Make DAWN work for you

Frances Burchell MSc CSci FIBMS
Anticoagulation Practitioner
Barts Health NHS Trust
2ND October 2017

Introduction

June 2016 Barts Health NHS trust (Whipps Cross, The Royal London & St Barts Hospitals) finally upgraded from DAWN version 6.0 to DAWN version 7.9

Once familiar and practised with how DAWN worked we began to think about some modifications that would allow us to manage our clinics more efficiently, improve patient safety and develop the service for the future

The main reasons for change

As daily, weekly & monthly tasks were time consuming and inefficient

To standardise practice and develop Standard Operating Procedures (SOPs) for all processes

For medical & clerical staff to be trained and all using the same system which would ensure continuity of care and enhance patient safety

To be able to identify patients into various special groups

So that future audits and trials would be easier to perform and identify where service development or change is required

Processes implemented to identify specific groups of patients

Route cause analysis (RCA)

Community discharges

Inpatient status

BMI – not suitable for NOACs

Recording side effects

Identifying patients for trials

Implementation of guidance for NICE and Chief Medical Officer

CQUIN (Commissioning for Quality and Innovation) 2007

95% of all adult inpatients (including day cases) should have a recorded risk assessment

All patients should be reassessed at within 24 hours of admission

RCA investigations for all possible hospital acquired VTE within 30 days of diagnosis

Reporting RCA

From F5 management screen – lookup tables – diagnosis

In diagnosis group select VTE for any diagnosis that includes a DVT, PE, VTE or thrombotic event

Any patient requiring a Route Cause Analysis (RCA) will appear on the list using filter “RCA needed”

Search from new patient clinic on or after today’s date

This needs to be done before the patient is seen and ultimately moved into another clinic

From the list go into patient details and copy the MRN/hospital number into the hospital CRS record

Look to see if the patient has had an admission prior to the recent VTE event <90 days ago

Go into the intranet for the Clinical effectiveness Unit (CEU) and select RCA tool

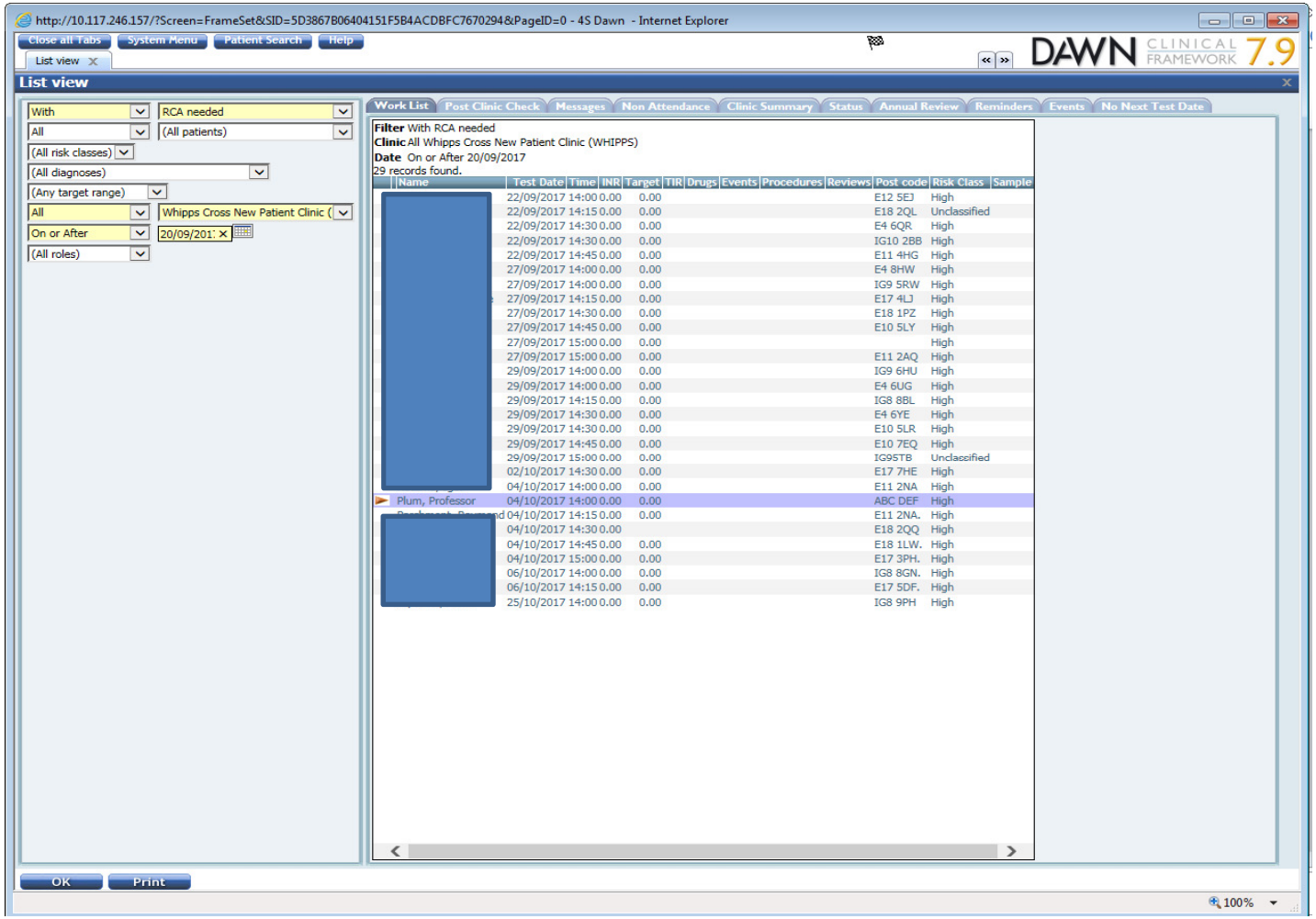
Split screen so that all patient information can be seen and entered on the CEU programme

On DAWN mark the event “RCA completed”

