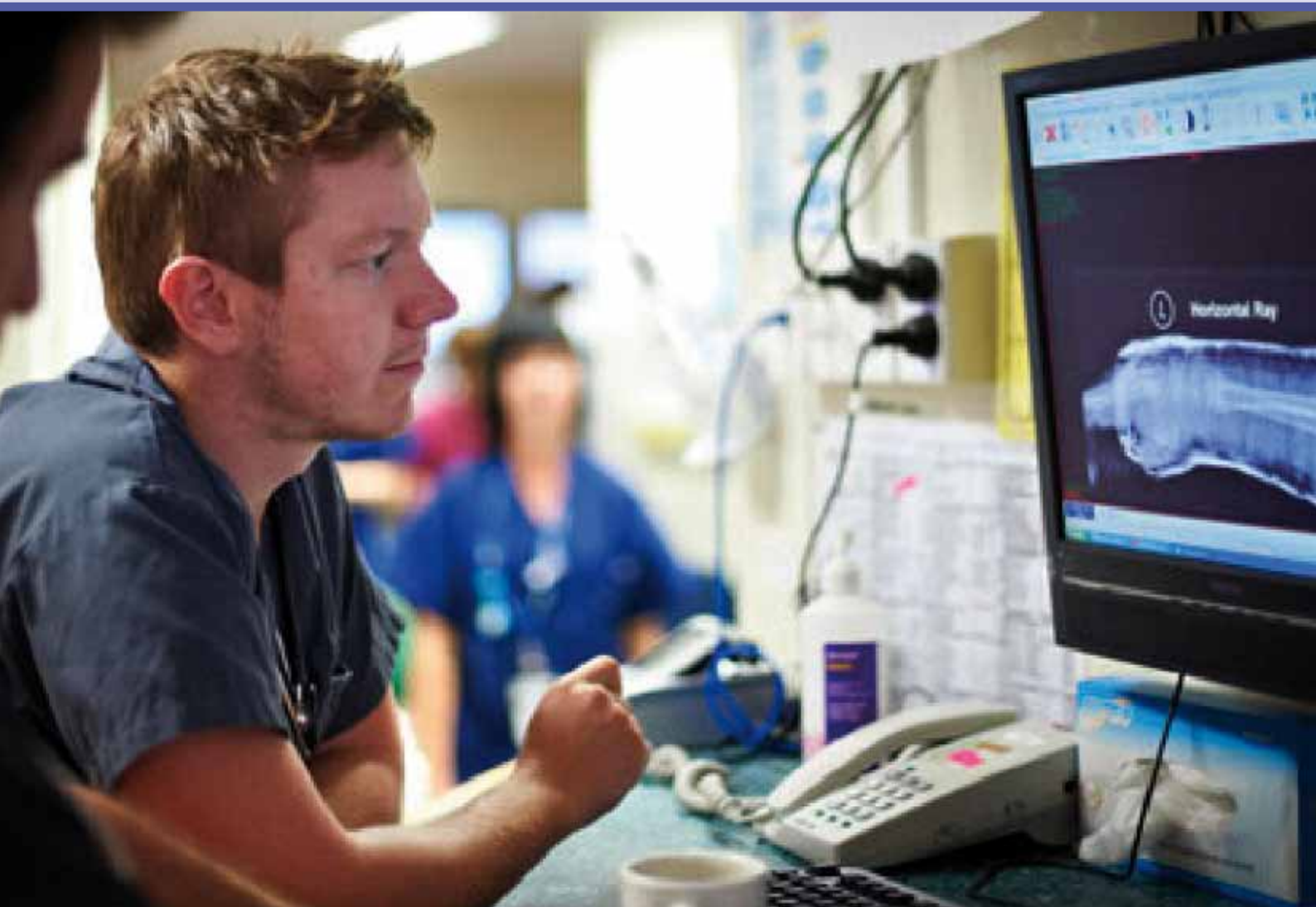


Towards Better Access to Information About Our Health



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ITHealthBoard

Our Aim

By 2014:

- New Zealanders have electronic access to their own health information.
- All health professionals caring for a person, no matter where they are in the country, have secure electronic access to that person's full health information.

This means New Zealanders can be fully involved in their own health care, and clinicians will know a patient's complete health history and can provide the best care.



