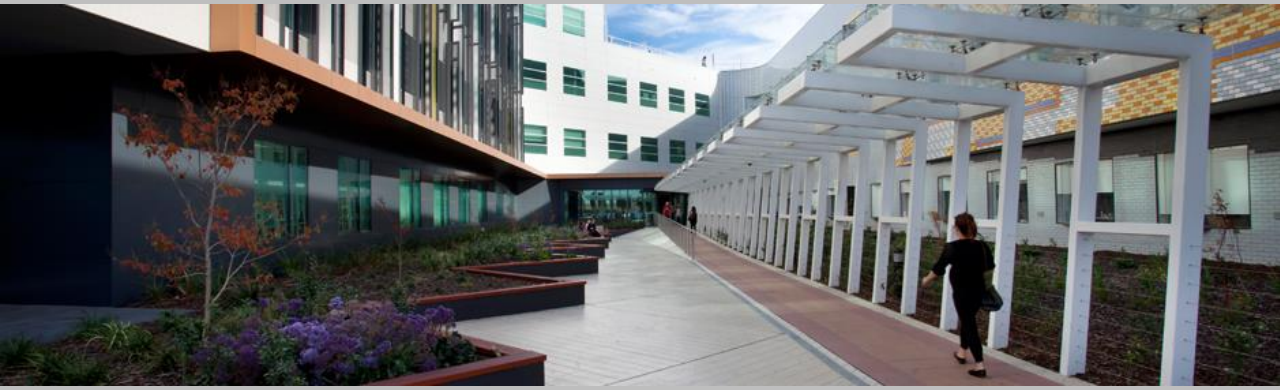

EMR Experiences: Allied Health Professionals

Kath Feely
CAHIO



Parkville
EMR





Western Health

2017 – 2018

EMR implementation



Large tertiary health service in
the western region of Melbourne
One organisation – 5 sites

- 1000 beds
- 6500 staff

480 Allied Health staff from **nine**
professions

Go Live Dec 2018

Inpatients implementation

Problem: Electronic (iPM) Inpatient Referral Management

Evaluation in 2017 (ASPIRE team)

Missing data elements

- Location of patient
- Clinical information

Limited information to triage at time of receiving the referral

Outcome: Impacted Allied Health available clinical time

**Average time spent on
each referral**

17.2 minutes

(2017 audit n = 792)

How can we
make it quick for
the referrer and
useful for AH?

Re-designing AH referrals

Standardised referral priority

- 4 options

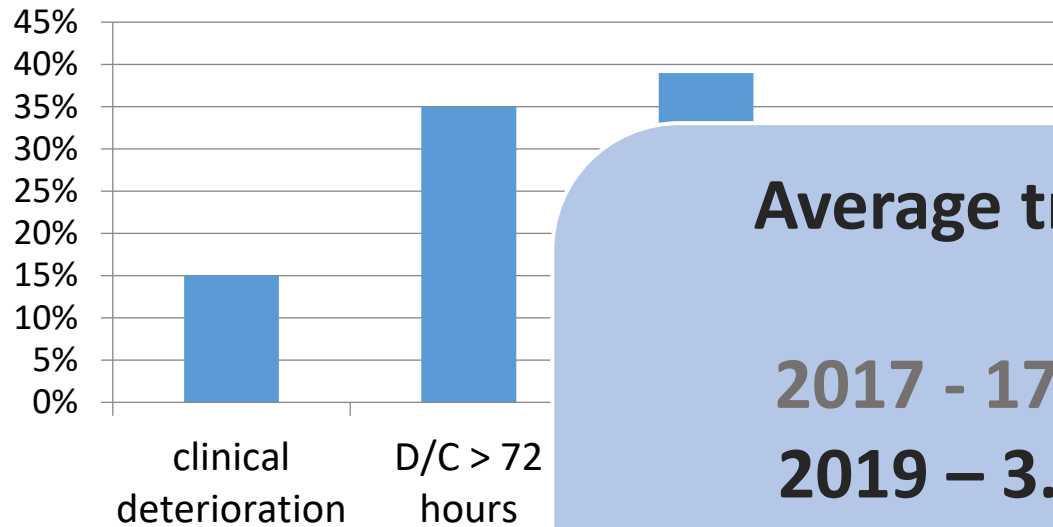
Defined reason for referral

- Up to 10 Profession specific reasons
- Limited options and characters
- Reviewed by non AH colleagues

