



Collect once, use many times. Translating clinical systems into clinical care. Discharging with Information (DWI). The BHS solution

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Background

Ballarat Health Services is a partially electronic regional hospital using clinical systems such as BOSSnet and IBA to contribute data to the Australian Stroke Clinical Registry (AuSCR).

BHS convened a group of key stakeholders to review the capabilities of existing clinical systems to produce a stroke discharge care plan.

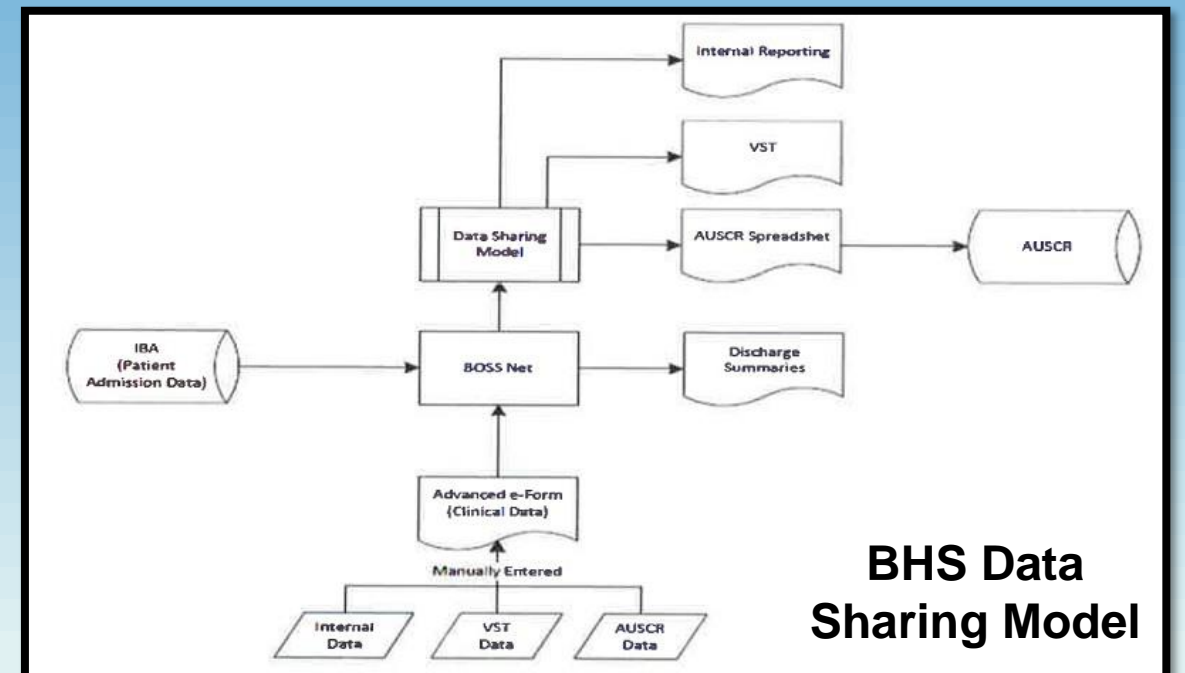
Aim

To provide patients with a personalised discharge care plan following stroke or TIA, using existing data collection processes.

Methods

BHS utilises a dynamic e-form to collect clinical data on all admitted stroke patients for clinical documentation as well as ongoing contribution of data to AuSCR.

Below is the BHS data sharing model that shows how data is collected, shared and used many times.



Clinical data is primarily collected during consultant ward rounds as well as the MDT case conference via a computer on wheels. The MDT case conference utilises a template to ensure all required fields including diagnosis, mechanism and discharge destination are discussed and all eligible patients receive a stroke discharge care plan.

Results

A personalised discharge care plan that is time effective, person centred, patient friendly and meets the clinical requirements of a stroke discharge care plan.

The e-form and discharge care plan have significantly decreased the time burden of data collection as well as data duplication, The solution has benefited BHS however is still dependent on a dedicated stroke resource.

The e-form is stored within BOSSnet allowing data to be uploaded during the patients admission and shared between multiple documents via the BHS data sharing model.

The Stroke discharge care plan receives clinical information from the e-form while receiving administrative data such as Name and DOB from the Patient Information System IBA via a process known as data mapping.