Enhanced remote Clinical Management System (CMS) access improves service quality for the psychogeriatric outreach service in NTEC

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Introduction
NTEC is well-known for its large catchment area and growing number of residential care homes for the elderly (RCHE). Regular psychogeriatric outreach services have been provided to both subvented and private RCHEs via psychiatric OPDs of NDH, AHNH and PWH across NTEC. Visiting clinicians frequently encounter problems with incomplete and outdated clinical information at the RCHEs while staffs of the RCHEs and respective hospitals are at risk in handling patient’s hospital records and manual prescriptions. A pilot notebook computer with wireless internet connection and remote CMS installed was tested in the RCHEs in NTEC last year.

Objectives
To describe and evaluate the impact of using HA remote clinical management system in specialized community psychiatric service.

Methodology
All the RCHEs in NTEC with psychogeriatric outreach services were encouraged to acquire IT equipment to support remote CMS with either ADSL or wireless broadband internet connection over the past few years. Meanwhile, visiting clinicians were requested to transfer written clinical data to electronic health record via remote CMS during outreach visits. A notebook computer, mobile broadband modem and internet service provider were secured by one-off funding for outreach services in late 2010. Liaison with cluster and hospital IT committees were made in early 2011 (photos supplement will be posted). A satisfaction survey was conducted in Dec 2012.

Result
Current psychogeriatric outreach services cover 33 private RCHEs, 25 subvented RCHEs and 4 day centres for the elderly in NTEC. Majority of the outreach sites have remote CMS access by ADSL broadband internet connection. There are 23/33 (private RCHE), 16/25 (subvented RCHE) and 2/4 (day centre) outreach sites with remote CMS available. A number of private RCHEs in Tai Po (5/10) and North District
(2/9) did not acquire IT equipment and hence the notebook computer was used instead. The staff of all the RCHEs supported by NDH (9/9) and half of the RCHEs supported by AHNH (5/10) do not need to handle patient’s hospital records. The risk of patient data loss and medication incident was reduced. Overwhelming positive replies were received from staff of the RCHEs and the respective hospitals in the satisfaction survey. <Conclusion> Remote CMS access is shown to enhance service quality, patient safety, staff satisfaction, and save manpower for hospitals.