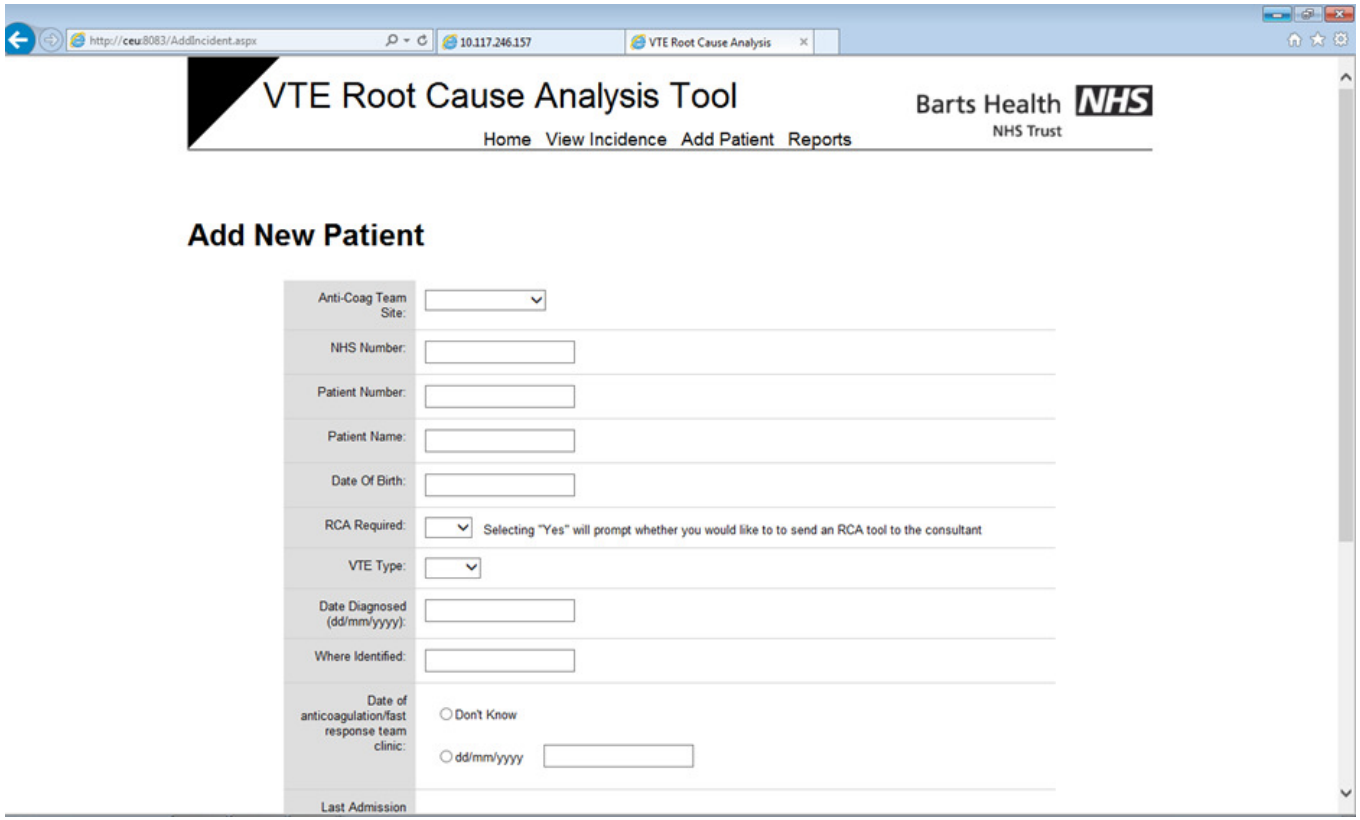
Once this is done the patient will disappear from the list

Route cause analysis (RCA)

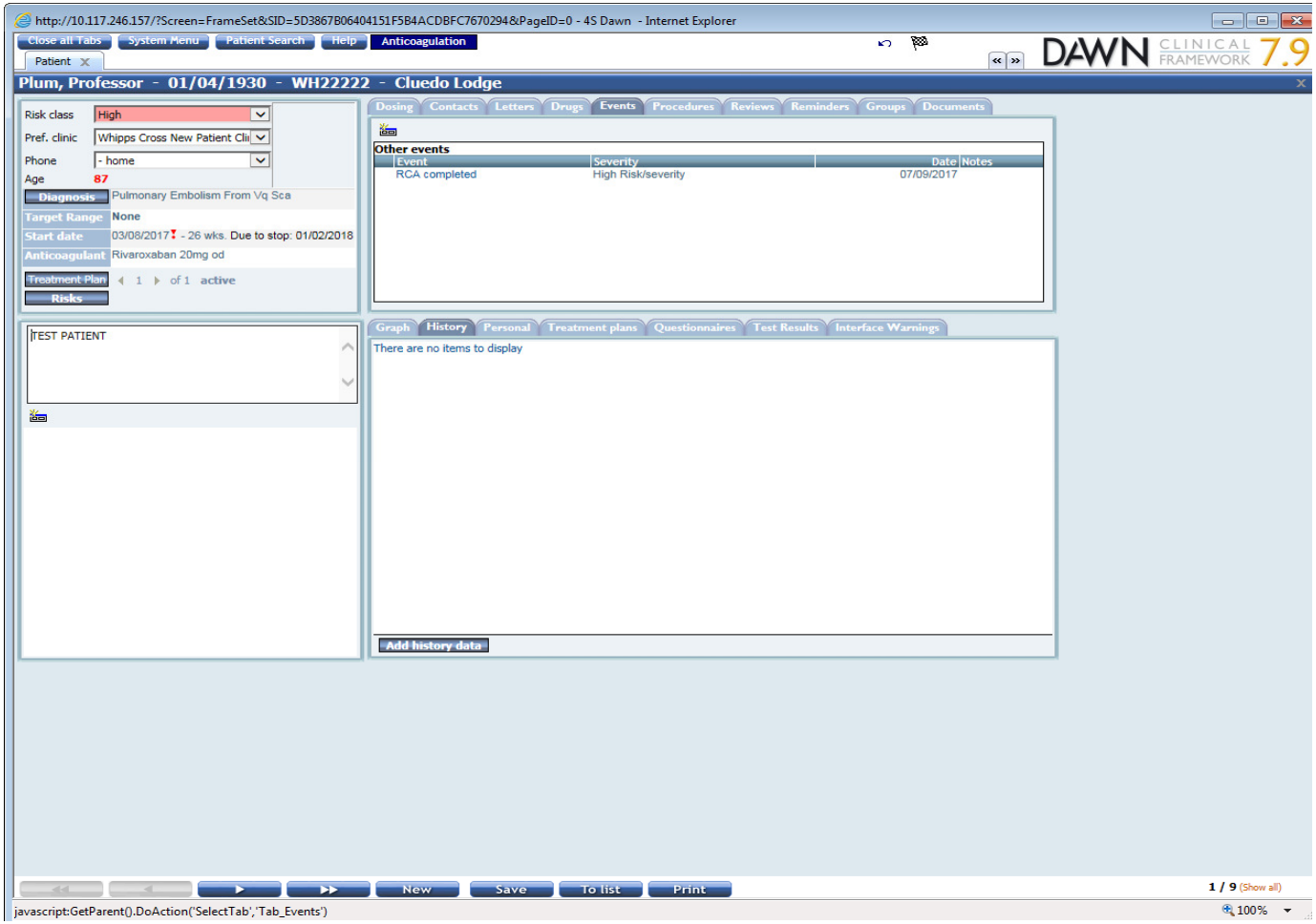
Route cause analysis (RCA)



Route cause analysis (RCA)



Route cause analysis (RCA)



Community discharge process

Patients are identified by their postcode – DAWN has excluded any postcodes not required (Redbridge & Waltham)

Patients are on life long treatment

Certain patients by their diagnosis are excluded – marked as an event “not for community discharge”

Particular patients are just not suitable due to history of bleeding, active cancer treatment etc. - marked as an event “not for community discharge”

Some patients are excluded by choice - marked as an event “not for community discharge”

