

Clinical Informatics in Practice

The Practical Advantage of Business Support

Kim Jessen R.N.

Sharleen Luzny R.N.

Canadian Nursing Informatics
Association

Project Management

- Project Management rigor and Business Analysis critical to project success.
- Focus on support of business process.
- The system is only a tool. People are the solution.
- Garbage in = Garbage out

Every hour of planning saves 20 hours of support



Tracking Screen as at Wednesday, 24th August 2005 09:57

P#	Last Name	First Name	ED MD	RES	Reas sess	Lab	DI	Cons	Adm	Old Chart	MH	Disch	Comments
4	LION	BERYL PEARL	AWMLS					C					AW: DM, CRF. Chest pain and SOB. Missed dialysis. for CXR and bloodwork.
5	1 DOG	JOHN											⊕
6	CAT	NEL	AWMLS					C					RBM/CH: 74F hx CABG 2y ago. retrosternal CP today. nil acute EKG. 1st TNT neg. rpt TNT pending. ccu consult.
7	II TIGER	NORA MAY	MHODS	AOSTE									
8	WOLF	GARY ALAN	MHODS					C					SP: 47 yr M with etoh adn fall downstairs. P) Trauma/neurosurgery to see. Intracranial blood seen.>ADMITTED
9	FOX	HAROLD CLIF	MHODS					C					sfir - 90m level 2 care. Recent leg#. Presents with SOB (sats of 67% and cough. CXR shows ?RLL infiltrate. But work up re PE due to leg immobilized. Has + D-Dimer (1.15) but acute on CRF (Cr 159) Plan: AE
0	SNAKE	CATHARINE EI	MHODS					C					sfir - 87f presents with cough and SOB and weakness. Has RLL pneumonia. Getting abx. Also has Hgb 43 with OB+ stool. Getting transfusion. TNT also + (likely due to low Hgb hypoxia) No ACS on E
2	3 THOMPSON	PAUL DAVID											
3	RABBIT	FERLIN JOHN	MHODS					C					SP: 51 yr M with blunt head injury. Trauma ++P) CT Head/ C spines. Truama to see. Neurosurgery consultations>ADMITTED
4	GOPHER	DAVID	AWMLS					C					
5	2 DIODATI	JEFFREY MICH											
8	P *****	*****											
9	FISH	CHRIS JOSEPH	MHODS										gastro

Pts listed above	Triaged Pts <input checked="" type="checkbox"/>	Admitted Pts <input checked="" type="checkbox"/>	All Pts <input checked="" type="checkbox"/>
Pts Admit Status	Clerked Pts <input checked="" type="checkbox"/>	Awaiting Admit. <input checked="" type="checkbox"/>	Discharged Pts <input type="checkbox"/>
	Seen Pts <input checked="" type="checkbox"/>	Transferred Pts <input checked="" type="checkbox"/>	Daily List <input type="checkbox"/>



Logon	Prioritise All	Dept Map	Discharge Ready	Ac Refr
Prior Reg	Anon Patient	Prioritise Patient	Allocate Reassess	Handover
Admit Status	Clinical Comments	Mental Health	Action	Assign Patient

