Minutes

Pancreas Database Meeting

Thursday 27th October 2016

10:00 am

Attendees: Carl Marshall (CM); Ally Bradley (AB); Shruti Mittal (SM), Shirley Lockhart (SL), Robert Crookston (RC), Simon Northover (SN)

CM gave a brief outline of the Ottr platform which is a stand alone system for tracking transplant patients on the patient pathway. A funding application still needs to be submitted once full approval is given for the project. Once funding is secured the system will take up to one year to build and will need to be modified in order to meet the needs of the Oxford Transplant Centre (OTC).

The pancreas database will provide a solution more quickly and can be adapted for use if/when the Ottr system is introduced. The plan is to shift from a desktop excel spreadsheet system as is currently used to an online, real time, editable automated system. This would relieve some of the burden of data entry and avoid duplication and overlap.

CM suggested tackling some mini-projects to enable work to progress in a structured way without causing too much disruption:

Mini projects included:

Offers review

Kidney/Pancreas database

Recipient follow up - Post listing

* Post transplant

Patient summary

EOS

Reporting

Referral data collection

NHSBT are reported to now have a digital process for submission of reports (currently these are completed on paper forms). Which will also be of benefit to the process of streamlining the transfer of information. The pancreas database will be developed and delivered over a period of time in consultation with Shirley, Rob and Simon. It is hoped to avoid long periods when two systems are being used (i.e. the new and old one) to avoid too much duplication of effort. The team manager Sandra Dix and also Jenny Hayes should be informed when changes are implemented and aspects of the new system are introduced. Once the system (or parts of it) are “live” any further changes will be carefully reviewed to ensure the transplant team are happy and that it fits in with their way of working and improves efficiency.

SN asked if the kidney data will be included once the pancreas database is set up. A definite answer wasn’t known due to the uncertainty surrounding the Ottr project but that it is possible.

There was then a discussion and explanation of the patient summary. This is a word document which contains all relevant information about a patient. Data from various sources is collated into one place, this document starts out as a patient assessment record. The document contains information related to a patient’s pathway of care and can include embedded documents.

SM pointed out that that it would be good to have a timeline flow to show where the patient is along the patient pathway and be able to highlight what is needed next, or what is being waited for in terms of tests/screening etc. As part of the automated process the team need to be contacted to say that information has been updated (i.e. when information is merged in from other systems) so that they can review where the patient is and what needs to happen next.

It may be possible to integrate information from EOS using the new online system of NHSBT.

SN explained that many patients are outside of Oxfordshire and asked how information will be collected about them using the new system. CM suggested that there could be an online portal for other hospitals/clinicians to use which could also be a document upload facility, or a system of email communication could be used with attachments being merged into the new system. Shirley commented that images are sent using an internal imaging portal and asked if there would be a way of pulling this information into the new system. CM explained that it would be possible but would require discussions with the imaging department.

It was also highlighted that recipients cannot know the name of their donor so some information cannot be included together unless it is anonymised.

SM provided a document that had been prepared by Isabel Quiroga detailing the process map for patients referred to the transplant centre for addition to the transplant waiting list. As part of the listing process a referral letter is sent from a nephrologist to the transplant department. Currently the first entry into one of the existing spreadsheets is the first appointment with the transplant surgeon (which should be within six weeks of receipt of the referral letter). The surgeon or transplant specialist nurse then completes clinical information for the patient on a paper form. A letter is then dictated on the basis of this information. This process could be replaced if the data was entered straight into a computer. Although the data collection would be quicker and easier, entering the information directly into the computer will affect the patient/care provider interaction and steps would need to be taken to make this acceptable for both parties. Another benefit would be that the system would be accessible from other hospitals using an online secure log in. There would be a record logged into the OUH EPR system prior to any appointments at other hospitals.

After a patient’s surgical assessment a letter is sent to their file as well as any relevant emails to other teams within OUH and all information is embedded into the Word document for the individual patient (this might include information regarding vascular studies, ECHO, cardio, chest x-ray, anaesthetic review). The information is also added to the Kidney Pancreas Excel spreadsheet.

CM described a system whereby an email could be blind copied into the Word document and automatically uploaded to the patient profile. This could include a summary of the timeline to show where the patient is on the care pathway.

CM suggested that the starting point for implementation of a new system should be the point of referral to the transplant surgeon. The specialist transplant nurses could enter data directly into an electronic system in parallel to the current paper forms. The system can be reviewed and any changes agreed before being finalised. After this the surgeons could be approached and begin to use the direct data entry system.

RC reported that the Islet lab have just introduced a new, automated system and that it might be useful to discuss it with them.

ACTION

RC to provide contact details of relevant Islet lab staff and also provide a copy of the paper form used to obtain clinical information at a patients first referral appointment at the transplant centre.

Before an online system can be provided it will be necessary to find out about hosting the portal – where this could be, the cost and where the funding will come from.

ACTION

AB and CM to investigate hosting of the online system.

CM to begin work on designing and building an online system for collecting this information (once hosting issues are finalised).

Date of Next Meeting: 1st December 2016