

DAWN Care Coordination Software User Group

We recently held a successful DAWN Care Coordination Software User Group attended by our Rheumatology, Dermatology and Gastroenterology customers which provided a great opportunity to share ideas, alternative methods of best practice and help customers get the most out of their DAWN software. Two of our current customers Richard Whitehorn and Diane Home, kindly took time out of their busy schedules to present to attendees.

Agenda:

- Using DAWN Referrals & Maintaining Data
 Quality at Derby
 - Richard Whitehorn, Rheumatology Lead Nurse Specialist, Royal Derby Hospital
- DAWN, Audit & Near Patient Testing
 Diane Home, Consultant Nurse Rheumatology,
 West Middlesex University Hospital
- Reporting from DAWN
 Heather Stevenson, 4S DAWN Clinical Software

Using DAWN Referrals and Maintaining Data Quality at Derby

Richard began his presentation with some background to the use of DAWN RH at Derby, including an overview of the healthcare team and the move a number of years ago from another rheumatology system to DAWN RH.

Outlining how DAWN referrals are used, Richard explained how nurse specialists check the 'Out of range' list on a daily basis, contacting patients if they need to stop treatment or if further tests are required. If the nurses are unsure about any of the results they discuss them with the Consultant. Prior to DAWN, the nurse specialists had to print off the treatment record and blood test results and take them to the Consultants office. With DAWN's referral system the nurses now send referrals to consultants and receive responses online.

Using screenshots, Richard then took the audience through the workflow within DAWN for adding and sending a referral; replying to a referral; checking replies have been received; and closing a referral.

To ensure prompt replies to referrals, the referrals tab in list view is reviewed daily. This flags any referrals that haven't received a response and prompts the nurses to send a reminder to the consultants.

Richard highlighted the following key benefits of using DAWN referrals:

All activity is online

- Consultants can see the patients' treatment plan and blood test results with just a couple of mouse clicks
- Efficient tracking of referrals including when they were sent, who they were sent to and whether responses have been received.



The second part of Richard's presentation covered the challenges of maintaining data quality and accurate records which is vital for the safe monitoring of patients' treatments. Addressing this challenge involves all of the nursing and medical team who are all encouraged to check DAWN for data accuracy. In addition, having good communication systems in place is key.

Measures introduced to facilitate the maintenance of accurate records include Outcome Sheets that medical staff use when seeing patients in clinic. These include information on what blood tests the patient has had, when the patient is due back at the clinic and whether they have had a steroid injection. There is also a specific section on the sheet for the update of treatment plans and these are then passed to the nurses after clinic.

An additional measure is a 'DAWN Update Sheet' which is used by teams at peripheral hospitals. These are designed solely for DAWN and include such information as patients starting on DMARDs; which DMARDs they are starting on; the dose; and if DMARDs have been stopped and why.

Furthermore, if any decisions are made outside of clinic, copies of Consultants letters are sent to the nursing team so that the DAWN record can be updated accordingly.

Not maintaining accurate records leads to inaccuracies in patient information, which means monitoring may not be done safely if the treatment plan is not up to date, and unnecessary monitoring may occur if patients have stopped treatment.

(Page 1 of 2)

DAWN, Audit and Near Patient Testing

Diane gave an overview of West Middlesex Hospital including the rheumatology department and its medical team. The department began using DAWN RH in 2002 and upgraded to Version 7 in 2012. They currently have 1002 active patients.

Diane then discussed how they use DAWN to help them with the National Clinical Audit and Patient Outcomes Programme (NCAPOP) which is overseen by Healthcare Quality Improvement Partnership (HQIP). Started in February 2014, the audit examines the assessment and early secondary care management of all forms of arthritis across England and Wales and involves the collection of data for individual patients for the first 3 months of their contact with secondary care.

Diane's team wanted a way of flagging up the patients within DAWN that they had put into the audit. Using the area within the DAWN patient record that is designed for the patient photograph, an image file is added that contains the text 'HQIP Audit'.



This approach enables the nurses and clinicians to immediately identify if a patient is in the audit when they open the patient record so that the information from the appointment can be collected for audit purposes.

In addition, patients are also added to a 'HQIP Audit' group so that a list of patients in the audit can quickly and easily be found using the 'HQIP Audit' filter within the patients tab in list view. West Middlesex currently have 10 patients in the HQIP Audit.

Diane then moved onto the next service development area that they have been using DAWN for and this is to identify patients suitable for GP monitoring under the Near Patient Testing (NPT) scheme.

There is low take up of GPs surgeries that have signed up for the NPT scheme and many of the patients prefer to continue to be monitored within the hospital. As a result, only 85 patients out of the 1002 within DAWN are being monitored by their GPs and Diane's team want to increase this number to address capacity issues.

With the help of 4S DAWN, a report was set up in DAWN to identify stable patients who could potentially be transferred to GP monitoring. The criteria for these patients within the report were defined as follows:

- None of these patients have a DAWN record of WBC
 =4; Neutrophils<=2; Platelets <=150; ALT>=60 in last 90 days
- Excludes patients with therapy currently on Biologics or Methotrexate SC, Leflunomide, Ciclosporin due to the CCG not having arrangements in place for these drugs to be monitored at practices.

The stable patient report highlighted 405 potentially suitable patients and these were then cross-referenced with those practices who had signed up for NPT using a report that incorporated the surgery code. As a result, around 40 patients were identified that could be referred out to GPs for NPT.

In conjunction with the Clinical Commissioning Group, the rheumatology department at West Middlesex has set up an annual review of those patients being monitored by GPs to ensure they are still suitable for NPT and that they remain stable.

Reporting from DAWN

Heather Stevenson from 4S DAWN then gave an overview of the reporting facilities within DAWN. Reports range from straightforward sums and counts of patient numbers against certain criteria, to audits of specific actions within a timeframe, such as which patients have had results checked in the last 4 weeks.

A large number of reports are pre-installed in the DAWN software, however if there is a specific report that you require that isn't on the list, the 4S DAWN team can arrange this for you.

Contact the team on support@4s-dawn.com

If you are interested in attending or presenting at our next DAWN Care Coordination Software User Group please contact Mel Blanchard (melissa@4s-dawn.com) or Heather Stevenson (heather@4s-dawn.com).

For more information on DAWN Clinical Software and the chronic disease areas it covers, contact the 4S DAWN team today on sales@4s-dawn.com / +44(0) 15395 63091 or visit www.4s-dawn.com