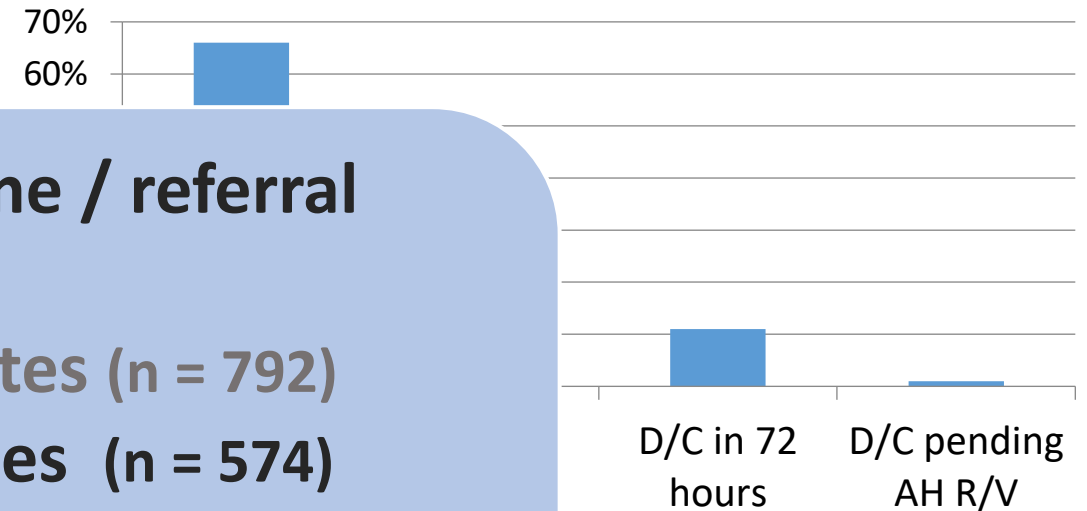
Configured auto generated referrals

Embedded referrals within order sets & BPAs

Combined Allied Health results



Spiritual Care results



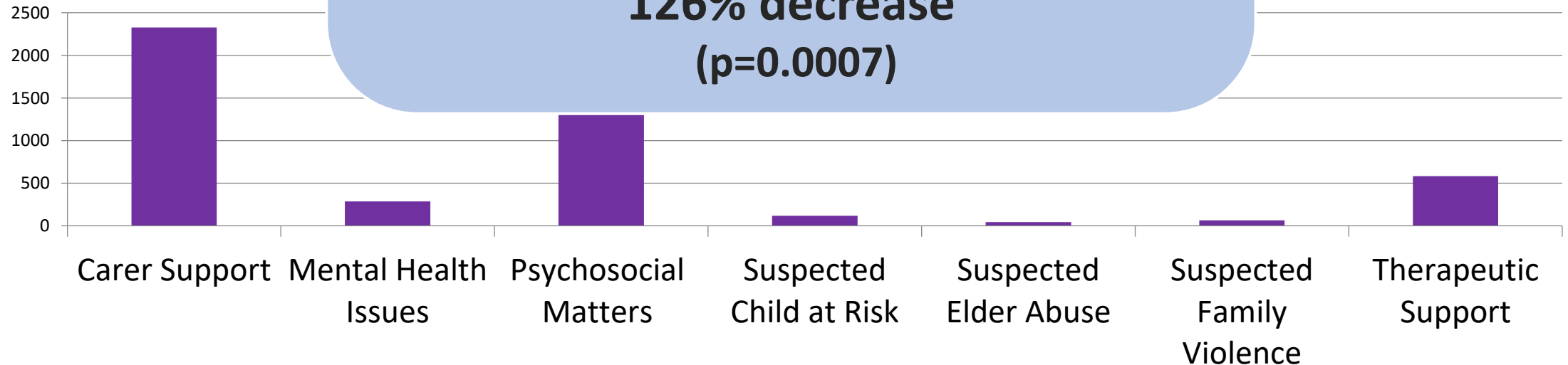
Average triage time / referral

2017 - 17.2 minutes (n = 792)

2019 – 3.9 minutes (n = 574)

Range: 1.3 – 14.3 minutes

**126% decrease
(p=0.0007)**



Allied Health positive re change

Communication

Learnings

Wider consultation AH workflows

Framework for profession specific

Super user selection & preparedness

Don't over-do data field entry...

Be prepared for curve balls!

Challenge: an additional system



Connecting Care Parkville

2019-2020
EMR implementation
(Take 2!)

Four health services co-located
in Parkville: one EMR

Adult hospitals:

- 15,600 staff
- 1650 beds

800 Allied Health from 17
professions

Go Live August 2020

Big bang implementation

One EMR team. One shared EMR.

Join the go-live countdown at ParkvilleEMR.org.au



Clinical
transformation,
not an IT project

Led by clinicians for clinicians

Standardisation of care

Patient Safety

Connecting with patients

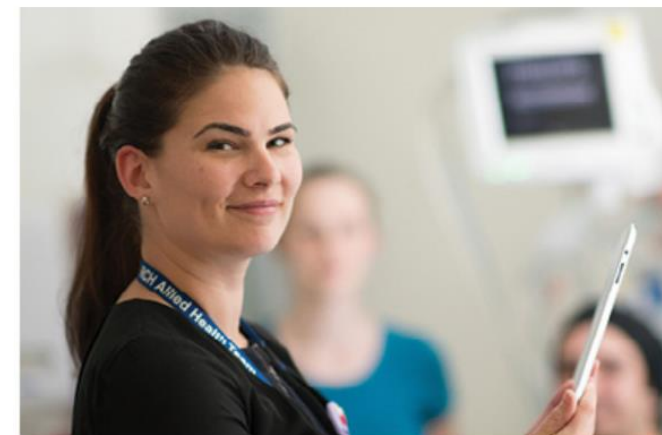
Reporting capability

Better research data

Reaching out for Allied Health Epic experiences



Royal Children's
Hospital



Greater Ormond Street – AHIO

Epic's network
UGM **
MD Anderson



Clinical
transformation,
not an IT project

Led by AH clinicians for AH clinicians

- AH Subject Matter Experts for every profession
- Included for shared workflows
- AH super users (ratio 1:10)

