



E-reports just what the doctor ordered

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What if you could check Facebook to find how your old mum was doing in her aged-care home - ensuring she got the right medication and being alerted to a problem?

That's just one of the possibilities to be considered as the aged-care industry slowly embraces e-health. Lynn May, director of care services policy and planning at **UnitingCare Ageing**, which has 98 NSW facilities, is in the midst of a long, careful process to move away from the paperwork throttling her network. And with almost half her facilities online with an e-health solution, she can start dreaming the future.

She imagines blood pressure monitors that link wirelessly to a server or a medication system that tracks her clients.

But the first step was to get rid of the paper storm. "We had ad hoc systems, a lot of makeshift paperwork," says Ms May. "People would do a whole lot of work then try and remember what they had to document. It meant long hours, particularly for nurses and managers doing paperwork catch-up before the next shift, relying on prompts and notes and memory."

iCare's solution electronically converted the process. Once someone has dealt with a resident they enter the information on a wall touchscreen before moving to the next client. The data moves to a server. Managers get real-time data and staff save time. The touchscreens are as close to the patient as possible.

And a patient's file is always at hand, Ms May says: "If a client's relative rings and asks how mum is doing, I don't have to say 'I'll call you back'. I check on screen and answer any concerns on the spot from any office."

And she says there's new business insight: "For the first time, management (has) complete visibility of our clinical-care performance." Data feeds into reports, tracking falls and infections and other indicators. If there is an infection outbreak, head office has more knowledge sooner.

UnitingCare's pilot gradually spread to other sites. "IT systems are just tools to support our business and ambitions - they have to have a business model behind them," Ms May says.

The switch allowed it to standardise documentation and ensure sites followed validated, clinically tested practices. The electronic processes, based on existing methods, were vetted and streamlined to weed out bad habits.

Training thousands of staff was a big challenge; multimedia training modules were placed on its intranet.

Ms May is building a medication system to track prescriptions and dispensing. Another step is monitoring: blood pressure and temperature checks linked to the system; patients will expect such services, she says.

"We see more baby boomers as the primary carers for their parents," Ms May says. "They are busy executives and families. We can open up these systems, so I can sit in my office with an icon on my computer that lets me monitor mum's care, make sure she has taken her medications and has been visited by carers."

iCare managing director Chris Gray says aged care is still struggling out of the age of paperwork. Until recently, even the most advanced facilities were limited to Excel and MYOB systems, or used IT solutions in administration but did not extend them to clinical areas. But changes in government policy mean facilities must upgrade their reporting systems or lose funds.

Mr Gray says systems must be tailored to clinicians: "They are employed to care for people but they are filling in paper forms. But you don't want to give them bells and whistles that intimidate them. People trying to sell hospital software into aged care are not finding success."

He predicts more wireless mobile devices will be used. "If you've got your mum in aged care and you're wondering what happened to her today, you could check on the internet or Facebook." -- NICK MILLER