Why Better Access to Health Information is Important

New Zealanders rightly expect high-quality health and disability services, when they need them. Information technology systems are working behind the scenes to help make this happen.

This booklet includes examples showing how information technology is helping New Zealanders get the best possible health care within the best possible timeframe.

Many health care organisations are already making good use of technology systems and the National Health IT Board is working to ensure these proven systems are shared regionally and nationally. We want to share good ideas and make the best use of solutions that are already in use so we don't reinvent the wheel.

Being able to access a person's full health information is vital if they are to receive better, sooner, and more convenient health care. Big strides are being made in the electronic storage of health information so it can be accessed from any location by everyone caring for a person – including their GP, hospital doctor, nurse, specialist and pharmacist.

This means, for example, the health information of someone who becomes ill in rural Northland is available to the doctors caring for them at Auckland City Hospital.

If people have electronic access to their own health information, they can have greater involvement in their care. They will be more likely to seek care, and health problems will be found and treated sooner.

Protecting patient privacy is central to any information storage system. Patient consent is sought before any information is shared.

Information technology plays a crucial role in ensuring our health system offers the best possible care in a timely way and helps to meet the Government's six health targets:

- shorter stays in emergency departments
- improved access to elective surgery
- shorter waits for cancer treatment
- better help for smokers to quit
- increased immunisation
- better diabetes and cardiovascular disease services.

The National Health IT Board will continue to work to ensure these successful solutions are shared to benefit all New Zealanders.

Murray Milner
Chair, National Health IT Board

Patient information securely transferred between GPs at the touch of a button

A new electronic system – GP2GP – means a person’s medical records can be transferred immediately if they change doctors.

Previously, their medical records would have been printed out or photocopied, then mailed to the new practice, where they would be re-entered into the electronic patient or practice management system. As GP2GP allows different practice management systems to ‘talk to’ each other, GP practices taking part can transfer patient files safely and securely, at the touch of a button.

GP Richard Medicott says the new system has many benefits for his patients.

‘It wasn’t unknown in the past for someone’s medical records to arrive late, well after the patient has been seen by the new GP. GP2GP ensures that a person’s medical record reaches their new GP before they do!

‘Having a patient’s medical history is so important. Doctors need all the information to make sure we make the right decision about our patient’s treatment.

‘For example, it’s really important to know what medication someone is on, because that greatly reduces the risk of accidental harm from reactions between different medications and the risk of prescribing a medication that won’t be effective.’

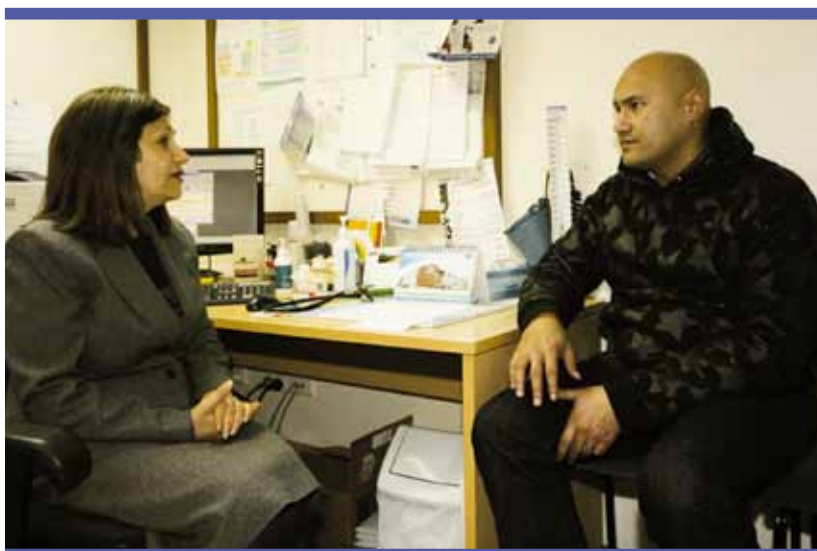
Kenneth Ball recently changed GPs, when he moved to a different part of Wellington. He is now with the Island Bay Medical Centre and says he was pleasantly surprised to find his new GP had access to his files.

‘We were able to spend the consultation talking about treatment, rather than having to re-record my entire medical history.’

Richard Medicott says GP2GP is very easy to use.

