures, it is imperative to speak with department heads to understand their processes in place. This project will only consider clinical staff such as interns, hospital medical officers, registrars and senior doctors/consultants and provide a situation analysis rather than the implementation of the changes recommended.”

Australian Standards and Development Activities for Health Informatics and E-Health

Standards Australia, working with experts from all areas of health care develop standards to advance patient safety and the efficiency of health care and to support the movement to electronic health records in Australia. This list identifies standards and current work activities of the Health Informatics Committee of Standards Australia (IT14).

Working groups, who are working on the active projects are happy to provide further details and any member of the Australian community is welcome to attend their working meetings. For each work item, or standard contact details are provided, or links to the web site from which the standards may be downloaded (free of charge after you register - which has no charge).

Topics:

Identification of Patients and Providers
Terminology
Health Data
Abbreviations
User Interface
Decision Support
Privacy / Access Control
Communications / Messaging (HL7)
Electronic Health Records
Telehealth
Risks

Health Terms Victoria

This is a new interest group that has been formed to support and inform those working with or interested in Clinical Terminology development, use and governance, including the use of SNOMED in healthcare in Australia.

Further info can be found on the [ACACI website](#)
If you are interesting in finding out more, please contact [Heather Grain](#)



Education Workshop Series

(held at Austin Health - Education Precinct)

These are a series of educational programs developed by Australia's leading educators in Health Informatics and Information Management. Each workshop is designed to build knowledge and skills that assist in the re-design and optimisation of information technology in our health care systems.

Risk Management: information systems and how to manage them

November 21st 2008 -

Who should attend: any manager in healthcare at any level, discipline or department.

Health Data - quality governance, design and management

February 27th 2009 -

Who should attend: collectors, users or managers of data in health care.

Implementation of information systems - success factors

April 3rd 2009 -

Who should attend: collectors, users and managers of data in health care.

Further details of agenda and costs will follow shortly.

If you have any questions or would like further information on a specific or future workshops (including details of cost) please contact acaci@austin.org.au

Nutrition Risk Assessment Project Update

Caitlyn Green is the project lead

Progress continues on the nutrition management project. Currently we are in the process of researching and documenting best practice with regards to the nutritional care of patients. In addition we are continuing to collect more data and discuss implementation on outlying wards.

Ward 7 East

The 7 East team have been doing a fantastic job in continuing to conduct nutrition screening on patients on their ward. The nurses have taken it to a new level and are now screening all of the patients admitted to the ward. Results of this screening will be published in upcoming newsletters.

Results

We have recently analysed 12 months of data generated by the EMUST system and have discovered a correlation between nutrition risk and length of stay in the hospital - we are currently assessing this data for other confounding factors.

Ward 9 (Cognitive and Memory Unit)

After discussions with the NUM of Ward 9, we are about to commence training and implementation of the EMUST tool in the CAM unit of this ward. We

look forward to working with Kathy Reid and her team over the next few months!

Conference Presentation

I attended the 2008 National Dietitians Association of Australia Conference held in May. We had a poster accepted for presentation which focussed on the pre-implementation data collection conducted on the MAPU unit in 2007. The poster received a very positive response and complimented many of the other posters describing work which is currently being done in the malnutrition/nutrition screening area around Australia. We look forward to future poster presentations at upcoming conferences.

What's Next?

The focus of Phase 2 is the design and development of a comprehensive nutrition management system. Over the next few months we will be mapping the nutrition care process and comparing this to published best practice. Recommendations and templates will then be developed.

The analysis of EMUST data continues, as does the feedback of this information to wards and relevant individuals.

We are also looking at conducting needs assessment on outlying wards in the future.

Stay tuned for future updates!

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 are typed by HIS each week. Letters currently take around three weeks to reach the medical record file. With the changes, letters will then be available online once they have been typed.

The changes will take place from 1st September 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

Project Overviews...

