Saving clinicians time by introducing simplified inpatient data entry systems

In 2018, Hunter New England Local Health District developed a specialised system to record Allied Health inpatient data entry. The development of IDAH- (Inpatient Data Allied Health) provided a time efficient, clinician friendly replacement for retiring archaic data source systems to collect reportable Allied Health activity within an inpatient setting.

Background

IDAH, was developed by the district's own Application Development team, in consultation with key stakeholders, with the aim to enable efficient collection of mandatory or required data items, where possible auto populating from the Patient Administration System (PAS)

Assessment

IDAH access is based on logging into an internet browser page, using a network log in and bringing up defaults for the logged in user (facility, wards, provider type and role) which can be changed if required. The patients display for a chosen ward, with the key fields required for data collection adjacent – requiring the clinician to simply choose the correct patient, adjust the fields as required and add the service delivery

The information collected in IDAH is utilised for mandatory state reporting requirements, as well as localised reporting and quality improvement tasks.

Results

Since the roll out in June 2018, clinicians have reported an average reduction in data entry time of **60% (~15mins)** which for the most part is attributable to the design features negating the need for replication of data entry. Similarly, the design of the system reduces error rates through the use of actual PAS admission data and the elimination of free text entry fields.

Currently IDAH has <u>635</u> registered users, of which <u>400</u> staff on average enter data each day. The daily saving per clinician of 15mins equates to **6,000 mins or 100hrs per day** or 500hrs per week. **(12.5 FTE)**

In an increasingly demanding health environment, these time savings are vital and we hope to expand this system to more users freeing up more clinician time to focus on improved clinical outcomes

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