‘All the notes come through in the correct fields, which saves time and improves the quality of patient records. The new system prompts us to make sure we record our notes well, so they also transfer well.’

Sixty-five practices throughout New Zealand are currently using GP2GP, and in time it will be rolled out across the country.



TestSafe gives doctors the full picture, patients the best care

A patient's current and past laboratory test results are now available in one place thanks to TestSafe, a confidential online information service being used by Auckland, Counties Manukau and Waitemata District Health Boards (DHBs).

TestSafe brings together results from DHB and community laboratories, DHB radiology services, and community and DHB pharmacies. The information is stored in a secure online database and is accessible to any authorised user. Patients can also request that their information be withheld from clinical view. These privacy and security measures were agreed with the Privacy Commissioner's office.

TestSafe means doctors can now see the 'full picture' of a patient's recent and past test results, no matter who requested them. They can use this information to make the best decisions about a patient's care.

In the past, laboratory test results often only went to the person who had asked for the test. If another clinician needed to see the results, they often found them very hard to locate, meaning choices about the patient's treatment might have to be made without all the information being available.

At first, only laboratory data was stored on TestSafe, but now community-dispensed medications and DHB-requested radiology reports are also available.

Dr John Cameron, a GP at Westmere Medical Centre, says TestSafe makes it easier to provide the best treatment to patients as he can see at a glance what medications have been dispensed, and test results from both hospitals and community laboratories.

'I think it's fantastic that we can look up this information when we have the patient in front of us. Having immediate access to hospital radiology reports and hospital-generated prescriptions makes looking after our patients so much easier, and safer!

'Sometimes when a patient is discharged from hospital, we are unsure of what medicines have been issued to them, especially if a discharge summary is not available. With TestSafe we can easily find this information. This is a huge safety improvement for our patients.

Patients often arrive at hospital without their medications or without a complete list of them. Many are also unable to remember the medicines they are taking, says Paula Gazzard, who is the lead pharmacist, medicines reconciliation/ medication safety at Auckland DHB.

'I access TestSafe Pharmacy for every patient I see on admission to hospital. It gives me a really useful list of medicines the patient has had dispensed from their community pharmacy, along with the dose and frequency.

'I use this list to discuss each medicine with the patient or carer to ensure we know exactly what medicines they were taking prior to coming to hospital.

'Access to TestSafe Pharmacy saves me time calling GP practices and community pharmacies during work hours, and also allows me to obtain a list of dispensed medicines even when they are closed.'

Other DHBs are also planning or setting up systems for the secure online regional storage of patient health information. Canterbury and South Canterbury DHBs have TestSafe South.



Emergency department access to GP information is a lifesaver

Knowing a patient's medical history is helping Middlemore Hospital's emergency department staff make the best decisions about that person's care.

The information sharing stems from a partnership between the hospital and Total HealthCare, Otago Primary Health Organisation (PHO) East Tamaki HealthCare. Emergency department staff can now access information about patients enrolled in 13 South Auckland clinics – including their current medications, health conditions, allergies, immunisations and recent visits to the doctor. It is a partnership that may help save lives.

When 36-year-old Todd* had a serious accident and was admitted to the emergency department at Middlemore Hospital. The only identification he had on him was his driver's licence. Emergency department staff used this information to immediately look up his medical history on their computer. Using a secure log on, they could see from information collected by his GP that Todd had several medical conditions and were able to provide him with the best treatment.

Todd is thankful the new system is available. 'I think I was really lucky, I didn't know that information is not usually shared between my doctor and the hospital. I thought my health record could be accessed by any health person at any time it was needed. When I was really 'out of it' the people at emergency got the information they needed so that I got better care.'

Dr Richard Hulme from East Tamaki Healthcare, part of Total HealthCare Otago PHO, says without this information, things could have ended very differently.

'As doctors had access to Todd's medical history, they changed the way they approached his treatment. For example, they didn't use penicillin because they saw he had an allergy to it. Knowing

he had epilepsy, they stabilised him on a treatment that lowered the risk of convulsions.

'Todd could have faced a very different outcome without his medical history, current conditions, medications and allergies being known.'

The access to this information is secure but, should they chose, a patient can opt off this system and prevent their information being made available in this way.