Date: 2005/08/22
Time: 14:56

FMC ED DEPARTMENT MAP

Maps

To be Triageed = 0

Pt Holding = 0

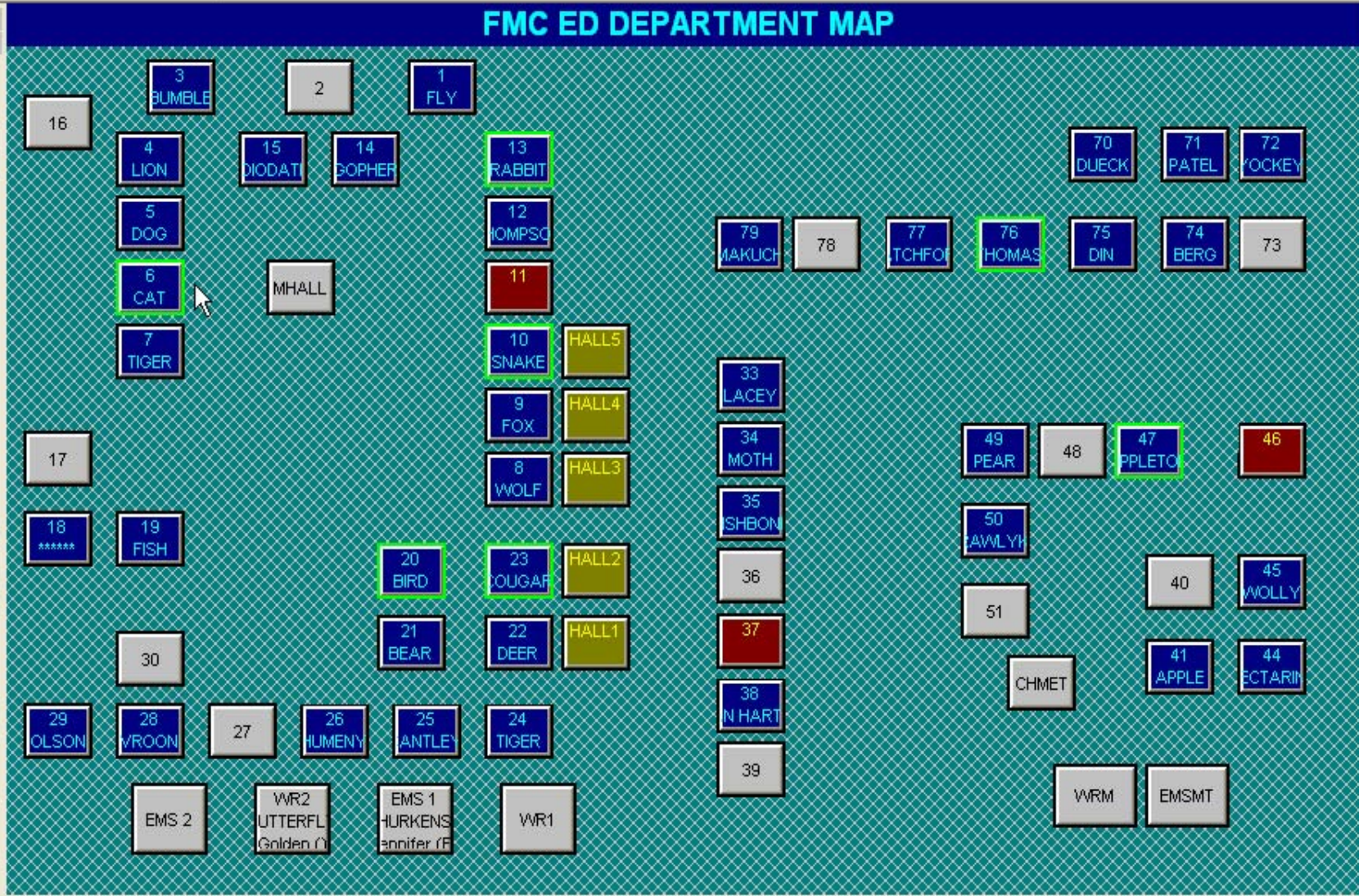
Clinical

Admit

Transfer

Consultations = 16

- 1 NEUROLOGY
- 3 INTERNAL MEDICINE
- 1 G.I.
- BIRD, Darryl Geor
- 1 TRAUMA TEAM



Notes



Triage	Clinical	Admission	Other
Triage: 3	Patient: 00373231 Complaint: CHEST PAIN. ONSET YESTURDAY SUB STERNAL INTERMITT. TILL TODAY. HAD ANOTHER EPISODE	Admission: CAT, Nel	Other:
	Nurse: WRUBLESKI, KIM	Assess: 2005/08/14 15:18	

Refresh 86 secs

Display



Data

http://www.calgaryhealthregion.ca/newslink/EmergencyDepartment_inside.html

- Available in 'real time'
- Reflective of actual ED business practices
- Ability to measure practice changes in a timely manner
- Standardized business practice facilitates site to site comparison and regional trending of data
- Some data elements are available that are not abstracted by Health Records Coding (Consultation Data)

