

## Abstract Form

<b>Abstract author/s</b>	<b><i>Dr Helen Cashman, Dr Eleni Mayson, Associate Professor John Moore, Dr Samuel Milliken, Dr Barbara Withers, Dr Nada Hamad St Vincent's Hospital, Sydney</i></b>
<b>Presenting author</b>	<b><i>Dr Helen Cashman, St Vincent's Hospital, Sydney</i></b>
<b>Organisation</b>	<b><i>St Vincent's Hospital, Sydney</i></b>

**Title of abstract:** A linked electronic health record facilitates a safer and more efficient rural outreach haematology service

**Authors:** Dr Helen Cashman, Dr Eleni Mayson, Associate Professor John Moore, Dr Samuel Milliken, Dr Barbara Withers, Dr Nada Hamad.

**Background:** Rural Australian oncology patients are known to have inferior mortality rates compared to metropolitan patients, possibly related to access to appropriate healthcare services and treatments. Replacement of paper-based chemotherapy charting with electronic systems improves the safety of chemotherapy administration through reduced prescribing and administrative errors.

**Aims:** To integrate the electronic healthcare delivery systems at a metropolitan hospital and a rural outreach haematology clinic to facilitate streamlined and safe outpatient care.

**Method:** The MOSAIQ v2.64 [Elekta] system utilized at St Vincent's Hospital, Sydney, was introduced at a linked rural outreach haematology clinic in Griffith, a city in the Riverina region of New South Wales. MOSAIQ is a comprehensive practice management system incorporating all relevant patient results and notes along with administrative capabilities. The two systems were consolidated into one with patient information accessible from both sites.

**Results:** The electronic systems were successfully linked between the two sites in October 2017. As of November 2018 there were 497 patients registered with the service with the most common haematological diagnosis being lymphoma. Tracking of service activity over time including clinic appointments and patient numbers is now possible, with increases in both seen since implementation. Nine chemotherapy regimen types encompassing 2174 overall treatments were delivered at the service over the fifteen months since implementation, the most

common being R-CHOP [Rituximab, cyclophosphamide, doxorubicin, vincristine, prednisone] followed by azacitidine. The linked system has improved streamlined care during patient transitions between the two hospitals with enhanced continuity of documentation and management. Chemotherapy prescribing has transitioned to electronic at the Griffith site and is guided by inbuilt, pharmacist-reviewed protocols allowing for safer and flexible prescribing remotely which has standardized management of haematology patients across both hospitals.

**Implications that impact on your project:** Our study provides a novel example of the successful implementation of a centralised electronic healthcare record and chemotherapy prescribing system in a haematology setting shared between a metropolitan service and a rural outreach hospital clinic. This has positive implications for the safety and efficiency of healthcare delivery at the rural site applicable to all linked rural Australian clinics, as well as allowing data collection to assist future planning of the service.