Counties Manukau was the first DHB in New Zealand to share primary care information with hospital emergency departments in this way. Many others are following, including the emergency department at Rotorua Hospital, which can also securely access information from some Rotorua GPs.

* Name changed for privacy reasons.



Patients benefit from DHBs' sharing clinical workstations

A new clinical workstation is the first example of two DHBs in a region choosing to share the same systems.

'The workstation lets clinicians at both Canterbury and South Canterbury DHBs view patient information through a single, secure web-based system,' says Project Manager Peter McKenzie.

'The advantages of sharing information across both DHB sites are enormous. It reduces clinical risks to the patient because health professionals have access to their health information and is far more convenient for everyone.'

Health professionals use their computers to log on to clinical workstations to get a fuller picture of a patient's information, including laboratory results, radiology images and discharge information.

South Canterbury DHB's Chief Information Officer, Nigel Trainor, says in time clinicians from all hospitals in the South Island will use the workstation, with the West Coast expected to join up next.

Regions sharing a single system are an important part of the National Health IT Plan.

Having a joined-up system makes so much sense, says South Canterbury DHB Director of Nursing Sam Powell. 'You can't go past it from the patient and health professionals' perspective. You click on a patient's NHI number, and all the clinical information you need about them is there – whether they are part of Canterbury or South Canterbury DHB. Clinicians see the logic of this system; they have been waiting for it.'

The workstation provides clinicians working in the community and in hospitals with instant secure access to password-protected health information about a patient.

South Canterbury is now also using the same systems for storing laboratory results, radiology information and patient images as Canterbury.

Previously, when cardiac patients from Timaru went to Christchurch for surgery, it could take up to six weeks after discharge before clinicians at home found out what had happened.

The new information system provides access to discharge summaries in real time, meaning patients receive follow-up care much sooner and are more likely to make lasting lifestyle changes, says Timaru-based Cardiology Community Nurse Specialist Toni Smith.

'Some patients went from intense treatment in Christchurch to no specific cardiac care support back home unless we were advised they needed follow up. Now we know who needs our support and reassurance and can start them on a cardiac care plan as soon as possible.'



Videoconferencing means renal patients can be treated close to home

When patient Whiti Fletcher went to Kaitaia Hospital's renal unit for her regular dialysis, she had the complication of chest pains. Through a videoconferencing link, Mrs Fletcher was assessed by a renal specialist at Whangarei Hospital, who decided she was able to have dialysis at the unit in Kaitaia as planned, rather than face the four-hour return trip to Whangarei Hospital.

Technology like videoconferencing is increasingly being used in our health system and means people can be diagnosed, treated and their condition monitored, all without having to leave the area in which they live. Digital images, such as specialised x-rays and scans, can also be shared.

Whiti Fletcher says, 'I think the videoconference is fantastic. When I am ill, I can talk to the doctor in Whangarei straight away, and he can talk to me. It saves the inconvenience of travel.'

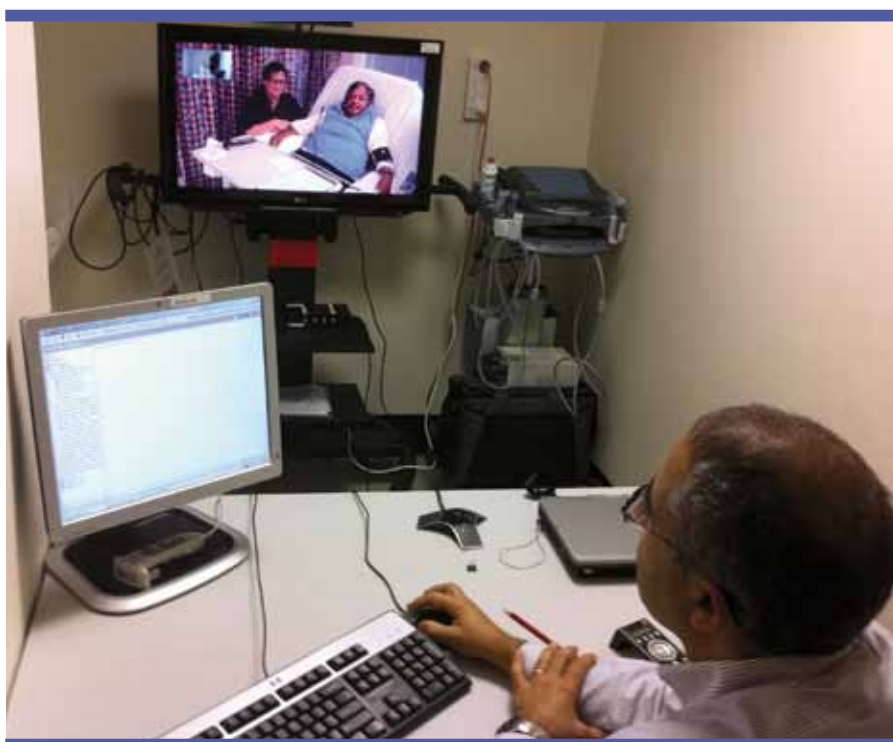
Northland has two dialysis 'satellite' units

