

“WinChart is an ideal solution to truly address the challenges facing Queensland Health”



Medtel – a trusted partner

Established in 1965, Medtel is Australasia's foremost supplier of high technology products to the medical industry. Medtel Australia is part of a US \$6 billion organisation and its investment in and commitment to clinical software systems is well established. Medtel has demonstrated particular expertise in the development and support of perioperative automation. The first WinChart installation in the world took place in Cairns, North Queensland, in 1999 with the anaesthesia and recovery system – and has since expanded to include preoperative assessment, operating theatre management, acute pain management and surgical ward management.

Safety comes as standard

The WinChart product suite offers **the** integral solution for delivery of best perioperative care. WinChart is built on robust Microsoft SQL Server database technology. SQL Server technology is industry standard in government and health and provides an open architecture for data mining, reporting and web-enablement. All WinChart modules interact with each other at a database level and are capable of centralised storage and data replication through web-based technologies.

Centralised data storage combined with web interfaces to Preop and other clinical modules allows reporting across multiple sites, even up to a state or national level. As WinChart truly integrates all aspects of the perioperative process, this reporting power represents an opportunity not present in any other vendor solution – a true real-time snapshot of key performance indicators for management.



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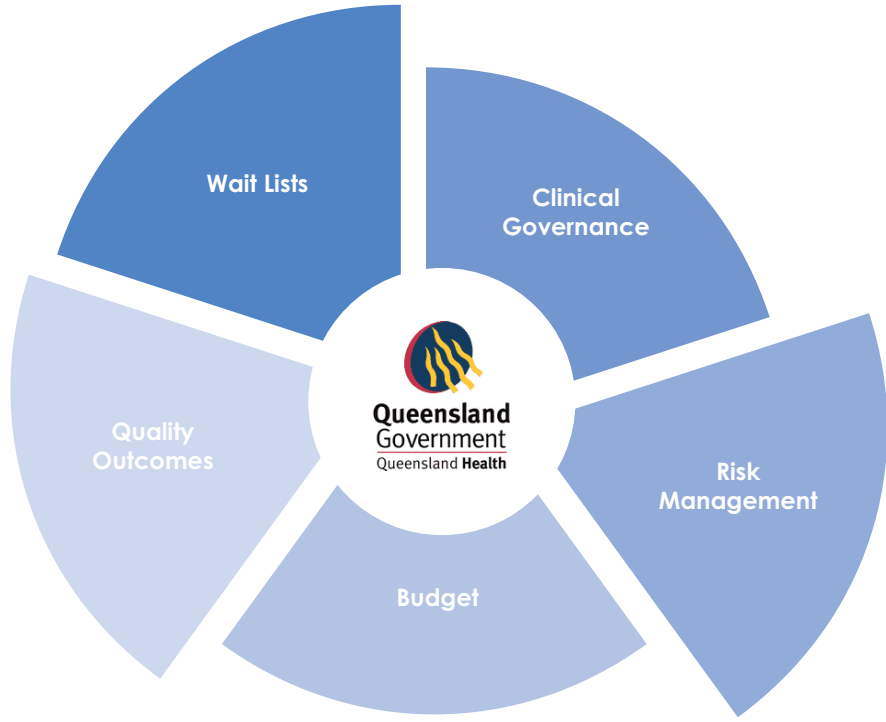
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WinChart

A Queensland Health solution

WinChart Perioperative Management System

THE CHALLENGE



Wait lists in Queensland

To a large extent, the wait list problem is not caused by operating theatres being occupied, but by operating theatres being *unoccupied*. With today's patient reports being paper-based or stored in disparate data systems, last-minute cancellations waste resources. Suboptimal outcomes due to intra-operative problems that could have been predicted by a more sophisticated, seamless reporting system are also undesirable.

Presently, the two main systems in use, HBCIS and ORMIS, are not fully integrated. Neither system contains all data vital to patient care – instead, a completely paper-based patient file is used, separate to these partially linked databases.

As part of the preoperative routine, surgeons and anaesthetists produce paper-based patient assessment reports. These reports are handwritten, and neither is fed back into HBCIS or ORMIS. Only basic information is manually keyed in by the ORMIS administrator booking the operating theatre. The booking does not reference the preoperative assessments or any associated test results that

