

TrakCare - Live

Enabling client/patient management across settings

An agency experience of using
a Client Management System

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Overview of the Presentation

- Implementing HealthSMART
- Staff's experience
- Management experience
- Board roles and responsibilities
- Success Factors
- What next?

Implementing HealthSMART

- Working towards implementing a consolidated, integrated electronic client information management system across the organisation. (Opportunities for external links to improve integrated care)
- A new way of doing business
- We did not implement a new IT system we implemented a whole of agency change management process.



Setting the scene

- Implementing a client/patient management system not a program reporting system
- Multiple system – multiple programs and services across the continuum
- Significant change management process – staff engagement and involvement, business processes that considered not only the continuum, technology adjustments, learning the product and building capacity
- Not losing sight of our objective client/patient management and integrated care opportunities



What BCHS went live with

- AOD – Residential and home based withdrawal, post withdrawal linkages, counselling, CCCC, drug safety education, SIDS, NSP (limited), SAAP, court drug assessor, pharmacotherapy.
- Primary Health – CDM, podiatry, health promotion, allied health, HACC, public health, BBV and STD's, sexual health, school focus youth services, ISHY, men's health, young pregnant parenting programs (not medical practice), workplace health and wellbeing
- Community Services – Family services, problem gambling, neighbourhood renewal, financial counselling, early intervention (not FDC), counselling, VAP, community education,
- Some Billing Functions
- Groups and Events instigated after Go-live.



Our experience:

- Staff - excited, involved, high anticipation, champions.
- Staff - frustrated, time consuming, extensive training, change management, development of business practices, protocol.
- Management – our business case did not anticipate the significant level of resourcing
- All - excited about integrated care opportunities.
- All - disappointed in not being able to integrate our MP initially
- However we did create one client registration – migrated around 27,000 client/patient records – accessible from any of our 6 sites
- Expectations where high – there is no going back – we need to continue to develop the next steps



Critical Success Factors

- Engaging people, building the picture, documenting process
- Establishment of structure to oversee and lead
- Clear direction
- Investing the time to develop an understanding of your business processes
- Identify 'champions'
- Establish 'change management approach'
- Include staff at all levels



Our Experience

- Importance of communication.
- Importance of governing the project.
- Reduced duplication for clients
- Better service integration opportunities
- Information for planning/ reporting capabilities
- Understand the business in detail, standardised practice



This is not just about a new computer system it is about (Internal) teamwork and (external) partnerships

What next?



- There are issues outstanding that impact on the change:
 - Reporting and extracts still take an enormous amount of work and they are not interpreted/understood by all.
 - Attaching documents and scanning only just becoming available
 - No access to clinicals – major concern and significant reason for staff to not use the system to its full potential
 - Care plans need to be more accessible and integrated
 - Referral messaging and call ups – reminders

What next?

- There are issues outstanding that impact on the change:
 - Operational manual continually needs to be reviewed
 - Speedminor – major improvement – second stage required to build confidence
 - Building the system for the future, not just the present.



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