at Kaitaia and Kawakawa, which regularly communicate with Whangarei Hospital's renal unit by videoconference. More recently, Whangarei Hospital's renal unit has begun to videoconference with renal specialists at Auckland City Hospital.

'Before the use of videoconferencing with Auckland, we mainly relied on email and written correspondence with the hospital's vascular and radiology teams,' says Northland DHB Nephrologist Dr Walaa Saweirs.

'The videoconferencing lets us have "real time" discussions with the vascular and radiology teams at Auckland City Hospital – meaning there is far less risk of information being lost in translation.

'We can jointly plan the best care for the patient and clarify any clinical issues. And patients no longer have to face hours of travelling, just to talk to a specialist.'



Renal clinician Walaa Saweirs at Whangarei Hospital, providing a patient assessment of dialysing patient Whiti Fletcher with acting clinical nurse manager Laurie Francis at the Kaitaia Renal Unit.

Electronic referrals help isolated patients get support, fast

A new ‘navigator’ service on the West Coast that taps into local knowledge is helping people who are geographically isolated get the care they need.

Brian Robinson lives alone and was struggling with several ongoing health conditions, challenges that were not helped by memory loss and living in a remote spot.

‘Trying to remember things is really challenging for me . . . and I don’t have any family.’

That’s when the navigators stepped in to support Brian and help him find his way through the health system, says coordinator Danielle Smith.

‘Navigators are local. We are lay people who have a wide knowledge of the community so we can source help quickly. We know where we can tap into funds and assistance, be that emergency or long-term support.’

A database of information backs up local knowledge and networks.

Brian Robinson’s GP sent an electronic referral to the navigators with all the information they needed. Previously, it could take days for a letter to arrive. Once received, the data in the electronic referral is automatically added to a specialised database.

‘Electronic referrals are fantastic,’ says Danielle Smith. ‘We can prepare for meeting the patient, with a clear idea of what they are likely to need and then work with them to sort out exactly what they do need and how to make it happen.’

The navigators prepared an electronic care plan for Brian. It can be regularly updated and quickly and easily shared with his GP and other providers.

Brian says the navigators put him in touch with a whole range of services he’d never heard of,

reminded him about upcoming appointments and then sorted out his problems with transport.

‘To people who are fit and able it may seem trivial, but to me it has made an enormous difference. It’s really been a godsend.’

Everyone benefits from the programme’s success and using the latest technology also saves precious time, says West Coast PHO Clinical Manager Helen Reriti.

‘Using lay people for this work has helped take the pressure off the clinical teams.’

Helen Reriti says the navigators are really savvy at fostering self-management, something Brian Robinson backs up.

‘Now I am finding my own way more. I know more about what I can do for myself. I can resolve more of my own problems. Their support has really helped me to recover. I can’t speak highly enough of them.’



Brian Robinson with navigator Adam Gilshnan

Gynaecological guidelines see Canterbury women treated in the right place at the right time

The development of detailed guidelines for managing and treating gynaecological problems has seen more Canterbury women being treated by their GP, without having to go to hospital.

A group of doctors and nurses in the community and in hospitals have worked together to develop guidelines about how women with gynaecological problems should be treated. The guidelines have been made available electronically, which means GPs can get advice, via their computers, on how to manage a particular gynaecological condition. For instance, that could be to investigate and treat the condition themselves, or to refer the patient to a hospital specialist.

