

DAWN Rheumatology Software

**PROCEEDINGS OF THE 5TH
ANNUAL
USER GROUP MEETING**

**Monday 9th July 2012
The Old England Hotel, Windermere, UK**

**BETTER CARE FOR LESS EFFORT
from the Company that Really Cares**

SUMMARY

Talks listed in order of presentation

The Challenges of the Last Year

Sue McCowen, Rheumatology Nurse Specialist, Royal Berkshire Hospital NHS Foundation Trust, Reading, UK

Upgrade Experience

Kate Heath, Rheumatology Clinical Nurse Specialist, St Mary's Hospital, Imperial College NHS Trust, Paddington, UK

An Update from Kettering

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

DAWN RH and DAS 28 – Getting the Most from Your System

Alistair Stewart, Applications Consultant, 4S DAWN Clinical Software

DAWN RH Benchmarking – What is it and what are its Benefits?

Heather Stevenson, Applications Consultant, 4S DAWN Clinical Software

Interactive workshop - Making it easier for the patient and you

Summary of Proceedings

The Challenges of the Last Year

Sue McCowen, Rheumatology Nurse Specialist, Royal Berkshire Hospital NHS Foundation Trust, Reading, UK

The “DAWN” service incorporating DAWN monitoring software was introduced in 2003 as part of a move to establish standard shared care. By 2010, testing was removed from GP practices and they had upgraded to the latest web-based version of DAWN. Seven hundred patients had to be added to DAWN in 3 weeks in 2011 and patient numbers are still increasing. In 2011/12, established staff left the department and this gave the service an opportunity to re-evaluate and improve the workflow.

A new team have been appointed which is now working well and all are enthusiastic.

A review of their patient helpline has been undertaken as it was the lowest rated element of their service on patient satisfaction surveys. It was a victim of its own success with up to 25 messages to deal with per day and people ringing up even for non-rheumatology matters. One member of staff now covers the renamed ‘Advice line’ to avoid disturbing the work of the rest of the team and a patient information leaflet is issued to patients.

Stable patients may contact the service via the Advice line if they have a flare-up. Contacting patients via email and text was discussed.

Challenges for the future include: Continuing to develop the team ; electronic requesting (EPR) replacing the need to print blood request forms; and further development with DAWN to help with an increasing workflow and new requirements.

Upgrade Experience

Kate Heath, Rheumatology Clinical Nurse Specialist, St Mary’s Hospital, Imperial College NHS Trust, Paddington, UK

Kate gave an overview of current issues with their existing service, and internal problems delaying their upgrade to the latest version of DAWN.

The hospital went live with DAWN DMARD v2 in 2002. Since then, there have been issues around interfacing results. St Mary’s has merged into Imperial College NHS Trust and there have been changes to the lab systems and IT departments. The Pi Cerner system launch is still to be completed across all 4 sites.

Patient numbers are increasing and DAS scores are recorded on DAWN DMARD. Laboratory results are checked on DAWN DMARD but also signed off on Pi Cerner and the upgrade is anticipated to reduce workload and incorporate other disease activity scores like BASDAI into the DAWN database.

The upgrade of DAWN to the web-based version was agreed in 2010 and the funding was made available in 2011. However, IT have been too busy with new lab systems and organisational change to progress the upgrade.

The web-based nature of the new version will aid shared care with GPs and access to the system in clinics and by consultants. The service can also be branched out to the other hospitals in the group, who are currently using a manual system.

An update from Kettering

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

Kettering General Hospital have been using DAWN software for DMARD monitoring since 2009. A multi-disciplinary **DAWN Users Governance Group** covers Gastroenterology (12% of patients), Rheumatology (78% of patients) and Dermatology (10% of patients) to engage staff and help compliance with National Patient Safety Agency (NPSA) recommendations and improve communication with patients and GPs.

Monthly audits reveal that 82% of result sets have at least one result out of range. The vast majority of results are reviewed within 4 days and most delays are caused by problems contacting patients.

In 2011, DNA rates within the three disciplines were in the range of 5 to 27%, placing a large administrative burden on the service in printing and posting out letters. Patients may have been using these 'late' letters as a reminder to be tested. An SMS texting project with DAWN was piloted in early 2011 with a text message sent to consenting patients at 2 weeks and again at 3 days before their due date, resulting in significant drops in DNA rates for Gastroenterology and Rheumatology but not for Dermatology.

In Summary, Benefits of DAWN

- Rapid identification of abnormal results
- Rapid detection of missed blood tests
- Improved adherence to blood testing protocols
- Instant notification of admission to KGH
- Audit - allows safety checks and recommendations for service improvement

Ideas for using DAWN to further improve the service included sending reminder text-messages 3 days after a missed test and e-mailing Pathology with a list of missing results.

DAWN RH and DAS 28 – Getting the Most from Your System

Alistair Stewart, Applications Consultant, 4S DAWN Clinical Software

The web-based DAS 28 calculator provided free of charge is proving popular with 12,000 hits per month to the web site (<http://www.4s-dawn.com/DAS28>).

