

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

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HIC08 September 2008

# 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](http://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

# Right Climate

## 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

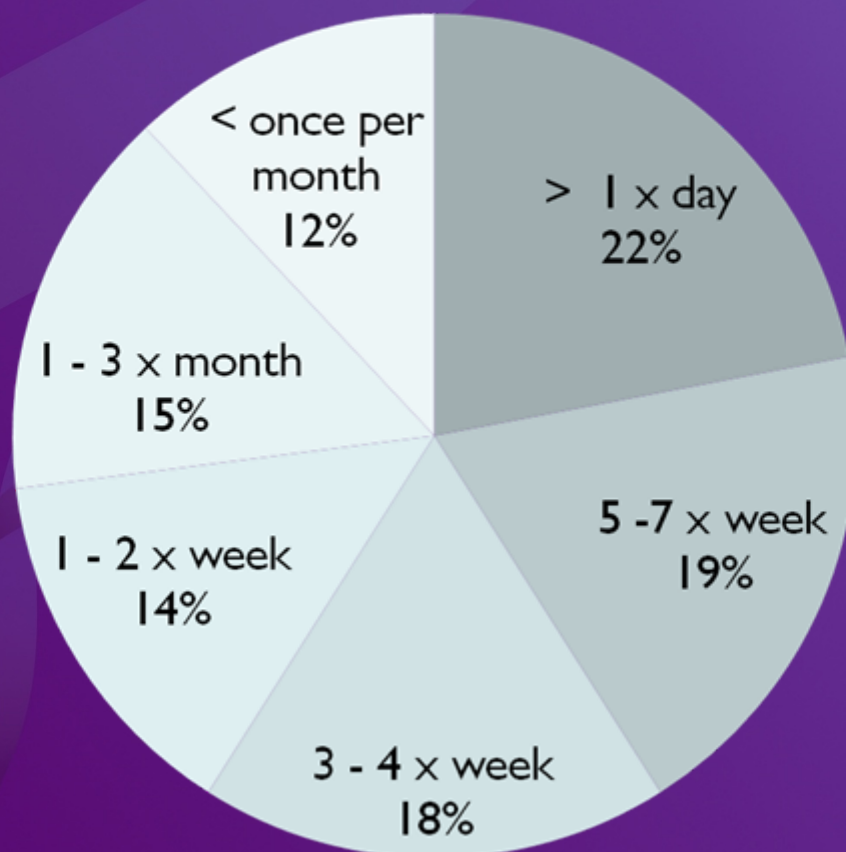
Does popularity translate to  
point of care usage?

