Using an IT Application to deliver standardised cancer information at the point of care.

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Overview

1. Genesis
2. Diffusion
3. Strengths and Barriers
4. Further Research and Challenges
CI-SCaT

• Originally designed by a Medical Oncologist
  – Professor Robyn Ward
• Need for more accessible and current treatment information
• Cancer treatment protocols online
• For use on a single hospital intranet
CI-SCaT

• A web based information repository
  • Available 24 / 7 at no cost to users
  • Focusing on peer maintained cancer treatments
  • Evidence based and evidence adaptive
  • www.treatment.cancerinstitute.org.au

– > 550 000 hits/month
– ~ 20 - 30 000 sessions
– ~ 25% use after hours
Natural Drift

So why has it been so successful, given that there was no:

- Implementation preparation
- Organisational readiness analysis
- Change management framework
- Business process reengineering
- Communication & Marketing strategy
CANCER LANDSCAPE:

- Non-standard treatment practices
  - Increased complexity of treatments
- Time-poor clinicians
  - Lack of mentorship / leadership
- Treatment inequality
- Shift to evidence based healthcare
Right Governance Modal

PRINCIPLES:

• Committed to evidence based practice
• Current practising clinicians
• Transparent virtual/face-to-face discussion
• Consensus Agreement
• Voluntary and unpaid
• Multidisciplinary approach
Right Leadership

INNOVATOR:

• Respected Oncologist
  – Runs on the board
  – Macro rather than micro view
• Well articulated vision
• Shared goal
  – team and reference groups
  – reduce variation improve patient outcomes
BUT

Does popularity translate to point of care usage?
Evaluation

• Triangulated method
  – Online survey
  – Focus groups
  – Face-to-face interviews

• Who uses it?

• What do they use it for?

• How large is our footprint?

• What were its strengths and barriers
Frequency of Use

Nurses, Doctors and Pharmacists

- < once per month: 12%
- 1 - 3 x month: 15%
- 1 - 2 x week: 14%
- 3 - 4 x week: 18%
- 5 - 7 x week: 19%
- > 1 x day: 22%

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Most Common Reasons for Use

- Increase personal knowledge
- Clarify treatments details
- Download patient information
- Educate junior staff
- Orientate new staff
- Obtain supportive information
- Dose adjustment
- When facility protocols incomplete

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Role of CI-SCaT

CI-SCaT plays an Important role in providing cancer Treatment Protocols

Our facility is increasingly reliant on CI-SCaT to provide Treatment Protocols

It is the policy of our Facility to make CI-SCaT the default provider of cancer Treatment Protocols.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly Agree

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Footprint

- From feedback and evaluations we know
  - All cancer centres use CI-SCaT in some way
  - Relevance to non-cancer areas
  - International feedback
  - Some areas have made CI-SCaT default provider

- No DNS reporting
  - No meaningful statistics are available from the current system
Strengths

- Governance
- Quality reinforcement
- Retains Autonomy
- Equity
- Empowerment
- Duplication reduction
- Standardisation
- Currency and Validity
Barriers

- **IT Infrastructure**
  - Technical Familiarity
  - Internet passwords
  - Lack of computers

- **Organisational Culture**
  - Facility & professional
  - Cookbook medicine

- **Time**
Further Findings

- **Planning phase**
  - Patient education, validation

- **Prescribing phase**
  - Accuracy, education, dose adjustment

- **Administering phase**
  - Accuracy, education, administration details

- **Monitoring phase**
  - Education, monitoring
Challenges

- Redesign the information to reflect the clinician workflow
- Build on the success of the program and stay within our boundaries
- To maintain our clinical focus, and not lose sight of our original goal - to improve both the standard of care and patient outcomes
SUMMARY

CI-SCaT
Right Treatment + Right Evidence = Right Result

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