Further, DAWN Rheumatology software customers with the Questionnaire module can store DAS 28 questionnaires within the patient record and include other scores like PsARC. The disease activity score can be displayed in chronological order in the summary column of the questionnaire tab for a patient.

Scores can also be added as test results which are added manually or via a questionnaire and may be graphed. Summary printouts of scores with charts or tabulated history can be generated to provide a history of scores to be provided to GPs *etc.* Lists of patients with overdue or incomplete DAS 28 scores can be viewed on list views for a particular therapy *etc.*

The image shows a screenshot of a software interface for a questionnaire. At the top, it says "HAQ Questionnaire as recorded on 04/07/2012". Below this, there is a dropdown menu for "Recorded by:" with "(None selected)" chosen. The main part of the form is titled "The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI)". It includes a section for "Please choose a level of ability (0-10) with each of the following" with six numbered questions. To the right of these questions are two diagrams: "Tender Joints" and "Swollen Joints". Each diagram shows a human figure with checkboxes for various joints. Below the diagrams, it says "Number 3 = 4%" and "Number 4 = 5%".

Figure 1 – example Questionnaires used within DAWN RH

Questionnaires can be created to cover many different scores – please contact 4S if you require further information.

DAWN RH Benchmarking – What is it and what are its Benefits?

Heather Stevenson, Applications Consultant, 4S DAWN Clinical Software

A trial of the benchmarking scheme was run in January 2012 with 9 participants. Anonymised data from 2011 was collected, a report was compiled as a web-based display using Tableau and feedback was invited from participants. Visualisation of data comparisons was demonstrated at the meeting and the value of such comparisons in relation to key performance indicators was discussed.

Reports enable participants to analyse and compare their data against other sites including measures of workload, patient age, diagnosis, therapy and abnormal results. Other potential analyses include test intervals, cessation reasons, DAS responses, patients not updated in the last 6 months and DNAs.

Please contact 4S if you are interested in joining this scheme.

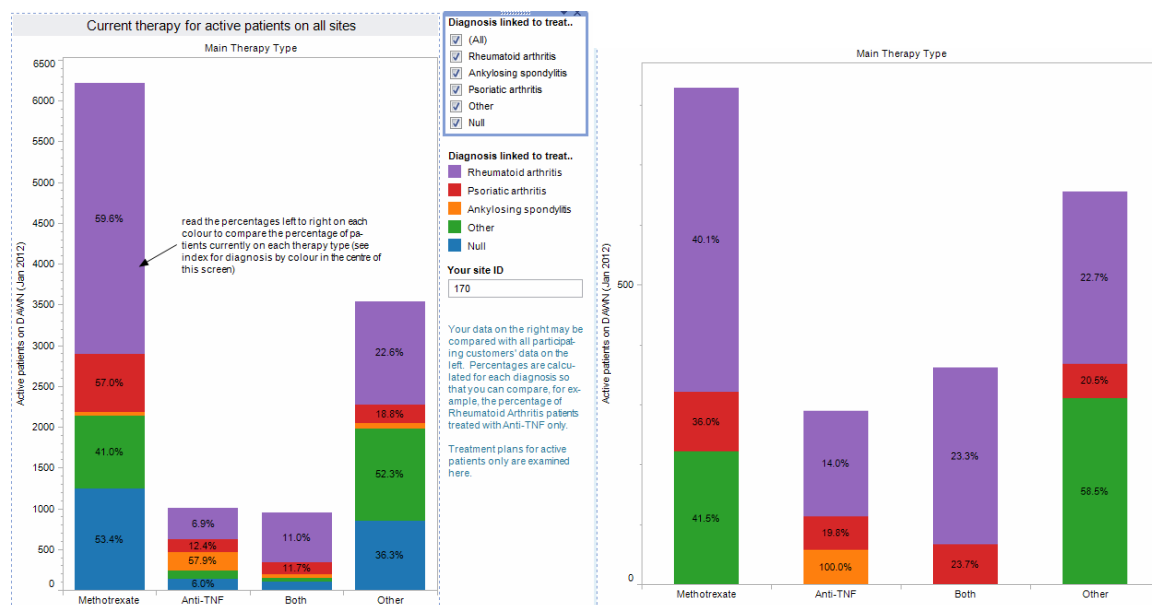


Figure 2 - Treatment plan diagnoses by therapy type – all sites summary on the left, one site's data on the right. Filter options in the middle

Interactive workshop - Making it easier for the patient and you

- Enabling users to find a patient's next test date for a given disease area without entering the patient screen would improve workflow.
- The move to electronic test requests instead of paper blood test request forms was discussed as a challenge already tackled by some participants.
- Identifying and optimising potential sources of funding: Some funding dilemmas were debated including running a telephone clinic instead of a helpline, and ensuring unstable patients referred to another service are sent back once stable.

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