**Proposed outline of IT requirements and functionality for Ophthalmology in NT**

Simple Aims:

1. provide data continuity for wherever patients are seen,
2. make record keeping easier for health staff, more accurate and less time consuming
3. link with existing primary care information systems

Clinical requirements

There is a huge amount of data collected in eye care that is specialty specific and of little use to anyone else so this element needs to provide effective e patient record keeping. It is proposed that the basic skeleton be based on the data sheet outline (datasheet 8 page 1) that has been in use in central Australia for over 8 years since the start of the central Australian Ocular Health Study (CAOHS). (please ask for a copy if not sent as an attachment at the same time as this outline) Ideally the place of diagrams should be taken by clinical images over which annotations can be made, greater image versatility such as linkage to tablets for easy patient demonstration and discussion would be valuable. Historical images and data must be easily retrieved and able to be review in series or select comparison. Every interaction with the patient or review of their records must be able to produce a summary of that interaction to be able to be sent in letters or electronically to Primary care Information and Recall Systems (PIRS) as well as regional data repositories eg SeHR or PCIS etc, and other research databases as appropriate. (ie no research without ensuring that data recorded that should become part of a clinical record can do so easily).

Record Management

All subsequent tasks such as listing for surgery (TWAIT) form, Investigation requests, PATS forms etc must be able to be populated from the demographic data and avoid excess duplication, to then be printed and signed or electronically signed. Production of letters to GPs or other referrers should be easy too and be able to be disseminated as necessary.

Clinic and Theatre waitlists

Any system developed must link with current hospital scheduling systems or be able to feed them and run concurrently if necessary without undue duplication. Ideally need to be able to continuously monitor waiting times for clinic according to priority (urgent / soon / routine = approx 1 week / 6 weeks / 3 months) to note trends and decide when to actively manage.

Referral process

The IT solution must be able to manage referral processes from initial patient referral. Here the eye system has unique requirements in that the majority of primary eye care is provided by exclusively eye trained providers namely Optometry services and so they need access to the primary care component based on the existing data sheet and to be able to upload information and images as well as access relevant specialist information from reviews in the specialist clinics whether in Alice Springs Hospital (ASH), Tennant Creek Hospital (TCH) or remote outreach specialist eye team visits to any of 32 different community clinics and expand to others as needed in eastern WA and northern SA.

Billing

Easy billing would save a lot of time and chasing of patient forms but needs to link with hospital and private practice office systems to ensure good governance and accurate compliance with Medicare legislation

Auditing / KPIs

All data must be able to be interrogated to look at regular KPIs as well as search for both clinical and administrative data of interest. Clear coding for all diagnostic categories and surgical procedures essential too.

The ability to tailor entries to essential, optional and enabled/disabled would permit flexibility in different jurisdictions.

This is the barest of outlines but defines the general scope necessary if it is to provide the essential basis for better patient care over each functional service area.

Brief outline Dr T Henderson 09/12/12