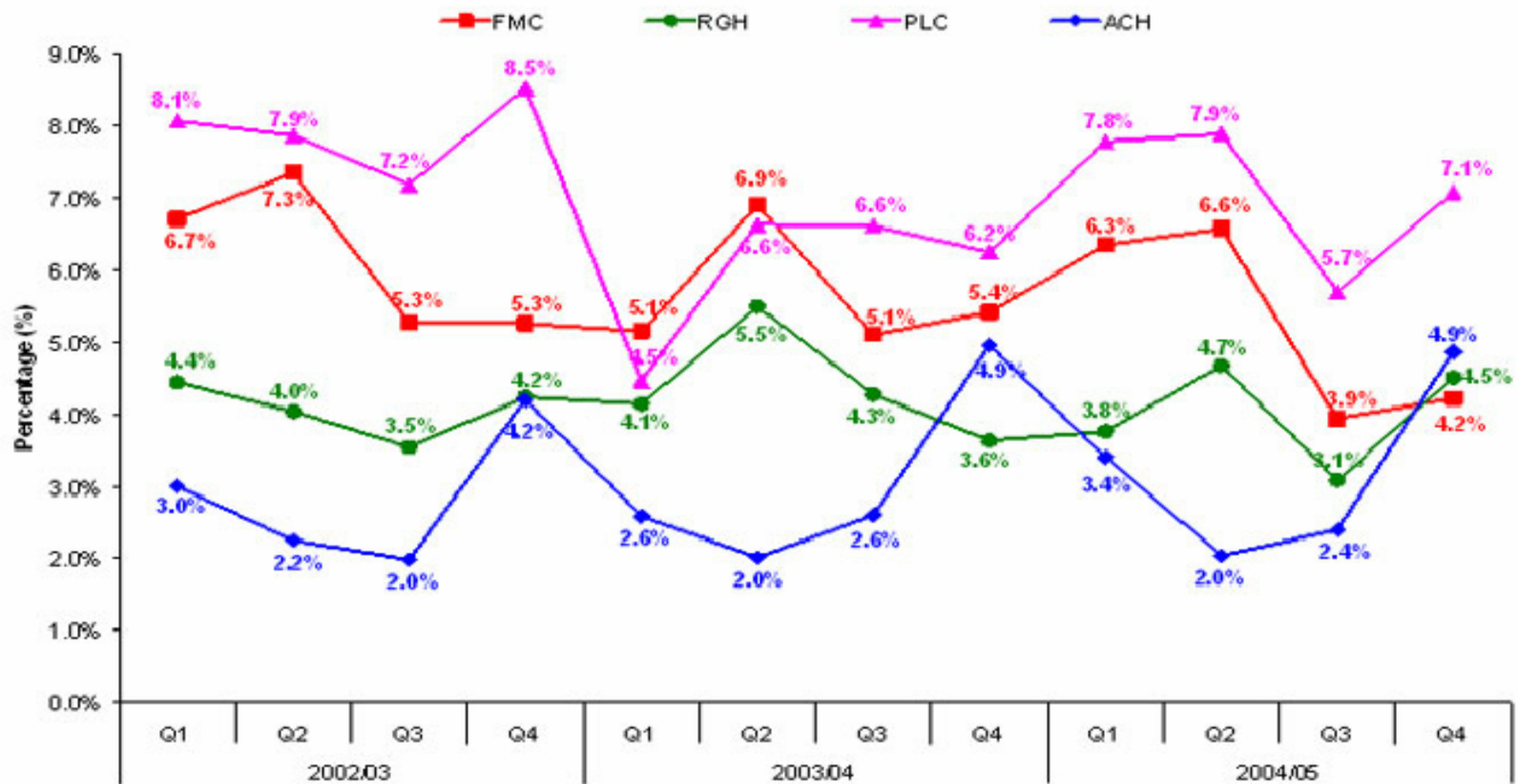
How We've Used the Data

Key Performance Indicators

- Including:
 - Volume by Age/CTAS Level
 - LOS for Admitted and D/C Patients
 - LOS from Decision to Admit
 - WR Time
 - Physician Assessment Time
 - % LWBS
- REDIS data are reported in the COO Report, Corporate Balanced Scorecard, Alberta Health and Wellness Reports, External CHR Website, Annual Report and many ad hoc reports/communications

Percent ED patients who LWBS

Date prepared: April 2005



How We've Used Data

- **Management Tool**
 - Investigation of Compliments/Complaints
 - Investigation of Critical Incidents
 - Operations support (on-call physician, staffing analysis)
- **Physician Profile Data**
 - Physician specific, allows for benchmarking vs. peer group
 - Includes work profile, efficiency, outcome and consumption metrics

How We've Used Data

- Planning for New Services/Initiatives
 - Coordination Centre – patient care decisions using real time information.
 - Capital Planning Initiatives
 - Many others



Management Lesson

Never start a project unless all resources are available