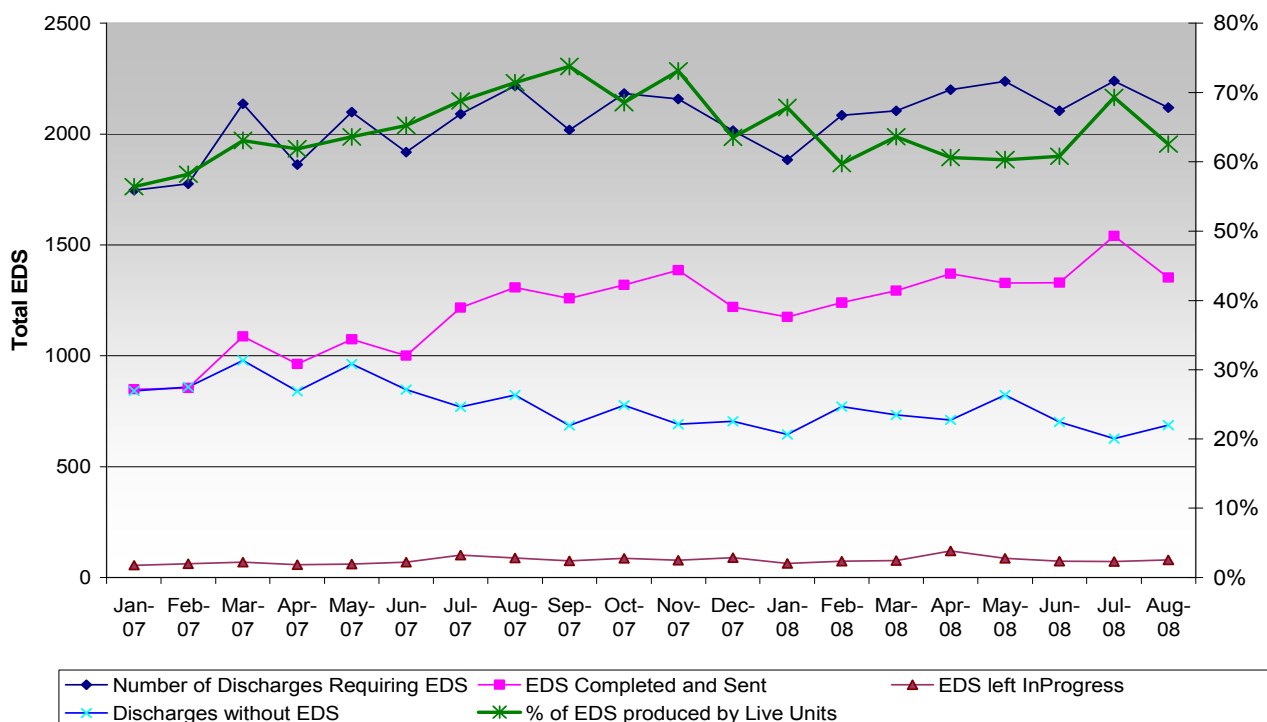
A brief overview of some of the ACACI project work

Electronic Discharge Summaries

Sean Conley is the project lead

The Electronic Discharge Summary (EDS) project has continued to move forward over the past two months. The number of clinical units now using the EDS tool has increased again from 64 - 68%. Health Information Services has begun to distribute a monthly report showing the use of EDS by unit to the heads of all clinical units via a DL email. In the next few month software upgrades requested last year will become available to Austin health EDS users. This will allow us to keep working with the remaining non-live units.

Breakdown of EDS Progress 07-08 - Incorporating Live & Non-live Units



Nursing Informatics

Janette Gogler is the ADON for Nursing Informatics

HARP Chronic Disease Program are about to trial mobile technology in the community setting using Motion tablets - mobile clinical assistant. It is anticipated that nurses will seek information in real time when visiting the patient's home and also be able to respond to emails in the field and enter required data without the need to return to the hospital.

The trial will be limited to the software applications currently available but electronic forms and other software requirements are currently being investigated to enhance the functionality and provide further efficiencies for the mobile nurse.

The device will use a Next G card to communicate to the hospital network. Evaluation of time saved seeking patient information, usability of the device, process changes, telecommunication connectivity and also network Citrix connectivity will be conducted.

Training

Andrew Chong & Anna Brazzale are the IT training leads

This report provides a snapshot of April to June 2008 training sessions delivered by the IT Training Group and training sessions attended for the period April to June 2008.

Training Course	Apr-Jun 08 Attendance
New Intern Training	9
Medtrak Medical Staff Training	11
Medical Staff Roving Training	11
Induction Training	49
RAHCU Training	28
Medtrak Training	55
Other Training (ie TCM, Internal IT Training, Computer Coaching)	6
Grand Total	169

A total of 169 Austin Health staff attended some form of computer training during this period. See table below on the breakdown of training:

A total of 228 face-to-face training hours were conducted between April to June 2008. 100% of the new interns from the second rotation have been trained in General MedTrak usage, including discharge summary), PACS, LANPAGE & Webmail. Training was delivered through dedicated IT Training Induction program along with roving sessions and individual follow up.

Some of the other IT Training Milestones completed during April to June 2008:

Microsoft SharePoint Pilot Project

IT Training Group was involved with an external company NSynergy, on developing and implementing Microsoft SharePoint into Austin Health. This was a 3 month pilot project rollout. Microsoft SharePoint is a sharing and collaborative platform for Microsoft Office products. It allows users to build business applications to help store, share and manage information within your organisation. One of the significant advantage of using SharePoint is users can build, develop and manage their own team websites without need of learning a language code and without depending on skilled resources, such as system administrators or developers.

From the pilot project, it was proven to be successful and the next step is to now implement SharePoint into Austin Health. This will require significant resources from the IT Training Group as it will require our area to train staff on the use of it. IT is hoping to implement SharePoint into Austin Health towards the end of 2008 and into 2009.

New Community & Theatre Module in Medtrak for the New Surgery Centre

IT Training Group was required to learn new Community modules and Theatre modules implemented into Medtrak for the new Surgery Centre. From this it was determined that the implementation would be done in two phases:

Community Module - This will be the first phase so that the Liaison nurses can create an internal referral accessed via the waiting list or by directly entering the patient details. From this referral they can then add problems, assessments, contacts & Interventions and appointments. A request has been raised for implementation of Community module workflows to assist Liaison Nurses with the management of patients on the Waiting List and for referral management by Clinical Nurse Consultants. This component is then integrated into the Theatre module allowing patients to be booked into surgery from Medtrak.

Theatre Module - The second phase of the training implementation to support a streamlined patient management system for elective surgery patients on the waiting list with a focus on the stage from waiting list registration to booking for surgery. Training of the two modules would take place in July 2008 to compliment the opening of the new Surgery Centre at Repat Campus.