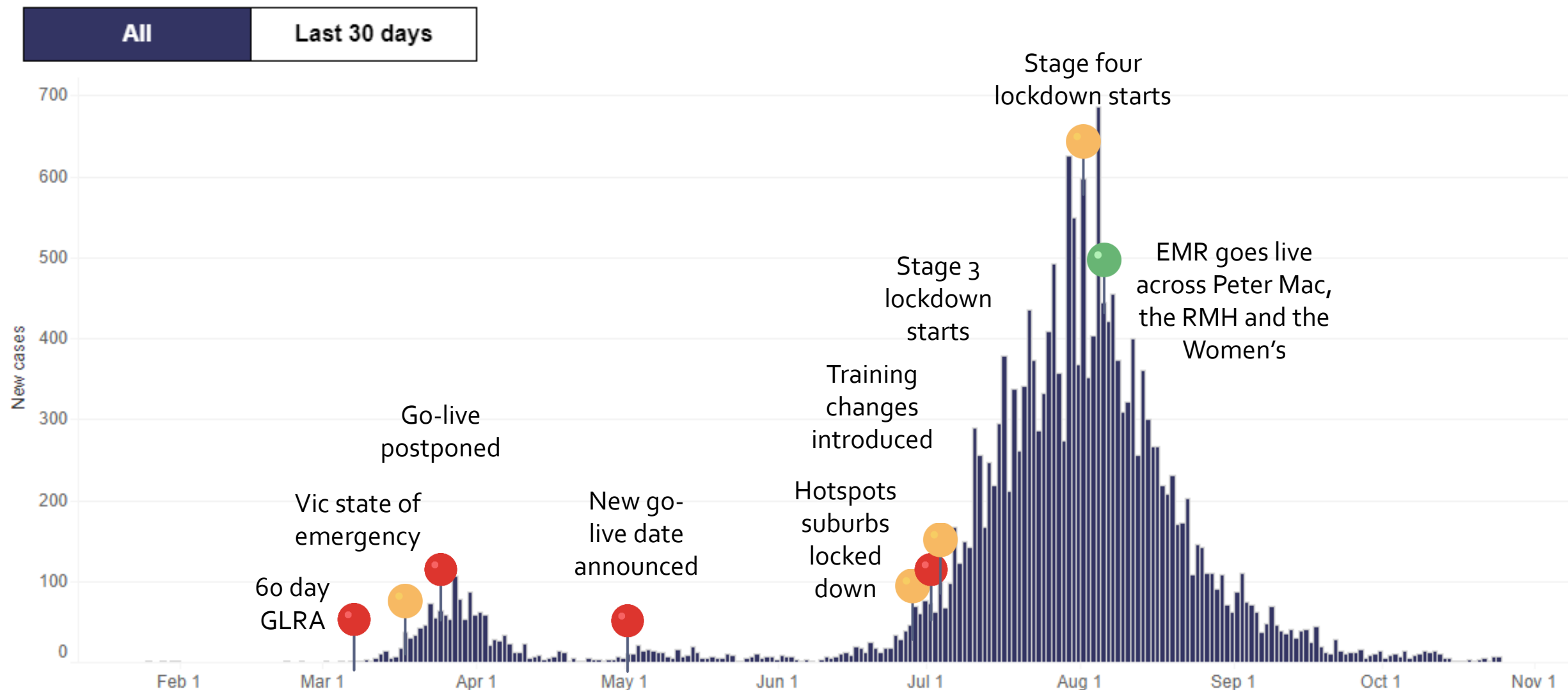
Standardisation:

- EMR Allied Health advisory group
- AH core content group
- AH EMR Summits - communication

AH Reporting/research capability

- AH current status and longitudinal

Daily new cases in Victoria



Source: Victorian DHHS website – Victorian coronavirus (COVID-10) data as at 26 October 2020



Myf Truscott



Laura Iacobaccio



Sarah Poke



hodgsori



Jess Price



Kath Feely



8 August 2020 – EMR go-live

Benefits: first 6 months

Easy access to information,
documenting notes & communication

Connection to our patients

- Goals visible
- PROMS pre appointments

Inpatient referral management

- Improved information
- Visibility of AH status

Cross encounter information

- Pre-morbid assessment

MDM and group documentation

Up to date inpatient clinical demand
reports

Learnings

Training – include profession specific

Don't just do a PRD check – have everyone day 1 ready!

Inbasket pools

Ensure input from all MDT professions in decision making for all joint workflows

Big change for AH moving from writing everything in one note

Don't over-do data field entry!

----- Opportunities: next 12 months

Finalise Evaluation

Use of tools

Connection to our patients

- Increase the use of HealthHub
- Links to education materials

Documenting on the road & virtual care

Reporting

- AH dashboard
- Clinical data

Upskilling AH in clinical informatics