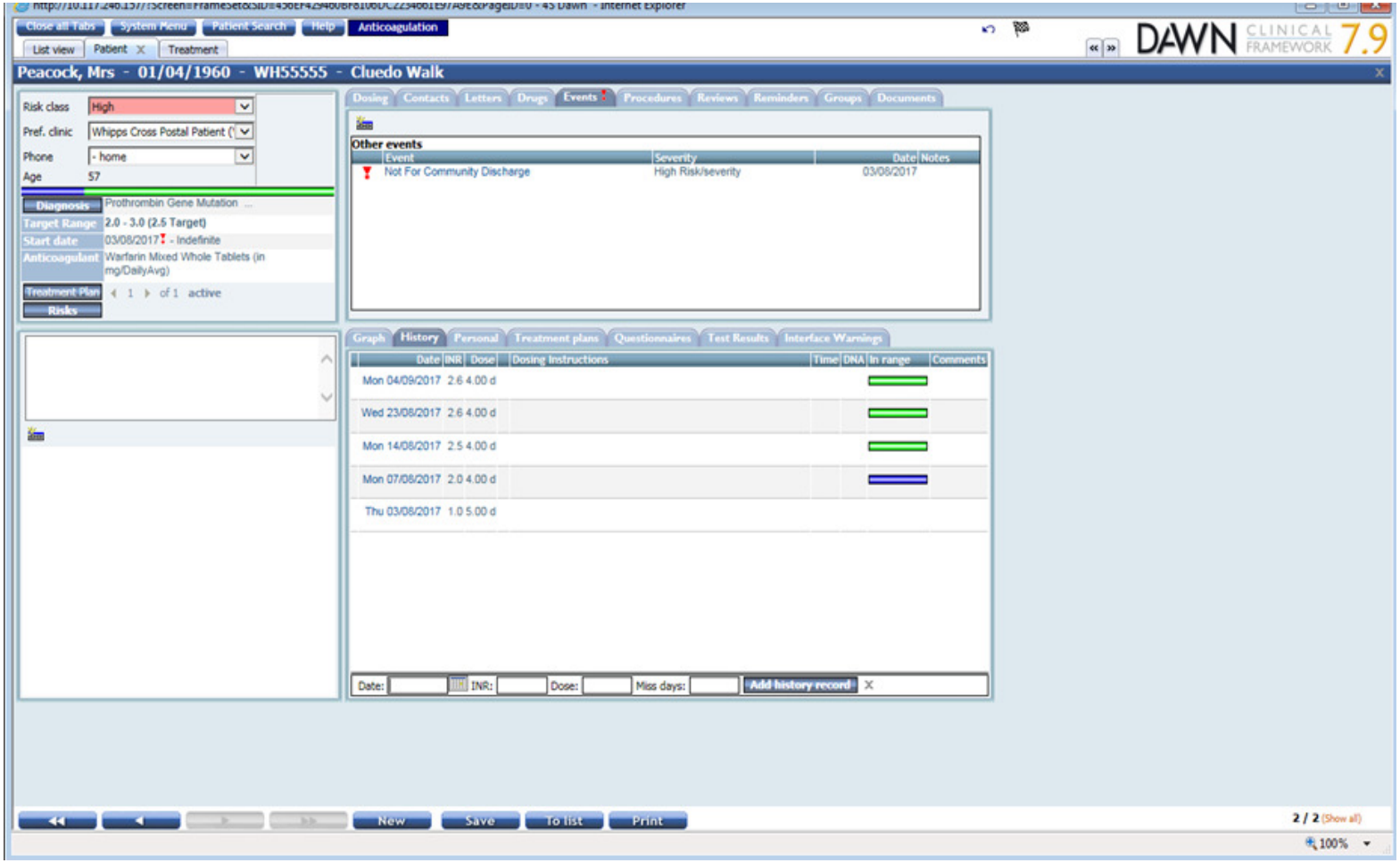
Select particular clinic - home visit, postal patients & warfarin clinic

Select on or after – 4 weeks in the future. This indicates stability

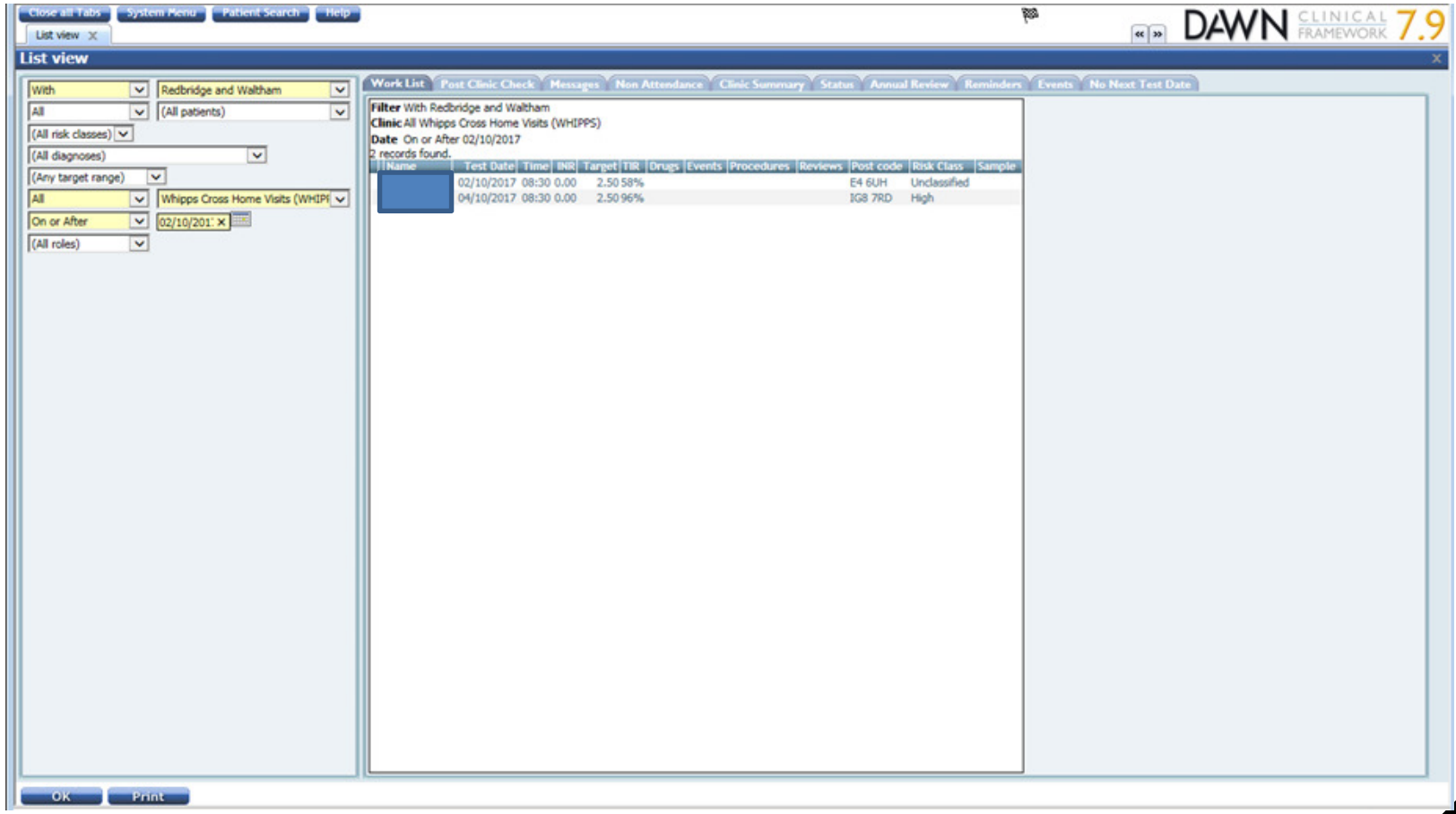
Review each patient for stability & suitability of discharge

Print 12 month history & discharge letter to patient and GP – discharge patient on DAWN

Community discharges



Community discharges



Review of inpatient process

Patients are marked as an event “inpatient”

