



Communicare Project

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Methods

- Non-structured interviews with personnel at 5 separate health services
- Wide range of health personnel interviewed
- Email questions to remaining health services
- Identifiers removed and commonest responses reported



Questions emailed out to health services

- Would you find templates with standardized questions to ask patients with common health problems useful?
- What support services are readily available to you if you have queries about Communicare's use?
- Would you like to receive more training on the use of Communicare? If yes, please specify which areas you require further training in, and why.
- Do you have any praise/complaints/suggestions for improvement of the Communicare program?



Points raised by health care services about Communicare

1. Information about key points in notes doesn't automatically capture as clinical items.
2. Prompts needed to ensure consistency in history taking and data recording methods.
3. Data linkage across health services and within Communicare.
4. Training.
5. Identification issues with data input.
6. Making recalls more prominent.
7. Making diagnoses prominent.
8. Identifying familial relationships and tracking transient patients.



Points raised by health care services about Communicare

1. Information about key points in progress notes does not automatically capture as clinical items
 - Integrated Progress Notes
 - Formalising policies and procedures around data entry



Points raised by health care services about Communicare

2. Reporting prompts so that information on key issues gets consistently recorded as clinical items/qualifiers at the time of the consult/pre-consult check.

Questioning prompts within clinical items so that everyone asks standard questions/stages certain things

- IPNs capturing certain text inputs as qualifiers
- Creating standardised clinical items
- Formalising policies and procedures around data entry



Creating standardised clinical item templates

- + Especially for common conditions
- + Easier to use
- + Can have inbuilt reporting and questioning prompts
- + Standardises data collection across services
- + May improve reporting
- Different levels of detail needed for different levels of health staff

What is currently on Communicare →

Add Clinical Item - BALLANGER, ALICE GRETA 46yrs Current Patient Female

Trachoma

Arthur Beetles, Eastern Branch Clinic (Aboriginal Health Service) Sexual Health 07/10/2009 01:06 pm

Comment Reason for Encounter Display on Summary

From Date: 07/10/2009
Episode:
Alcohol related:

Add Clinical Item - BALLANGER, ALICE GRETA 46yrs Current Patient Female

Check up; Trachoma

Arthur Beetles, Eastern Branch Clinic (Aboriginal Health Service) Sexual Health 07/10/2009 01:06 pm

Comment Reason for Encounter Display on Summary

Performed date: 07/10/2009
Actual duration (minutes):

WHO Trachoma Grading

Look at the inner side of the upper eyelid.
TF: 5 or more follicles of over 0.5mm in diameter.
TI: Pronounced red, rough, thickening obscuring over half the normal blood vessels. Follicles may be present.
TS: Visible scars. Usually white lines, bands or sheets.
TT: At least 1 eyelash rubs eyeball. Evidence of recent removal of intumed eyelashes.
CO: Milky white opacity, obscuring or blurring pupil margins.

Right eye grade: (No previous values)
Left eye grade: (No previous values)
Contact tracing performed: Yes No Blank (14/09/2009 Yes)

Contact tracing details: (No previous values)

Action taken (for contacts): (No previous values)
Action taken (for patient): (No previous values)
Diagnosis: (No previous values)

Right click to remove an item from the summary

- 1. Normal
- 2. Active trachoma
- 3. Previously treated trachoma
- 4. Trichiasis

← Proposed new templates for common/major conditions



Formalising policies and procedures around data entry

- Aka business rules/data entry rules
- Who enters what, how and where
- Aims to ensure efficient information capture
- Makes follow ups/reporting/auditing much easier
- Free
- Saves time

1. Click **check up** tab (BOTTOM LEFT)
2. Click **browse all item types**
3. Type procedure/complaint name in **search words** e.g. adult health check
4. Choose clinical item, click select. If more than one present, click the one classed as a **procedure**.
5. Fill in data boxes, tick boxes, dropdown lists as necessary. Leave unknowns blank.
6. Type what you want to appear in the progress notes in the **comment box** (AT THE TOP)
7. Click **display on summary** box (TOP RIGHT) if _____

are present

8. Click **save**
9. Complete any recalls
10. If the patient has a separate problem, repeat from **1**, typing name of new problem at **3**.



Points raised by health care services about Communicare

3. Data linkage across health services and within Communicare

- Improved patient management, esp. transient patients
- Confidentiality/ethical issues
- What do health services want?
- Who would sign up to this?
- Why?
- Why not?



Points raised by health care services about Communicare

4. Training more often.
Especially areas with high staff turnover.
 - Making better use of the forum.
 - Remote Network Connections
 - Central PIRS support officer
 - Regular training rounds amongst health services

Forum	Remote Network Connections	PIRS support officer	Regular training rounds
forum.ccare.info Questions/issues can be put directly to Communicare or information shared between health services.	Personnel from different health services can share knowledge over common problems.	An individual undergoes thorough Communicare training and is then available to provide online/physical assistance as needed to all health services.	Have someone (from Communicare) conduct regular training rounds amongst health services.
No additional costs or infrastructure required. Immediate.	Free software available (e.g. Teamviewer, Microsoft Remote Connections software).	May alleviate security/confidentiality issues with RNCs.	Ensures new staff familiarity with program.
Ideally used in conjunction with other methods.	Extensive linkages possible- e.g. templates/ care plans can be shared very efficiently.	Increased responsiveness to needs of different services.	
		Regular source of support.	
Motivating busy HCWs to consistently use the forum	Initial IT setup required.	Expensive- training and employment costs	Expensive.
	Security/ confidentiality issues		What if assistance required between training rounds?
	Some centres may need hardware +/- security software upgrades		Long wait between sessions for each individual service



Current Communicare support available

Phone helpline +/- remote connection

Training courses

Ad-hoc support (e.g. creating new clinical items, database maintenance, etc.)

Telephone training in 2 hour blocks.

At request on-site training & support (especially for admins & SQL training)

Train the trainer.
Minimum of \$1 488 per Communicare personnel per day.



Points raised by health care services about Communicare

- 5. Identification issues ➤ ?
especially past scripts
being input under
current provider's
name.



Points raised by health care services about Communicare

6. Flagging recalls and making them more prominent

- Recalls remain on screen if certain qualifiers are not entered
- Recalls must be completed/cancelled for patient record to close



Points raised by health care services about Communicare

7. Making diagnoses prominent/ easily accessible at a glance
 - IPNs may address this
 - Different colours for major diagnoses and dates?



Points raised by health care services about Communicare

8. Create a system for patient ID numbers so that families can be linked

- Alphanumeric (e.g. a1117413, a1117414, a1117486)
- Tracks transient patients and evolving familial relationships
- Needs reprogramming from Communicare to allow alphanumerics



Discussion