If the patient is referred to hospital, the referrals are received by a single 'triaging gynaecologist' who ensures patients who need treatment see the right person the first time they come in.

Gynaecologists have also been involved in training GPs to do gynaecological tests, so more tests can be carried out in the community, reducing the workload of hospitals.

The guidelines, which are continually updated, have resulted in faster diagnosis and treatment of gynaecological conditions.

When Elly Aldridge visited her doctor for a general check-up, signs of a gynaecological problem were found and, following the gynaecology guidelines, her GP referred her for further tests. These were carried out by another GP who specialises in this particular test. Previously, without the guidelines, Elly may have been sent to hospital for the tests.

Having the test results already meant the triaging gynaecologist put Elly onto the urgent list. She was seen in a clinic within an appropriate timeframe for her condition. When she did go to hospital, it was to have surgery that could only be performed there. The guidelines meant Elly was treated in the right place at the right time.

The gynaecological guidelines are used by most GPs in Canterbury. The referral standard has improved so much that more women are being accepted for hospital treatment because they are being correctly referred. Other women are being successfully treated in the community.

The Bay of Plenty DHB is now developing similar electronic guidelines, based on Canterbury's work.



From left:
Karyn Johnson,
Gynaecology GP
Liaison; Jane
Waite, CDHB
Service Manager;
Benjamin Sharp,
CDHB Triaging
Gynaecologist.

Warfarin patients kept safe through innovative use of technology

People in the Hutt Valley taking warfarin – a lifesaving but high-risk drug – are being kept safe thanks to the innovative use of information technology and better education.

The warfarin monitoring programme ensures best practice and boosts patient safety, says Kōwhai Health Trust Chief Executive Rhoda McDonald. The trust is funded by Hutt Valley DHB.

Warfarin is a blood thinner that helps prevent heart attacks, strokes and blood clots. People must be on the right dose and have regular blood tests to monitor how effectively the drug is working or they risk being sent back to hospital with serious side effects like heavy bleeding.

‘We know that a risky time for patients is when they move from first being prescribed warfarin in a hospital setting to being cared for in the community by their GP,’ says Rhoda McDonald.

Poor communication on discharge may mean the GP does not have enough information to make safe decisions about testing and dose

adjustments. People may also leave hospital with other medicines, like antibiotics, which can interact with warfarin.

The solution was an addition to the electronic discharge summary that is filled in at hospital with all the patient’s medication details. The extra information shows that the patient is on warfarin and requires immediate follow up – vital information for their GP.

To back this up, when people are discharged from hospital, they are given a voucher and asked to attend their GP for a free consultation within 24 hours.

Patients are offered an education session about how to manage their warfarin treatment, run by practice nurses trained by the clinical pharmacy team at Kōwhai Health Trust. Visual and written teaching tools are used, including information in Samoan and Tongan.

GPs and practice nurses also have an electronic template that monitors a person’s warfarin programme. The template holds information about the person’s test results and treatment and when their next tests are due.

Meanwhile, local community laboratory Aotea Pathology has a computer-based safety net to identify people who are overdue for a blood test. This information is provided to Kōwhai Health Trust, which provides a list of ‘overdue’ patients for each Hutt Valley GP practice.

At the start of the warfarin monitoring programme, 8 percent of approximately 1200 patients receiving regular tests were overdue for testing. This is now about 2.5 percent of 1900 patients.



TXT2Remind dramatically improves immunisation rates

The number of babies being immunised in the North Waikato has almost doubled, thanks to parents being sent a text reminder.

The use of texting saw immunisation rates jump from 55 to 98 percent in just over a year in the general practices of Raukura Hauora O Tainui, a Māori provider with 20,000 clients.

The provider is now one of the top performers nationally, thanks in part to the TXT2Remind system, says Chief Executive Wayne McLean.

‘To improve health and prevent illness we need to be really smart about our time and resources to get the best performance we can. Every missed appointment is a missed opportunity to help someone.’

The old process of sending letters to patients was time consuming for staff, while many didn’t reach patients who frequently changed address, he says.

A ‘fantastic resource’ is how Waikato clinic coordinator Nikki Clarke describes TXT2Remind.

‘Our patients are turning up to their appointments, and accessing our services. This

means we are using our GPs’ time well. Before that we had many missed appointments.’

Texting is also ideal for child immunisation as it is heavily used by young parents and caregivers.