- when we have been informed that they are inpatients by the ward, the patient or a relative
- we have checked on the hospital system (CRS) and found that they are inpatients if they have not attended a recent appointment
- They are home visit patients and absent when we visit

All scheduled appointments are deleted

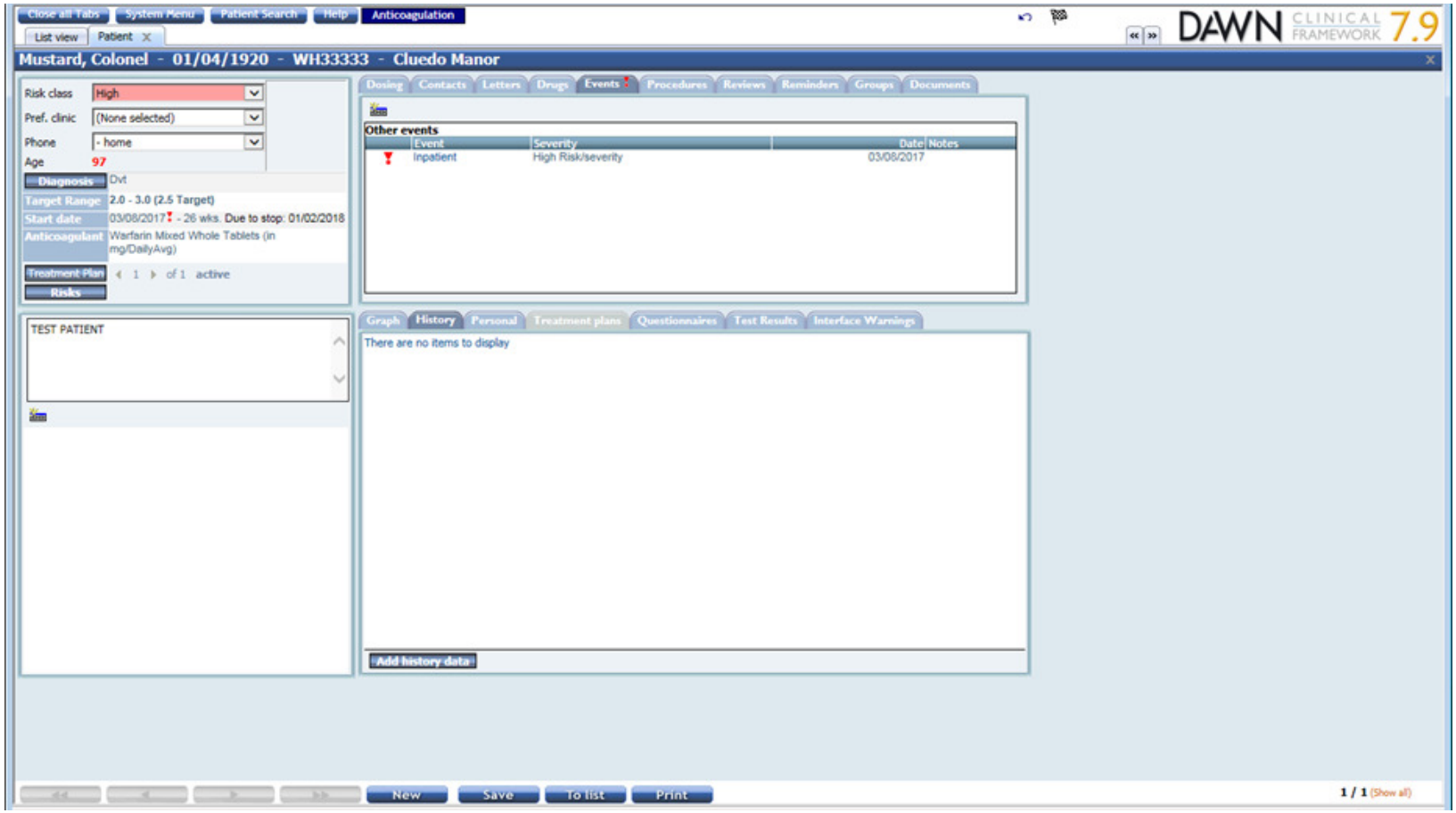
At the end of the week an audit is run to check inpatient status and each patient is followed up

If no longer an inpatient the event is deleted and a future appointment / home visit is booked

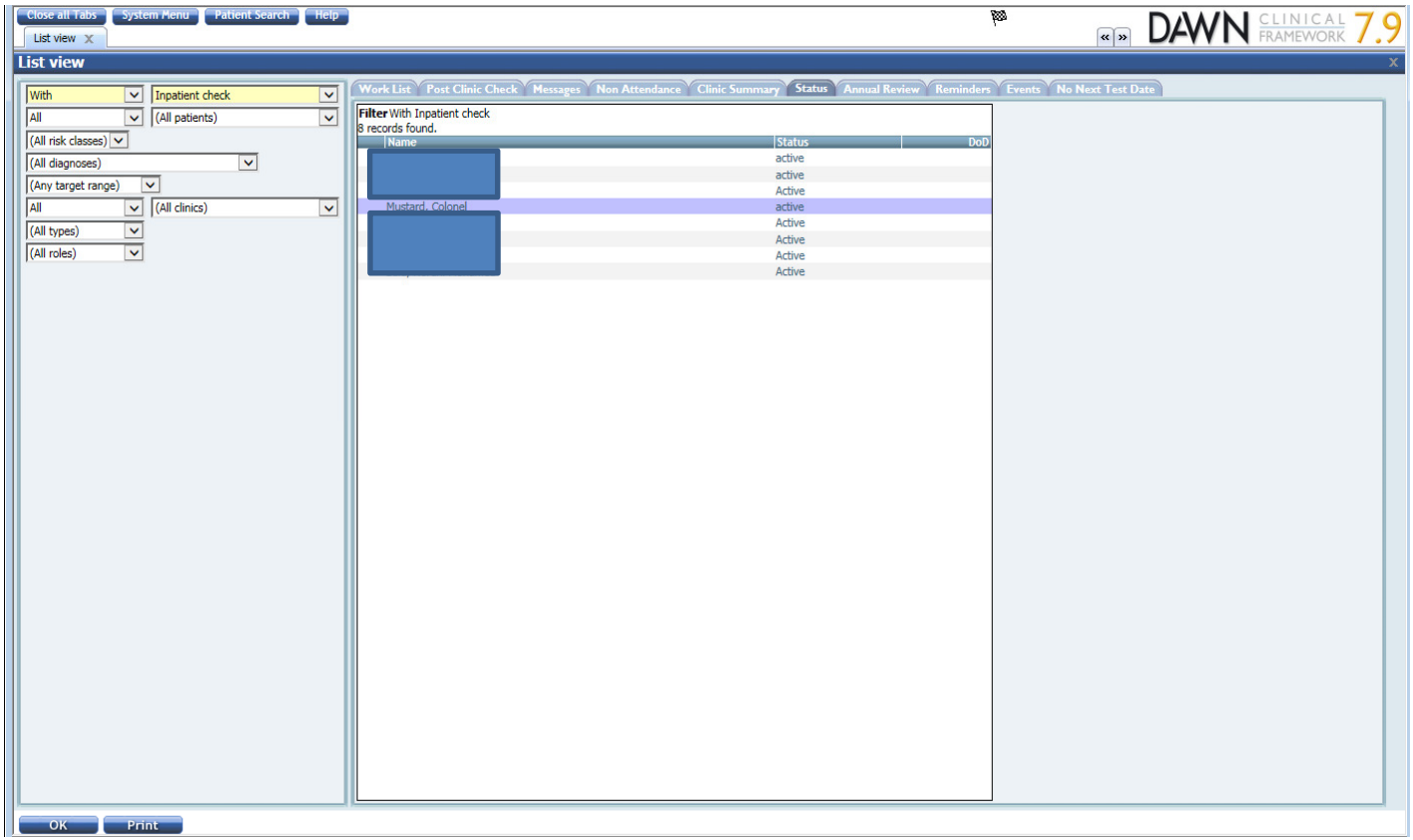
Most recent INR and dose are recorded on DAWN

If patient anticoagulation treatment has changed DAWN is updated and the patient is either reviewed in clinic or telephoned in 3-4 weeks.

