

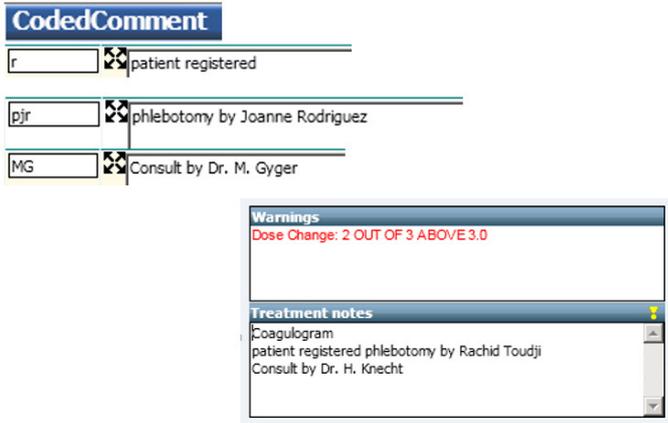
## Adjusting DAWN AC to specific needs

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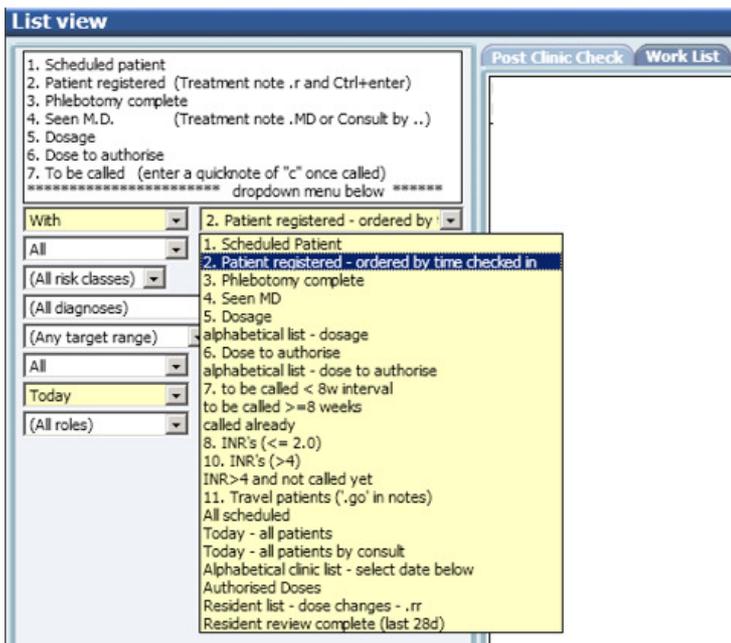
Dr Blostein opened the presentation with an overview of the anticoagulation clinic at Jewish General Hospital. As the second largest anticoagulation clinic in Quebec, it currently has just over 2000 active patients with around 350 patients seen per week. With an elderly population, patients are split roughly between Atrial Fibrillation [70%], VTE [15%] and artificial heart valve patients [15%].

All patients visit the clinic for their INR with stable patients seen on Mondays and Wednesdays, new patients and patient education on Tuesdays and emergencies seen on a Thursday and Friday.

DAWN AC has been specifically configured so that it fits the clinic workflow and coded comments within the notes fields are used for patient appointments in order to track the patient through their appointment and record that each stage has been completed. Coded comments are used in this way so that all healthcare professionals have visibility on what has been completed and can track that the patient has been through each stage required for their appointment.



The list views also play a key part in the clinic workflow and have been configured to match each stage of the patient appointment. Each time the patient completes a stage of their appointment they are moved to the next list view so the relevant healthcare professional responsible for seeing the patient at each stage can easily access the patient record, deal with the patient, insert the relevant coded comment and then save the patient record, automatically moving the patient to the next list view.



After the patient has been seen by the MD (Stage 4) they leave the clinic.

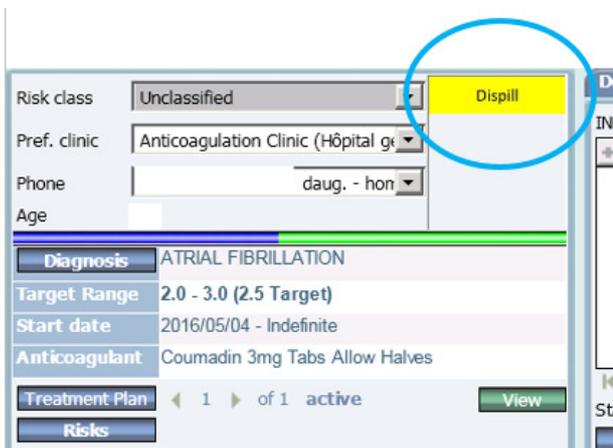
The INR is received into DAWN AC from the laboratory system and the patient record gets moved to the dosage list once the INR is ready (Stage 5) so that the doctors can easily see who needs their dose checking/setting and accepting.

Once the dose has been accepted, the patient is moved to the 'Dose to authorise' list view. This stage requires the dose to be authorised by a senior doctor and the list view enables quick access to these patients. Once the doses are authorised by the MD they are allocated into a number of other lists dependent on the results:

- 7. to be called < 8w interval
- to be called >=8 weeks
- called already
- 8. INR's (<= 2.0)
- 10. INR's (>4)
- INR>4 and not called yet

Quick notes are used by the callers for those patients who need to be contacted by phone. They are added to the appropriate list view for the callers to access. Coded comments are used (.c) to add to the quick notes which moves the patient to the 'called already' list view. This enables good visibility as to who has been contacted.

Another section of the DAWN patient record that is used specifically for clinic requirements is the area allocated to patient photographs. Rather than a photograph of the patient, this section is used by the anticoagulation clinic to highlight key groups of patients. For example, a yellow 'Dispill' image means that the pharmacist prepared the dose and this lets the clinic staff know to call the pharmacist.



This is also used to identify groups of patients who are classed as high risk, e.g. mitral mechanical heart valve, so that there is a highly visible warning for the doctor.



Another list view has been set up within DAWN AC that shows which healthcare professional set the dose, who authorised the dose and the next test date. This enables a quick review at the end of the clinic with each stage and responsible person easily identified. Dr Blostein uses this to check all patients have been treated appropriately and next test dates are adequate for the patients' requirements.

Two final list views are the 'Resident list – dose changes' and the 'Resident Review Complete' list views. Dr Blostein uses these to identify instances where the authorising doctor has made changes to the dose set by the residents, which enables Dr Blostein to go over the changes with the resident as part of their training. This list view means that it takes just 5- 10 minutes at the end of the day to sit down with the residents and go through this additional element of teaching.

The DAWN AC system has been configured to meet the specific requirements of the anticoagulation clinic workflow, to enable a smooth process for the patient to move through their appointment; a clear, visible, recorded pathway for all healthcare professionals involved to follow at each stage of the patients journey; and an easily accessible teaching tool for the MDs to use with the residents.

The next step for Dr Blostein is to set up a DOAC clinic using the DAWN AC DOAC modules for dabigatran, rivaroxaban and apixaban and work is currently underway with 4S DAWN to set up faxing and emailing so that the system is as automated as possible. In addition, Dr Blostein is working on an interface to the hospital EHR so that outside of the anticoagulation clinic, hospital staff have access to the key anticoagulation information for DAWN AC patients such as INR, dose and next test date.

Before DAWN AC was implemented, the anticoagulation clinic used paper charts and for the first 6 months using DAWN AC, the clinic had a dual system, using both DAWN AC and paper. The anticoagulation clinic is now paperless due to using the DAWN AC system.