‘We’ve had lots of positive feedback,’ Nikki Clarke says. ‘Patients can respond back to the text to confirm or reschedule times. We are able to confirm they are coming in.’

Patient Bruce Smith says it was a ‘good surprise’ when he got text messages reminding him about his doctor’s appointments and letting him know what clinics were open over the Christmas break.

Text reminders are also sent for mammograms, cervical screening and diabetes reviews and more patients are now using these services too.

TXT2Remind will soon be introduced by general practices across the entire Midland area, while Whanganui DHB is using the service for hospital appointment reminders.



Rueben Higgins and daughter Rain Higgins at Enderley Medical Clinic being assessed by practice nurse Robbie Caldwell.

Electronic referrals better for clinicians and patients

It has become much quicker and simpler for Carterton GP Annie Lincoln to refer patients for specialist treatment at Wairarapa Hospital. Rather than writing a letter that needs sending, receiving and logging, these days she simply types the information into her computer, and presses 'send'.

As part of a long-term plan to replace paper records and improve the flow and safety of health information, New Zealand is moving towards electronic referrals between GPs and hospitals. Problems with paper records include incomplete or inconsistent information, lost or illegible referrals or referrals sent to the wrong place.

Under the new system, GPs send an electronic referral form which is pre-populated with the patient's information. The referral is sent directly from the GP to the hospital, over a secure electronic network, and the GP immediately gets back confirmation that it has been received.

Annie Lincoln says completing and sending electronic referrals is easier and faster for

health professionals. 'Electronic referrals make communication between clinicians safer, ensuring people get the care they need, as quickly as possible.'

'Clinicians spend less time on paperwork and more time with patients.'

Other DHBs are either already using electronic referrals or are in the process of introducing them. For example, work under way at Auckland DHB will allow 350 general practices in the greater Auckland area to refer people electronically to the region's six hospitals.

Evaluations of the use of electronic referrals at Hutt Valley, Northland and Canterbury DHBs have shown that communication and information sharing between GPs and hospital specialists has increased.

This will lead to more people receiving the best treatment in the community and avoiding the stress of admission to hospital unless it is absolutely necessary.



Hawke's Bay improves patient care using DrInfo

A simple software system is helping people in Hawke's Bay to get the care they need. Health Hawke's Bay PHO has provided 'DrInfo' to its practices with impressive results.

DrInfo is an electronic audit tool which provides practices with lists of people who, for example, are due for immunisations, mammograms and cervical smears.

Greendale Family Health Nursing and Clinical Services Manager Leigh White says DrInfo also showed them they were failing to get patients with cardiovascular disease back for regular checks.

'It made us realise we were missing out on a group of patients and to refocus and really reach out to those people. We've revisited how we inform our patients, we've rewritten letters and we're getting smarter about how we get them through the door.'

DrInfo also helps at-risk people receive better care and access to services, says Health Hawke's Bay's Michelle Gare, who is the PHO's Clinical Facilitator for Information Management.

'We have nurse-led programmes where those with high-needs who have chronic conditions can be seen for free. DrInfo lets us know about patients who are missing out on this care, and on other programmes like the free annual diabetes checks.'

The software can also identify people who need cardiovascular risk assessments because of their age or other risk factors. Patients who receive these risk assessments are supported to make lifestyle changes to reduce the chance of serious problems down the track.

'We can be proactive to ensure our at-risk people, as well as our high-needs patients, are getting the care they need,' says Michelle Gare.

DrInfo is web-based and also helps practices with audits, administration support and preparing population health data. The system is used by over 630 practices.

Leigh White thinks they're still only scratching the surface of DrInfo's potential.

'I think it's a fabulous tool and it has really developed over the last few years, it's just getting smarter and smarter.'



New technology shares results of workplace health checks

Gary Uren was among 300 people from nine different workplaces who were screened for cardiovascular disease and diabetes as part of an annual work place health check.

The results of the work checks were recorded in a new software system and, with the person's permission, shared with their GP.

Using this information, GPs can see what their patients' health issues are and identify the people they really need to see. They can also offer patients advice on making lifestyle changes to prevent illnesses, like stopping smoking and losing weight.