Inpatient Status



Inpatient status



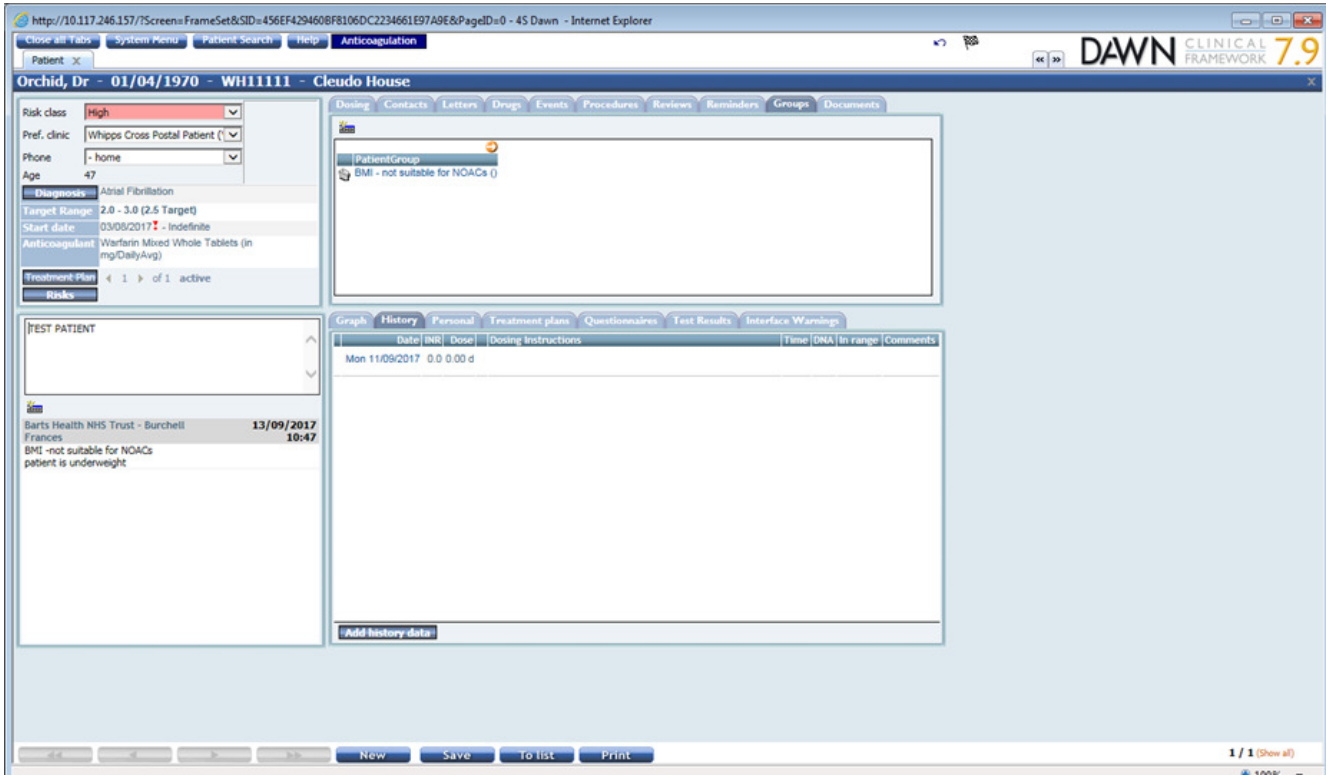
Process for BMI – not suitable for NOACs

Patients with a weight >120kg and <40kg are usually not suitable for NOACs

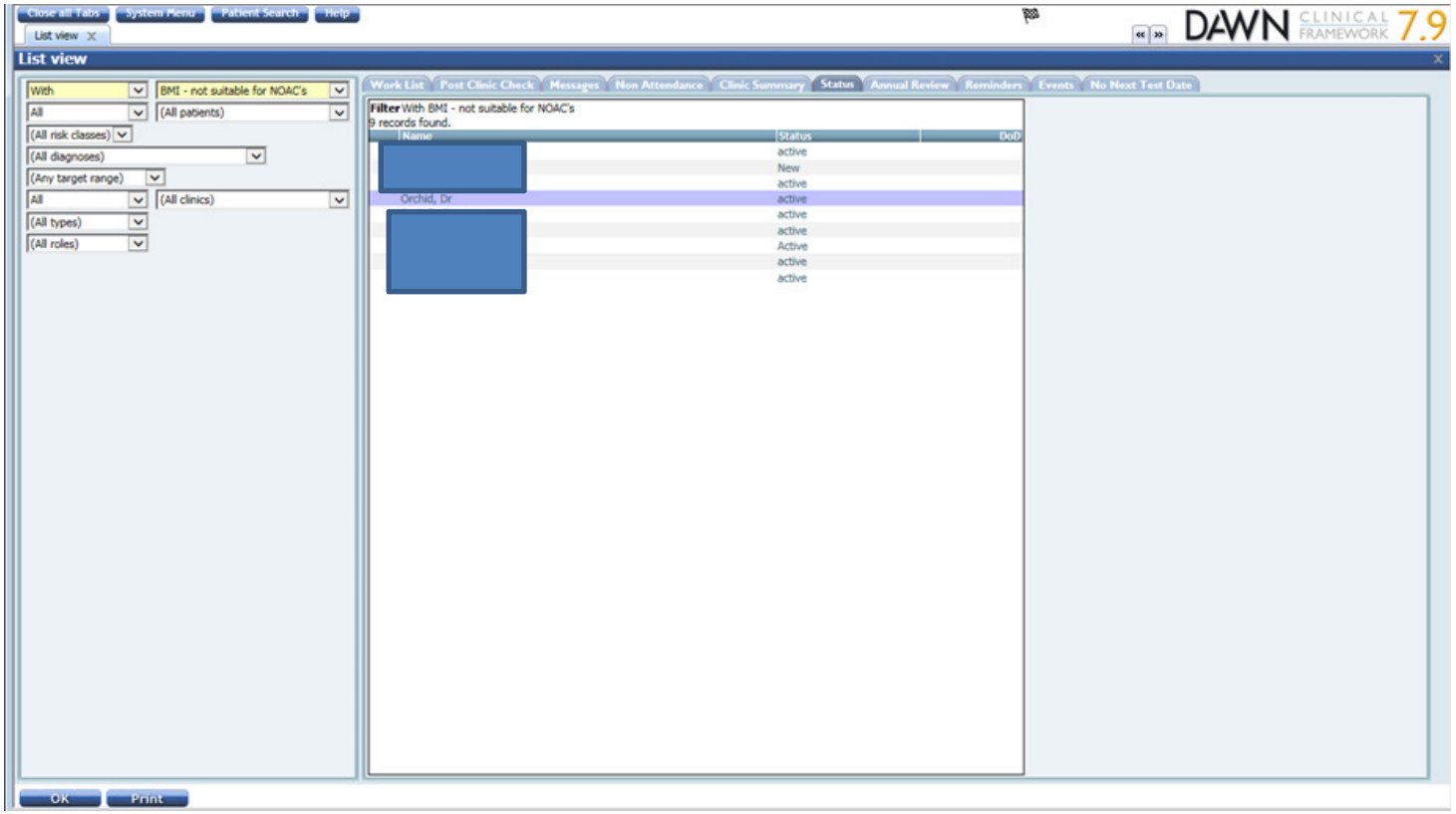
Data can be collected on these patients and if in the future licences for the use of NOACs is changed then these patients can be easily identified

