

HANA 2017

Improving Patient Outcomes

Iain Hutchison

Clinicians Views on DAHNO

Their own data

- No ability to even see their data
- Published data did not represent their work accurately
- Couldn't correct inaccurate data
- Couldn't download and use their data for research, audit, appraisal, MDT M&M meetings

Clinicians Views on DAHNO

Data fields

- Mandatory fields - event dates only
- It was a process audit e.g. “*was resective path discussed at MDT*” **BUT** better to know what were these path results were
- No fields on pt risk factors e.g. Alcohol & Tobacco
- Not a Head & Neck Cancer audit e.g. Virtually no RTX & Chemo fields
- Poor recording of hospital performance e.g. Need to know about hospitals that cancel ops / have long delays and why
- No fields for clinical outcome data on survival, complications and quality of life

Clinicians Views on DAHNO

The Mechanism

- Only one person enters data – coordinator
- Not an expert
- Judges data on clinic letters, discharge summaries, path / radiology reports
- No clinicians registered to enter data
- Annual upload
- Then review in vain attempt to improve data

Clinicians Views on DAHNO

The Result

- A surgical audit only
- No clinician engagement – why would you?
- No accurate data
- No valuable data clinically
- No comparison of different Rx for same disease
- Zero publications (Taxpayer cost – >£3million)
- Did it improve patient outcomes?!!!

What did clinicians want?

- More clinically relevant database
- **Opportunity** for monthly upload by hospitals
- **Opportunity** for **Registered** clinicians to enter their data in hospital 24/7
- **Opportunity** for **Registered** clinicians to retrieve their data 24/7 & correct this
- **Opportunity** to receive text docs from data entered to help create clinic letters, discharge summaries
- **Opportunity** to access data for research
- **Opportunity** for Direct Data Entry

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Dataset innovations to address concerns

- Hospital Performance – do they support us?
e.g. are there surgical or RTX delays caused by lack of facilities
- More RTX & Chemo fields
- For the 1st Time Follow up fields to capture Outcomes
- Survival, recurrence, new tumours, complications of Surgery, RTX or Chemo

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Database innovations to reward and assist clinicians

- HANA Website – portals for DDE, Data Review
- MDT Lead can View & Download all hospital data
- Treating Clinician can View & Download all their data according to their GMC/GDC/AHP number
- Every MDT member can register to enter and retrieve their specialisms data
- Surgical Op choices map to surgical trainees eelogbook so that trainees can enter and transfer with no extra work
- All participants can justify this work as audit for appraisal
- Thank you Letters copied to Medical Directors for appraisal
- Clinical (not consultant) outcomes report on 2012-14 DAHNO data - COP3

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Database innovations to reward and assist clinicians

- Broken up into sections relevant to each clinical group so no one person enters data and everybody enters a little which they can then retrieve immediately for their own use
- Can use novel ideas like apps, direct data entry and retrieval, consented audit, apps etc
- Consent study - long term F/U
- Study on patient direct data entry
- Clinicians now own this data

Positive impact of changes

- Less constrained by NHS bureaucracy so no longer need to agree all aspects of audit with HQIP
- Can create a more clinically relevant audit
- No FOI requests
- HQIP no longer own the data – it now belongs to Individual clinicians, HANA and BAHNO
- Can use novel ideas like apps, direct data entry and retrieval, consented audit, apps etc
- Increased flexibility

We want to improve clinical Engagement – Please Register

- Look at HANA website
- Get your Cancer manager to register all MDT members to enter data at hospital
- All treating clinicians to register with Dendrite so they can view, download, correct and augment, and then use their data for their personal appraisal, audit and research