# Evaluation

- Tringulated 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

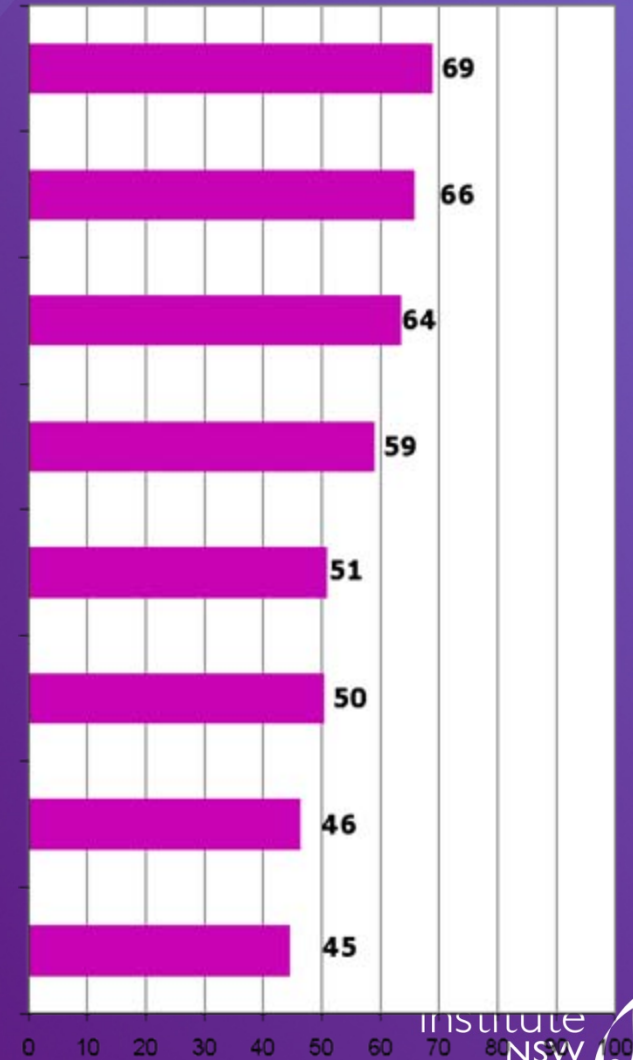


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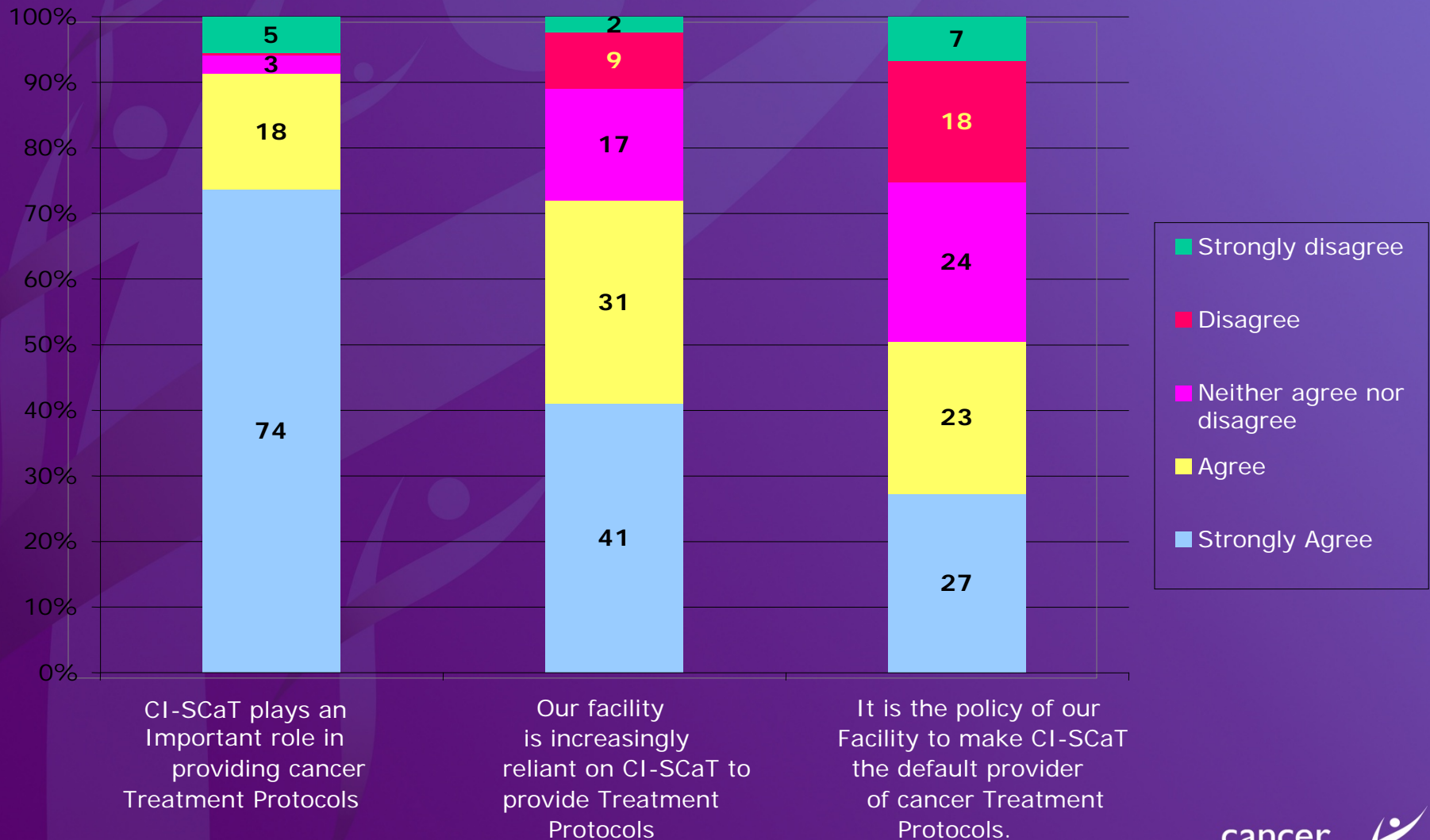


# Most Common Reasons for Use

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



# Role of CI-SCaT



# 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



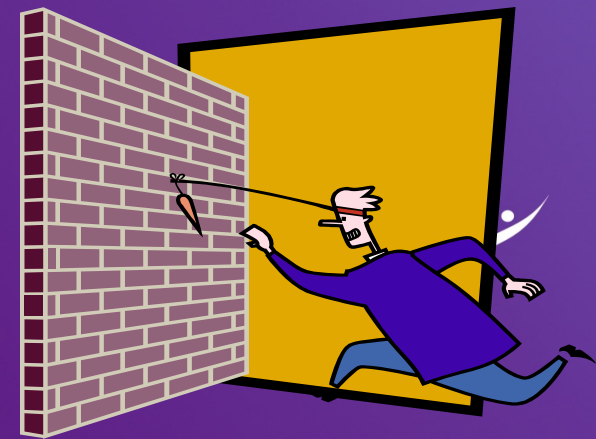
# Strengths

- 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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