Process can also be used where renal impairment is another factor for unsuitability for NOACs

BMI – not suitable for NOACs



BMI – not suitable for NOACs



Process for NOAC side effects

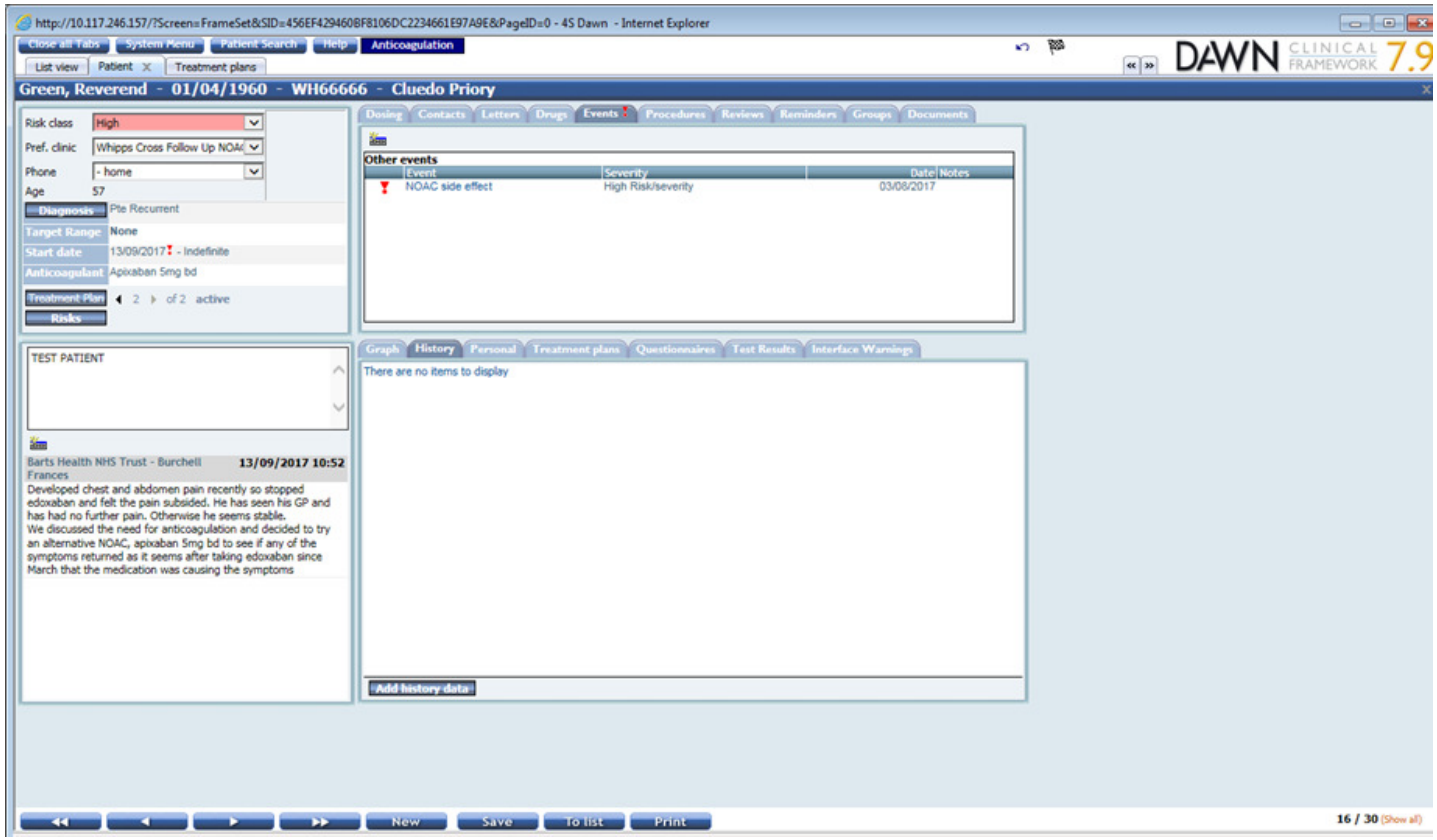
Patients are identified and marked as an event “NOAC side effects”

Details of the side effect are entered as a quick note on patient record

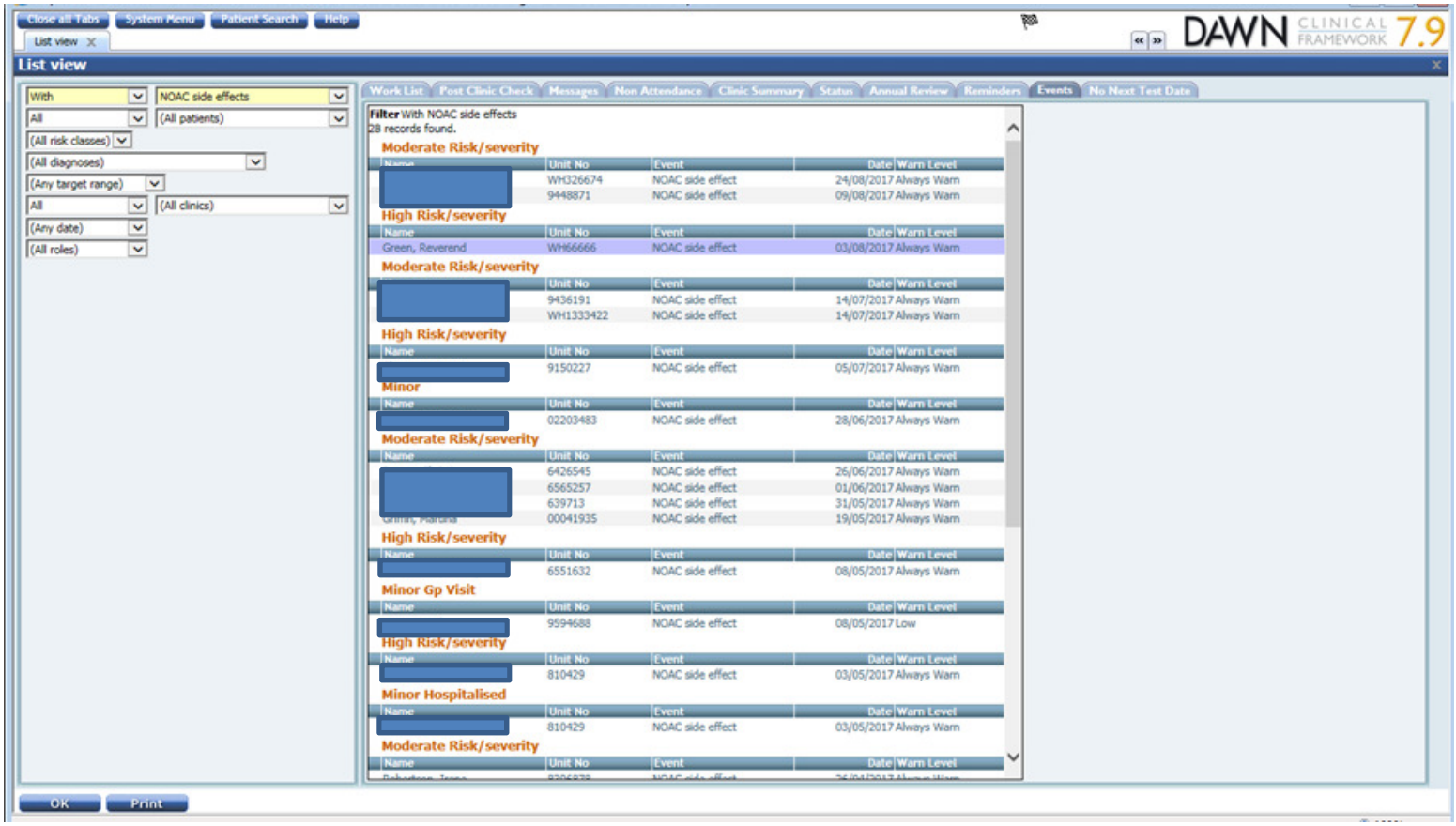
Process could also be used for warfarin etc.

