A collaborative, nurse-led Electronic Medical Record project: improving data capture, uptake and outcomes for an integrated hepatitis C outreach service.

Finding friends who can fit a square peg in a round hole and kill two birds with one stone.

Authors:
Abbott M[1,2], Watkinson S[1, 3,] Pearson M[1,4], Lewin R[5], Cuthbert E[6], Richmond J[7,8] MacLachlan J[2,9], Cowie B[1,2,9], De Girolamo E[6]

1. *Victorian Infectious Diseases Service, Medical Services, Australia*
2. *Department of Infectious Diseases, University of Melbourne, Australia*
3. *Drug Health Services, Western Health, Australia*
4. *Addiction Medicine Service, Medical Services, Royal Melbourne Hospital, Australia*
5. *Electronic Medical Records, Royal Melbourne Hospital, Australia*
6. *Health Information Services, Royal Melbourne Hospital, Australia*
7. Department of Nursing, Faculty of Medicine, Dentistry and Health Sciences, University of Melbourne, Australia
8. *Workforce Development and Health Service Delivery, Burnet Institute, Melbourne, Australia*
9. *WHO Collaborating Centre for Viral Hepatitis, Doherty Institute, Melbourne, Australia*

Background/Approach:

Viral hepatitis elimination targets are imminent. Dynamic nurse-led outreach models of care in this space need access to real-time data to implement, evaluate and plan their work. The Royal Melbourne Hospital's (RMH) Integrated Hepatitis C service (IHCS) aims to increase access to testing, diagnosis and treatment of hepatitis C to prevent adverse outcomes among people from populations of focus. The standard outpatient electronic medical record (EMR) was ineffectual for capturing service provision and activity data, thus limiting targeted care and evaluations essential for service adaptability and expansion.

In collaboration with the RMH EMR and statutory reporting teams, the IHCS team co-designed and built a tailored EMR tool to address these limitations.

Analysis/Argument:

Through IHCN "shadowing" opportunities and collaboration the EMR team reviewed current processes and data entry to understand key service delivery activities, gaps, discrepancies, and priorities for data collection. The EMR and statutory reporting teams provided education to the IHCS to improve EMR capabilities and reporting structures.

Outcome/Results:

A bespoke EMR tool was created to standardise data capture including diagnosis, pathology requests, prescriptions, referrals and more. Progress note templates were designed to capture the time-consuming activities historically difficult to quantify at the core of delivery of care, e.g. care coordination for patients experiencing homelessness with no phone. The tool can support, report and evaluate current and future clinical activities e.g. reporting automated calculation of sustained virological response test dates.

Conclusions/Applications:

Collaboration between clinicians and data specialists lead to improved data collection and quality outcomes; simultaneously improving workforce efficiency and patient outcomes. These approaches have value for a range of clinical services where standard EMR mechanisms are ineffective.

Reciprocal transfer of knowledge enhances digital capabilities of healthcare workers and is vital to the effective design and implementation of rapidly evolving EMR systems.

Next steps include evaluation of tool and investigation of transferability.

Disclosure of Interest Statement:

The authors have no conflicts of interest to disclose.

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