An overview of Patient Dashboard

What is Patient Dashboard?

Patient Dashboard is a form that displays within Medtech32 every time you bring up a new patient.

The intention is to display on a single screen:

- all key clinical information relevant to routine management of the patient
- clinical information that is not recorded or is out of date
- clinical tasks that should be considered
- eligibility for funded programmes e.g. Care Plus, smoking cessation support
- “one click access” to many of the forms needed for routine clinical care.

Customisation

Everything about Patient Dashboard can be customised to meet the local needs of the organisation:

- “rules” by which traffic lights are red/yellow/green
- additional “rows” for other clinical areas of interest (e.g. Hep-B screening has been added for Northland) or rows removed that are not relevant
- the “conditions of interest” and which READ codes they map to
- the “rules” around clinical programmes e.g. whether the patient is eligible for a funded Care Plus review, diabetes annual review, smoking cessation support etc
- the overall organisation and look and feel.

Benefits

Patient Dashboard has been shown to significantly improve the quality and quantity of clinical information systematically recorded about patients. This in turn leads to:

- achieving PHO Performance Programme targets
- improved service to patients
- increased access to clinical programmes
- improved population health information for the PHO.
Easy READ coding

The “conditions of interest” section within Patient Dashboard and its associated form makes it easy to consistently record classifications for patients, and reduces the “clutter” of classifications within Medtech to just those deemed to be relevant to the day-to-day routine management of the patient.

Conditions are shown using meaningful descriptions e.g. “Pre-Diabetes” instead of “[D]Glucose Tolerance test abn.”

The list of conditions can be customised to comply with any particular organisation-wide standards.

An example is shown at right.

“Family History” section includes text describing when family history has significance (as shown in the example).

Easy data entry

Patient Dashboard has “popups” to support the systematic recording of:

- smoking status
- smoking cessation support given
- alcohol consumption
- height and weight

Where your PHO already has forms for this, then Patient Dashboard is customised to use the forms you already use.

Supports what you already use

Patient Dashboard can reflect the use tools you already use for CVD and Diabetes management including Medtech’s standard forms, Predict and Best Practice.

As part of the process of installation, Patient Dashboard is customised to recognise information that you have already recorded.
Improved diabetes management

Patient Dashboard ensures that all of the key clinical activities associated with the management of diabetes are done on a regular basis, with the intention that by the time an Annual Review is completed, all relevant clinical tasks will have been completed.

Some common questions

Don’t the users get annoyed with dashboard popping up for every patient?

Only if the form is not seen to be valuable. Experience to date is that both GPs and nurses value Patient Dashboard and find it to be an essential tool.

Patient Dashboard can be turned “on” or “off” for individual users. It should be turned on for clinical staff only.

The Patient Dashboard can be moved to the bottom right corner of the screen so that it need not interfere with normal use of Medtech. Large screens, however, are particularly helpful.

Does this mean we can rid of all those annoying “alerts”?

Many practices have found that they can remove a significant number of alerts recorded against patients (which are often ignored anyway). This means that when an alert does appear, it is more likely to be significant and noted.

Doesn’t this mean a whole lot more work?

Initially, yes.

Patient Dashboard is best used as an “opportunistic review with a systematic response”. It works best when you use it has an opportunity to invite the patient to make another appointment to complete the outstanding activities required.

With judicious use of “red” traffic lights, users will find that the additional tasks are things that really should be done for the patient as part of best practice. Over time you will increasingly get fewer “red lights” to address.
Clinical Areas Supported

Patient Dashboard currently supports:

- BP recorded within last 5 years, or every six months if hypertensive. If hypertensive, shows whether patient has reached appropriate target.
- Height recorded, and weight recorded every 5 years
- Waist circumference recorded every 5 years for high risk patients
- If overweight or obese, exercise and diet advice given every 5 years
- CVD risk recorded every 5 years (or more often if clinically indicated)
- Diabetes screening every 5 years, or every year if clinically indicated
- Diabetes management undertaken as per guidelines (hbA1c, lipids, ACR, eGFR, foot check, retinal screening)
- Diabetes annual review given annually
- Smoking status recorded every 5 years or more often if appropriate
- Smoking advice and/or cessation support provided to current smokers every year
- Alcohol consumption recorded every 5 years
- Alcohol assessment given to those who are at risk
- Childhood immunisations up to date (for all children in the family)
- Fluvax given if eligible, between March and July
- Cervical screening given every 3 years unless abnormal
- Mammography recorded every 2 years unless breast cancer
- Care plus review up to date
- Tetanus immunisation given when due

This can be added to as required. For example, Northland includes Hepatitis B screening and other PHOs support annual Asthma reviews. The logic can be customised to support PHO programmes e.g. some PHOs offer free cervical screening to patients who have not had a screen in the last 5 years and this can be detected and highlighted.

What is Needed for Success

Patient Dashboard must become your own tool that reflects the needs and aspirations of your own organisation.

It is best implemented when supported by training and in-practice support from trained facilitators.

It has the potential to change how you manage patients. For example, some practices expect there to be no “red lights” when a patient sees the GP - having seen the nurse first if there are outstanding issues to be addressed.

Patients themselves can drive change by asking “why do I have these red traffic lights?”

For more information

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