

# DAWN<sup>®</sup> Rheumatology Software

4th Annual DMARD User Group Monday 11th July 2011 Conference Aston, Birmingham, UK

## Summary of Proceedings

### DAWN, DMARDs and Shared Care

**Phillipa Daniels-Holgate**, Specialist Pharmacist, Kettering General Hospital NHS Trust, Kettering, UK

Phillipa presented a pharmacy perspective on the DAWN clinical system at Kettering and covered the ways DAWN has helped secondary care meet shared care responsibilities.

Audit before using DAWN recorded lack of follow-up and incorrect blood monitoring with 26% of patients having no recent results and two thirds of these received no follow up of results before a repeat script was issued by the GP. Once Dawn was introduced, the multidisciplinary team started to meet every 2 months to discuss progress. This was found to lead to continuous improvement in monitoring during and after the implementation of DAWN and ICE requesting.

Detailed audit across Rheumatology, Gastroenterology and Dermatology users focuses on critical factors such as time to review flagged results and address non-attendance.

Benefits of the DAWN system include instant notification of admission of methotrexate patients, reducing risk of harm and meeting NPSA recommendations. Phillipa also mentioned future plans on improving communication with SMS messaging and extending the approach to other amber / red medicines.

### Developing a DAWN database

**Nicky Freeman**, Paediatric Rheumatology Nurse Specialist, Birmingham Children's Hospital, UK

Nicky gave an illustrated presentation on the Patient Pathway in paediatric rheumatology covering the role of the specialist nurse and how to monitor blood tests effectively. The daily challenges of supporting parents and patients practically and emotionally in methotrexate & biologics therapy were emphasised.

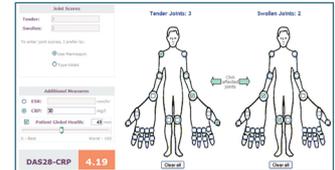
Monitoring blood tests can be a headache but the Birmingham Children's Hospital service had to evolve back in 2002 with the use of DAWN to ease the burden as more patients were prescribed these drugs.

DAWN is used as a nurse-administered drug monitoring tool. Trend detection in blood results is valuable but the team rely on DAWN for handover and case review. Nicky stressed the clinical risk of the therapies used and the continuing problems of accessing results from other hospitals.

### Disease Activity Scores

**George Kitching**, Lead Developer, 4S DAWN Clinical Software

The need for safe and consistent recording of disease activity scores such as the DAS-28, PsARC and HAQ is becoming more important for the care of DMARD and biologics patients.



George described the DAWN tools which are available free on the internet or as a module in the DAWN Rheumatology product. The advantages of electronic recording / printing of such scores and the need for easy-to-use screens were discussed. Management reporting / graphing / scheduling of scores are all possible with DAWN software. Try this out at [www.4s-dawn.com/das28/das28.html](http://www.4s-dawn.com/das28/das28.html)

### New Developments

**Alistair Stewart / Heather Stevenson**, Customer Service Consultants, 4S DAWN Clinical Software

Five separate versions of the web-based DAWN Rheumatology software had been released since the last meeting and some of the enhancements were detailed.

These included changes in the areas of performance, viewing patient history, changing therapy plan, finding patients on a particular therapy and predicting the next test date. Participants were encouraged to take advantage of the upgrades in the web-based version.

Future developments including NHS Number compliance and choosing to change or continue a current plan for a patient were discussed.

## Interactive workshop/discussion

**Syd Stewart**, Managing Director, 4S DAWN Clinical Software

Participants discussed 3 objectives – **Quality of Care; Patient Safety; Productivity** and listed the best ways of achieving these goals.

Standardising test intervals using common sense limits to focus on the important results might improve Quality of Care. The impact of rigid limits and tight tolerance in creating problems for patient and healthcare professional was highlighted.

Dealing with non-attendance in a consistent and traceable way is one of the greatest concerns for Patient Safety. The visibility of previous non-attendance and protocols for dealing with results requested by others were raised by participants.

The audience seemed to be unanimous in suggesting that patients do more in clinic or online to help productivity. The DAWN trial of touch screen DAS and HAQ forms was discussed.

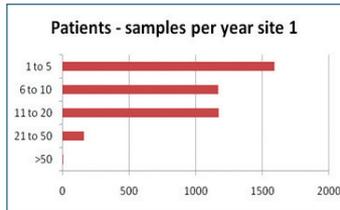
## Proposed Benchmarking Service

**Heather Stevenson**, Customer Service Consultant, 4S DAWN Clinical Software

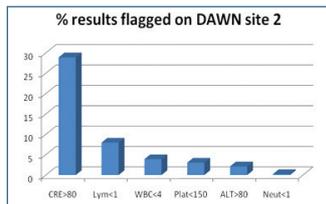
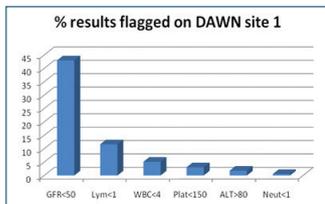
4S have been involved in benchmarking for a number of years and some examples from the current anticoagulation benchmarking programme were presented.

Participants were asked for opinions on the potential for benchmarking for DAWN DMARD databases and a trial is to be organised to compare simple statistics such as which tests are monitored, therapies used and how frequently monitoring actually happens.

### How often are patients monitored?



### Which tests are abnormal?



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