Data is collected / audited for future studies

Side effects



NOAC side effects



Process for drug trials

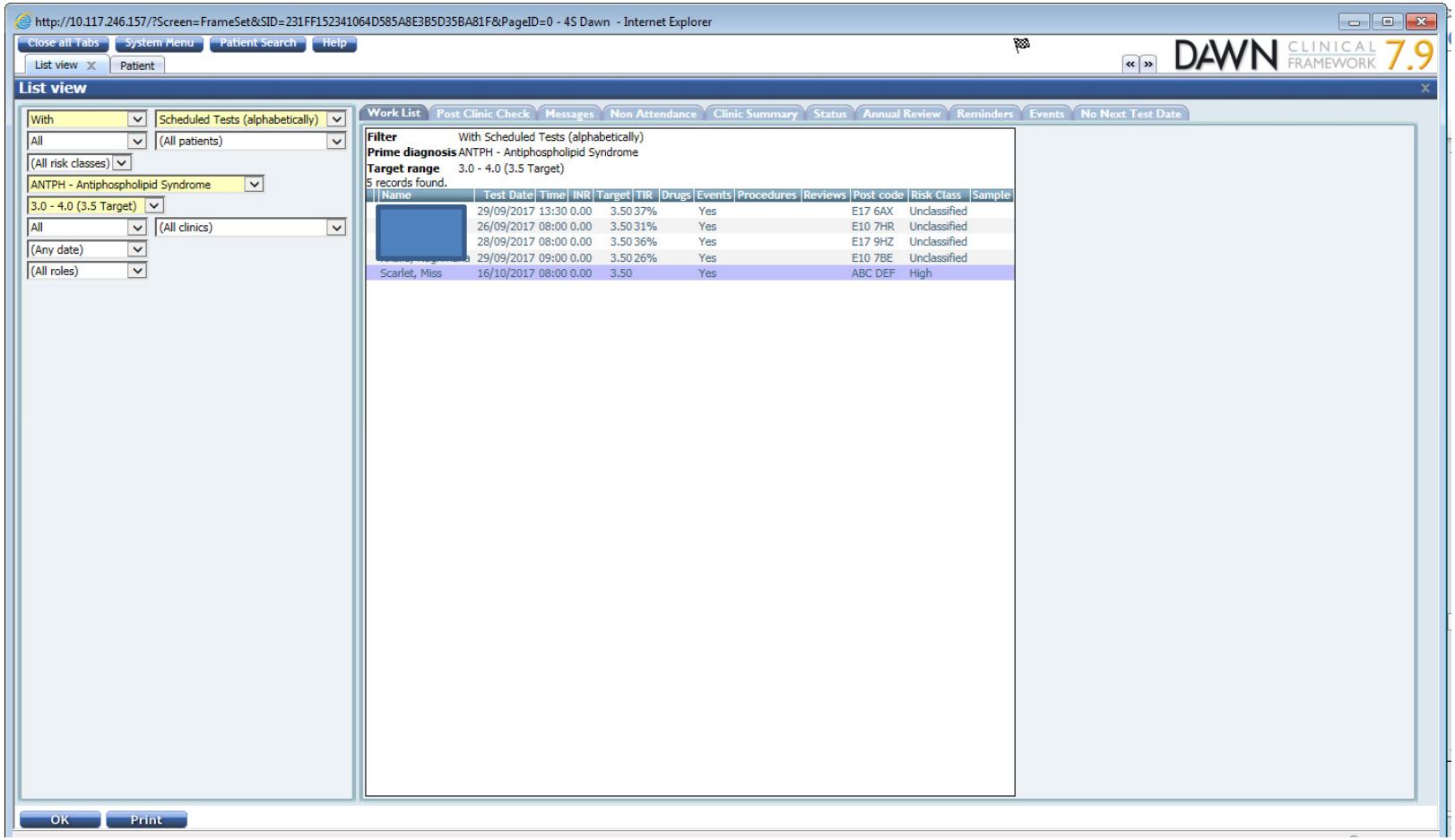
Find suitable patients by filtering their diagnosis and target

Mark each patient as an event “UCH NOAC trial”

