

DAWNCLINICAL SOFTWARE

FOR BETTER CLINICAL DECISIONS WITH LESS EFFORT

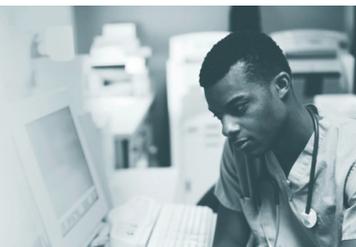
DAWN DMARD

Proceedings of the DAWN DMARD User Group Meeting

24th May 2010

in Windermere, CUMBRIA

*Clinical management software
designed to improve
productivity and enhance patient care*



Contents

Proceedings of the DAWN DMARD User Group Meeting.....	1
Welcome and Introduction to V3.....	3
Syd Stewart, Managing Director, 4S DAWN Clinical Software.....	3
What do Patients think of DAWN DMARD?.....	3
Jo Desaint, Rheumatology Department, Great Western Hospital, Swindon.	3
Patients Safety and Software	3
Syd Stewart, Managing Director, 4S DAWN Clinical Software.....	3
Scanning Test Results including Reports and Letters	3
Heather Stevenson and George Kitching.....	3
DAWN as an Auditing Tool – Causes of Death in DMARD treated RA Patients....	3
Sue McCowan, Royal Berkshire Hospital, Reading.....	3
How to Implement V3	5
Alistair Stewart	5

Welcome and Introduction to V3

Syd Stewart, Managing Director, 4S DAWN Clinical Software

What do Patients think of DAWN DMARD?"

Jo Desaint, Rheumatology Department, Great Western Hospital, Swindon.

DAWN software is used in our department to provide a comprehensive prescribing and monitoring service for patients on DMARDs which is paid for by Swindon PCT. The system went live in August of 2006, when the department took over the prescribing and monitoring role from the GPs. Obviously, a complete change of system is not without its challenges, so an audit was carried out after the first year to gauge patient satisfaction levels.

The findings were generally positive. Patients felt that we communicated well, giving sufficient clear information during the transition period. Our processing of prescription requests was found to be very efficient, as were our methods of dealing with abnormal blood results. The fact that DAWN gave us the facilities to chase patients who miss blood test appointments was less popular!

Most of all, patients reported feeling very safe and comfortable, knowing that their blood results were being closely monitored. A few patients who have moved out of the Swindon PCT area, and have therefore gone back to GP monitoring were disappointed that they had to be removed from the database.

The overall conclusion was that patients were very satisfied with the DAWN service.

Patients Safety and Software

Syd Stewart, Managing Director, 4S DAWN Clinical Software

Scanning Test Results including Reports and Letters

Heather Stevenson and George Kitching, 4S DAWN Clinical Software

DAWN as an Auditing Tool – Causes of Death in DMARD treated RA Patients

Sue McCowan, Royal Berkshire Hospital, Reading

The presentation is entitled "Causes of death in DMARD treated RA patients and was based on work collated from 2003 to the present day.

In the introduction it was explained that patients with RA have a higher risk of dying from heart disease and strokes and one of the aims was to establish if this had been the case with our group of patients There were 4 aims of the study

1. Identify the cause of death of Rheumatology patients requiring DMARDS inc. biologics.
2. Assess the relationship between cause of death and underlying rheumatic disease.
3. Determine the presence of an association of type of DMARD and cause of death.
4. Assess the relationship between cause of death by age and sex compared to local population data

We used the data stored on DAWN since its population in 2003, in total 1530 patients and performed a retrospective case note analysis of those patients that had died over this period of time

There were 159 deaths in total, the average age of death being 72.6 yrs. 138 sets of notes were examined

- Major cause of death was cancer (lung and bowel)
- Lymphoma was fourth commonest cancer
- CVD was third commonest cause of death
- Pneumonia was the predominant infectious cause of death

- Cancer/CVS/infection are major causes of death in RA

- In CTD deaths were mainly from pulmonary fibrosis
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- Majority of pts on MTX but this does not demonstrate cause and effect on cause of death.

- Cancer still appears to be a major cause of death regardless of type of DMARD.
- Biologic deaths mixture of all 3 main causes.
- Cancer deaths in males most marked in 70-79 age range
- Females deaths increased from >70 yrs with infection the predominant cause
- In the local population cancer and CVS deaths were similar but infective deaths fewer.

In conclusion it is suggested that an annual review of RA patients should include assessment of risk factors of CVD, infection & cancer

How to Implement V3

Alistair Stewart, 4S DAWN Clinical Software