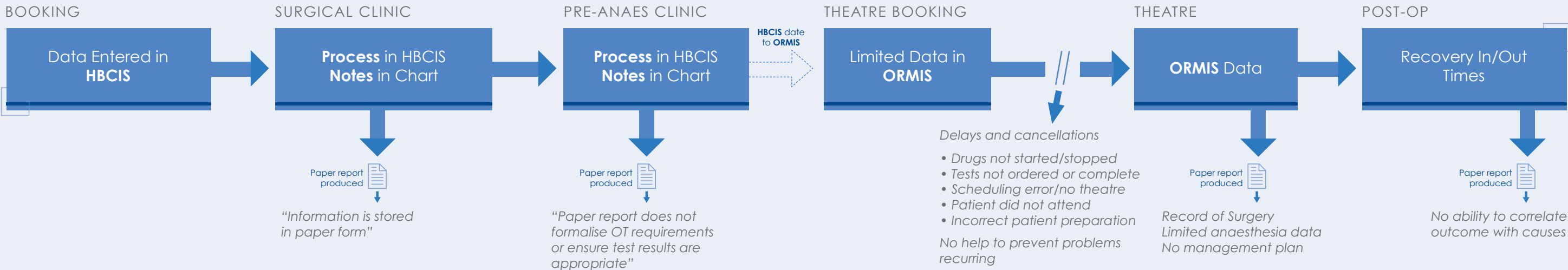
may still be pending. No flag comes up should the prerequisites not be fulfilled in time; this is something that the surgeon or anaesthetist will first discover upon preparing to commence anaesthesia. Subsequent cancellations result in a waste of theatre time.

During those surgeries that do go ahead, the anaesthetist produces handwritten orders for recovery and APS (Acute Pain Service) staff. None of this information is fed back into ORMIS or HBCIS.

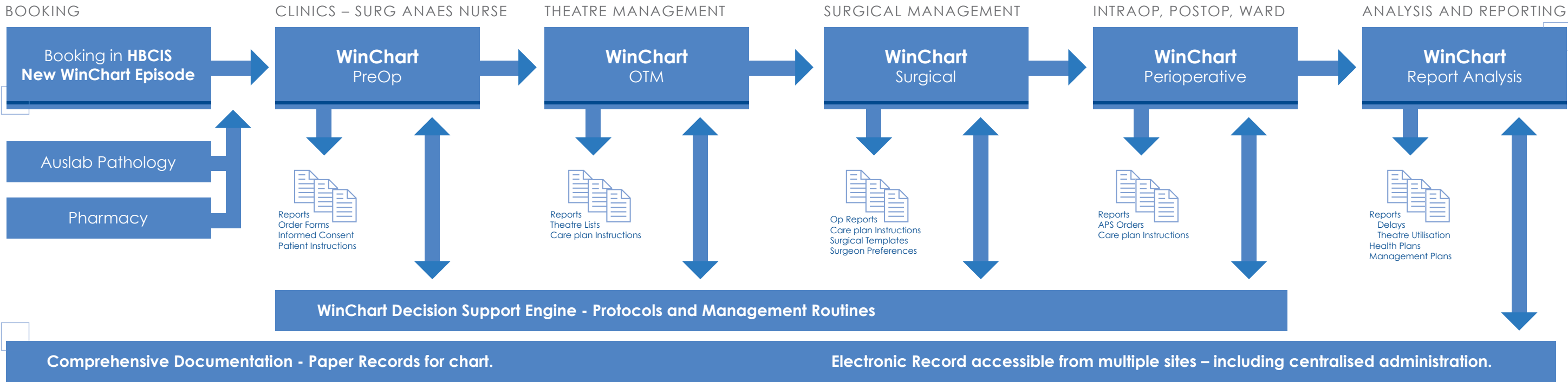
In Recovery, the nurses create paper-based reports, again without any feedback to the central systems.

“The handwritten patient file grows thick, while the information available in shared databases remains thin”

The Current Model



The WinChart Model



Preparation is the key

With WinChart, all clinicians have access to the complete picture at the push of a button. WinChart collects all information in an electronic patient record (EPR). This information provides for safer and more efficient treatment of individual patients as well as improving operating theatre utilisation through automated decision support algorithms derived from all parts of the perioperative process.

Offering total integration with existing hospital systems, WinCharts preoperative modules source patient information from HBCIS, Auslab (for pathology) and pharmacy databases, enabling surgeons and anaesthetists to create a more

accurate care plan. It also produces an informed consent brochure for the patient, which aids in liability cases as well as improving the patient's preparation, minimising the risk of surgery cancellation.

“A well-prepared patient is less likely to cause a theatre cancellation”

To assist scheduling of operating theatre bookings, WinChart analyses data from similar cases and suggests timeframes with far greater accuracy than can be achieved without this information. It also continually monitors whether test results have been received, and pro-actively seeks to move bookings in danger of cancellation. Before and during theatre, clinicians can review previous episodes and reference preoperative assessments via a user-friendly interface, greatly increasing staff efficiency and patient safety.

All theatre information relevant to theatre scheduling is fed back to the booking system in real time, constantly updating a wealth of statistical information that provides for possible rebooking

options if a case runs late. Inventory required and major equipment needed is scheduled along with the booking. Details of the surgical technique, equipment used, prostheses implanted and blood administered are all recorded using touch-screen and bar-code technologies. Post-operative orders entered by the surgeon and anaesthetist in theatre are immediately available to recovery, ward and APS staff.

Aside from being invaluable for any future treatment of the individual patient, this information also adds to WinChart's decision support system, enabling even more accurate statistical analysis and resource planning.