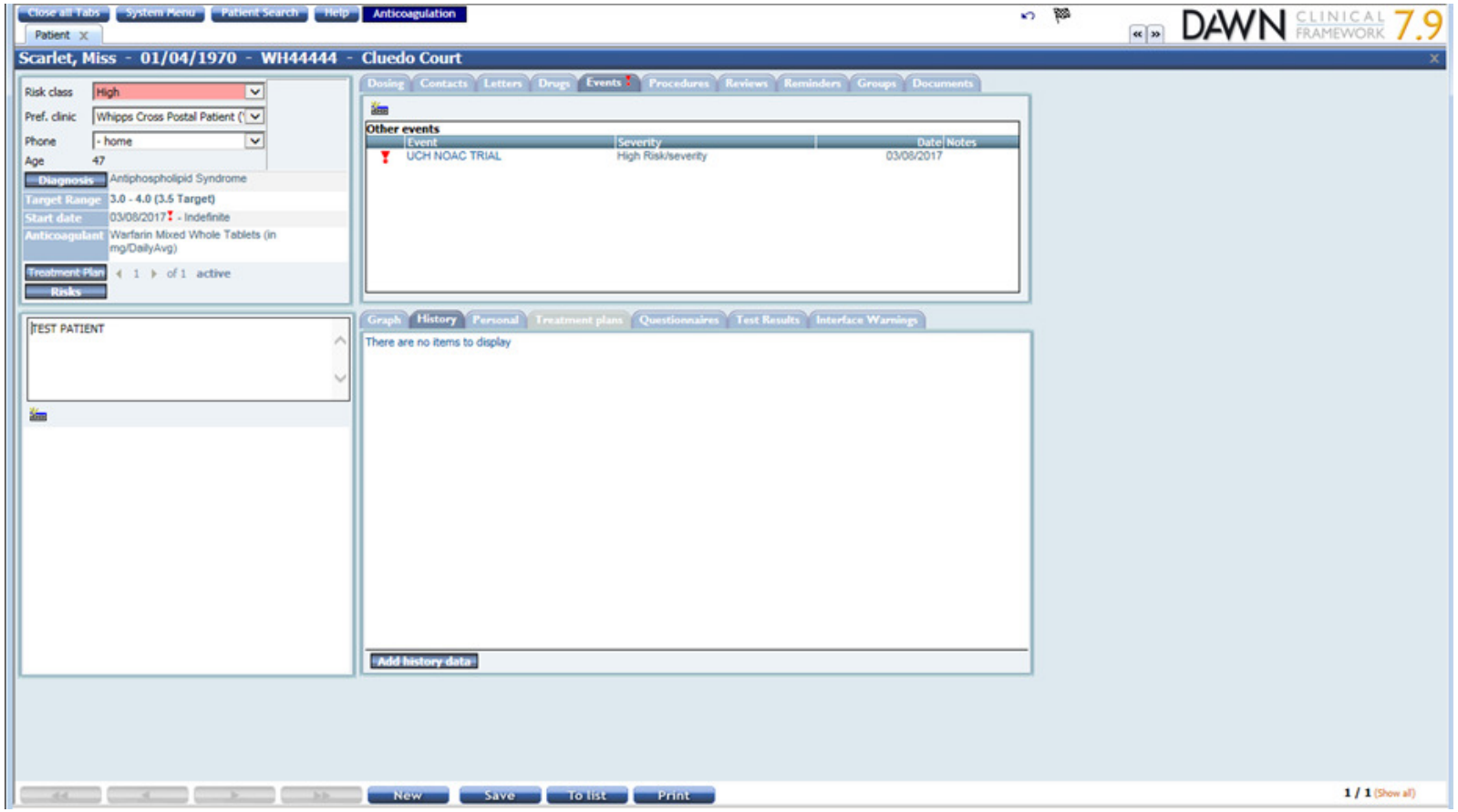
Audit by using appropriate selected filters

Can be used for future studies and any drug trials

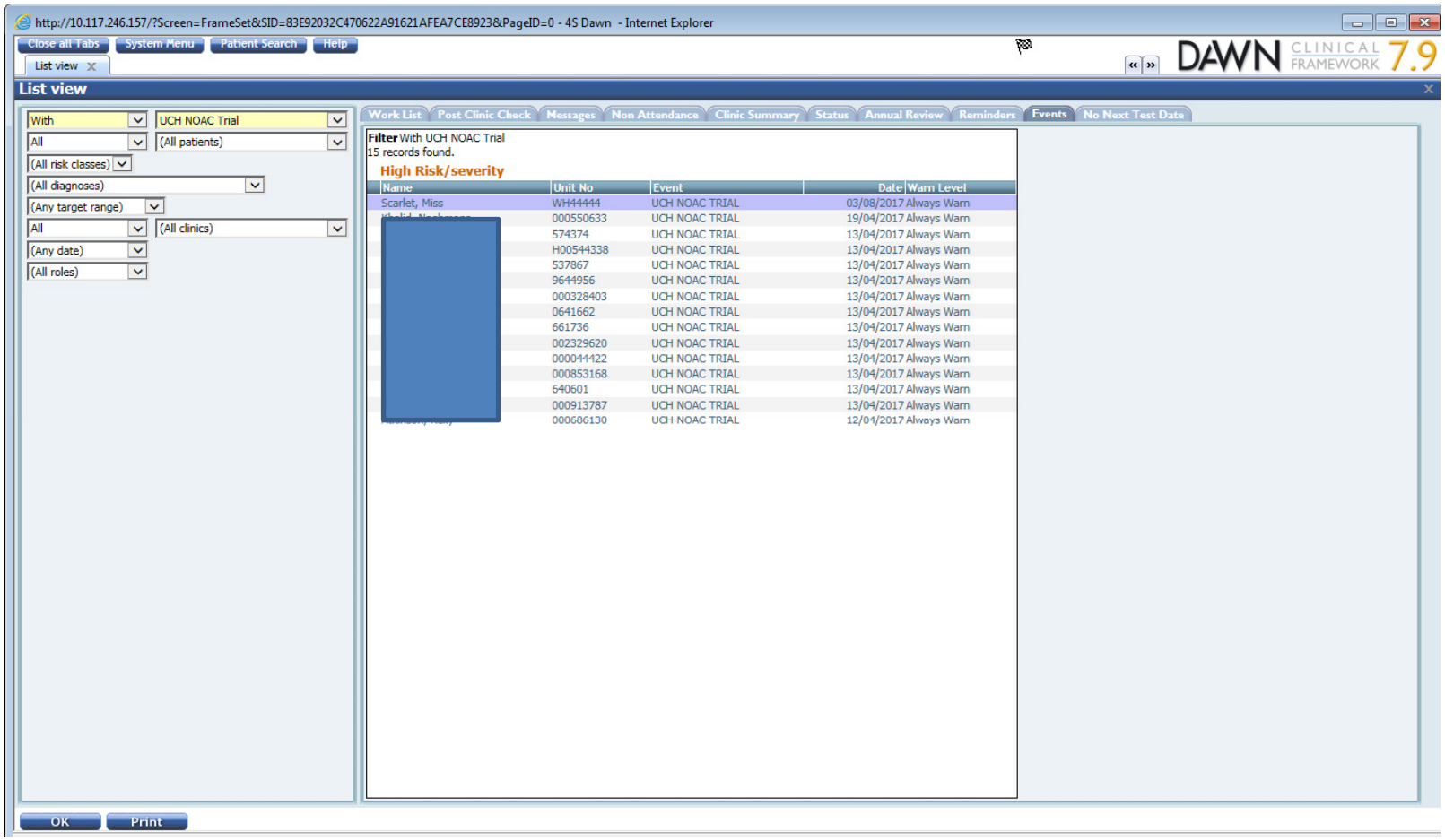
Selection of patients for drug trials



Identify patients for trials



NOAC drug trials



Example of a SOP

HOW TO RECORD A NOAC SIDE EFFECT

http://10.117.246.157/dawnac

Log into DAWN with your user name and password

PATIENT VIEW – search for patient by entering name or MRN number

EVENTS – click on quick note (window)

THEN SELECT “NOAC side effect”

SELECT HIGH RISK

DURATION OF WARNING “A”

THEN IN ORANGE FIELD PUT “A”

OK

IN QUICK NOTE – give a description of the type of side effect

Log out of DAWN by clicking the chequered flag

Additional help DAWN support have given us

- Freedom of information requests– DAWN team able to help write and generate reports so that we can supply data as and when requested
- Changes to clinic profiles and times to accommodate staffing levels and genre of health care professionals
- DAWN developed reports and lists for clinics to ensure notes no longer necessary
- Supported us during the May 2017 cyber attack which allowed us to continue with all our clinics

In conclusion

- Improved efficiency
- Improved patient safety
- Standardised practice
- Paperless clinics
- All information on patients regarding anticoagulation is legible in one place and without the need for separate lists and spreadsheets
- Able to audit activity and specific groups for future development
- Opportunity to easily share with other sites

Final thought

If you want DAWN to work for you
and you haven’t got a clue

Ask the DAWN support team