The workplace screening includes blood tests and blood pressure readings. It assesses someone's chance of having, for example, a stroke or of developing diabetes. Knowing the risk level helps the patient and their GP make decisions about prevention and treatment.

Gary Uren, who is a mechanical engineer at KiwiRail, is a big fan of the health checks.

'I recommend people get them done in case there are hidden medical issues. The nurse

was fantastic, had a great sense of humour and gave us a lot of good information.'

Gayl Humphrey from Auckland DHB's Planning and Funding team says sharing of workplace health check information helps ensure GPs see the people they really need to.

'We know GPs don't have the time to screen well people. There are enough sick people out there. Workplace screening also reaches people who don't go to a GP.'

She says health professionals can make the most of the information at the time it is received and help the patient understand what the results mean.

KiwiRail's Health and Safety National Manager Paul Anderson fully supports the workplace health checks.

'We can't be responsible for our employee's personal health, but we can be responsible for making them aware of their risk to give them reasons to improve their health.'



Electronic prescribing will cut medication errors

Electronic prescribing has the potential to cut medication errors by half, says Southern DHB's Medical Director of Information Technology and Internal Medicine Specialist, Dr Andrew Bowers.

Doctors in two wards at Dunedin Hospital use laptop devices to prescribe electronically from the time a patient is admitted to hospital to when they are discharged. Nurses and pharmacists also use this paperless system.

Andrew Bowers says patients benefit greatly from the electronic system.

'Errors are reduced because the correct doses of common medicines are automatically filled in, and there are alerts if a planned medication is likely to cause a bad reaction with another drug the patient is on. Medications are also more likely to be given at the correct time.'

Consumer representative Jean Park says patients support the electronic system.

'They gain confidence from knowing that the system has so many checks and balances. I've had very positive feedback.'



Dr Andrew Bowers (left), and colleagues use electronic prescribing during ward rounds.

As part of the system, requests for medications are sent electronically to the hospital pharmacy. Prescriptions can be accessed electronically at later admissions and in future by outpatient clinics as well. Pharmacists can more easily check medications even when they are not on the wards.

Andrew Bowers says the electronic system has eliminated several common errors, including mistakes in patient identification, unreadable drug names and incorrect or missing prescriber information.

'It also provides doctors and nurses with decision support, improves communication between nurses, pharmacists and doctors, and speeds up the process of prescribing and transcribing information.'

Hospital electronic prescribing will be rolled out to all DHBs.

InterRAI helps older people after the Christchurch earthquake

Finding and caring for vulnerable older people after February's earthquake in Canterbury was made much easier because of a computer programme.

A relatively new computerised aged care assessment programme for older people in the community – called interRAI – was invaluable in identifying those most in need of help, and in making their medical information available to the facilities to which they were transferred, says Canterbury DHB Chief Medical Officer Dr Nigel Millar.

'InterRAI can measure things like a person's pain level and help identify treatment or equipment they might need. This information is available nationally if the person moves elsewhere in the country.'

'In the case of the earthquake, it meant we could quickly identify those elderly people who might need help. As well as supporting people at risk in the community, we transferred frail elderly people from rest homes to safe accommodation within Christchurch, but mostly to locations throughout New Zealand.'

'InterRAI also meant files were available to the DHBs receiving elderly people from Christchurch, before the evacuated person even arrived at their new location.'

Anna Webster was running the Bushwing Dementia Secure Unit in Christchurch at the time of the February earthquake. She says all 17 of the unit's patients had to be sent out of town – including to Timaru, Oamaru and Lower Hutt.

'InterRAI held all the details for these patients – including next of kin, power of attorney, GP details, Community Services Card number and pharmacy details.'

'It made it so much easier to have these details in one place.'

'I got excellent feedback from the people who received our patients. They didn't have to repeat assessments, which was particularly useful as many of our patients are unable to tell their own stories.'

Dr Millar says interRAI software is held in both Christchurch and Taranaki, which means it remains available if a major event causes damage.

InterRAI community assessments are in use at every DHB as part of a three-to-four year national project. The National Health IT Board is also driving the rollout of InterRAI to over 700 aged care facilities across the country.



Anna Webster with rest home resident Jean Neale.

For Further Information

More information about the National Health IT Board and how it is working towards better access to health information is available here: www.ithealthboard.health.nz

IT HealthBoard



MANATŪ HAUORA