

# remote access technology (rat)

an example of a work in progress  
on the QUM Coast South  
Australia

# QUM coast project



- funding since Dec 2000
  - dept human services (DHS) since Dec 2000
  - QUM coast in partnership with SDGP
- committee member representatives
  - all general practices, pharmacies, residential aged care facilities, local hospital, community health service, local councils, SDGP, DHS and consumer groups
- 15-22 people meet 4-5 times per year

# QUM coast project



- project manager DHS - Dr. Bill Dollman
- local project officer - Heather Allanson
  - 8 hrs / week ( all projects under QUM )

# community projects



- driven by the committee with a bottom-up approach, accessing support from other QUM initiatives & commonwealth or state initiatives to support the implementation of change

# regional demographics



## ■ southern fleurieu region

- highest rate of population change in the state
- expected to have 33% of residents over 70 years of age by 2019
- 3<sup>rd</sup> highest local government area ranking in Oz and highest in SA
- growth in retirement villages and aged care facilities to double in next 10 years
- 700 retirement village units in building planning phases for 2002/3 year

Q U M C C o s t

- regional hospital – Victor Harbor
  - public / private beds
  - local GP's visiting and admitting rights
- after hours cover
  - local doctors from 3 practices provide after hours service to hospital with locums during holiday period overnight

Q U M C C S T

- approx. 22 full time equivalent GP's
  - victor harbor - 2 group practices
  - goolwa - group practice
  - middleton - solo with locums
  - mt compass - solo practice
  - yankalilla - group practice

# residential facilities



- 4 practices responsible for care at
  - 6 residential aged care facilities (RACF)
    - 144 high care residents, 250 low care residents
- 2 of the practices also provide care to
  - 4 supported residential facilities (SRF)
    - either linked to or independent of RACF

# background

- feasibility of printing summaries, scripts, drug charts from hospital explored
- local hospital provides pc, printer, modem after discussion with QUM
- ? provision for expansion to RACF

Q U M C

- medical director (MD) in all practices
  - but very different network processes.
    - peer to peer with small business server
    - terminal Services with citrix metaframe
    - 2000 server
- 2 methods trialled
  - direct connection via terminal services
  - Symantec PC anywhere

# examples of access

Q U M C o s t  
quality use of medicine quality use of medicine quality use of medicine  
quality use of medicines quality use of medicines quality use of medicines  
quality use of medicines quality use of medicines quality use of medicines

■ local access

vs.

remote access



Q U M C

Q U M C

## ✓ Pros

- ✓ no need to synchronize database regularly
- ✓ only subset patient data available
- ✓ staff can use package
- ✓ speed of use
- ✓ no phone line needed
- ✓ neat legible drug sheets
- ✓ less duplication of info
- ✓ can access patient record at surgery

## × Cons

- ✗ database needs synchronizing with practice
- ✗ can access patient record at surgery
- ✗ no agreed standard for stationery
- ✗ upgrades
- ✗ merging database at server level

# barriers

- individual doctors / practices / IT support staff
- location of PC's
- dial-up-access - slowness helped by caching
- confidentiality
  - can restrict level of access to demographics, results etc.
  - ? restrict record access by disabling predictive patient searches
  - patient consent to access of medical record by locums, pharmacy, allied staff.

Q U M C C o s t

- less duplication, less transcription errors
- legibility / enhanced patient care
- record updated at time of attendance
- dedicated stationery for drug charts etc
- RAC facilities are committed to further integration with funding for IT links
- potential for expansion

Q U M C C S T

- broadband access with permanent IP addressing - virtual private networks
- new wireless protocols - becoming early adopters
- access for all residential care facilities
- access for all pharmacies
- restricted access of patient data subsets
- new iterations of patient management software based around true client server models
- funding / IT support for test sites

# QUM Coast



This presentation was given by Dr Mark Miller at the ARCHI toolkit seminar "Quality use of Medicines: Challenges for GP, Hospital and Community", held at the Stamford Plaza Hotel, Adelaide, 26-27 June 2003.