

# IPS-CSC Forum

17 August 2010

## “Enhancing Public Service Through Policy Automation”

Ballroom 3, Orchard Hotel

IPS-CSC FORUM  
17 Aug 2010

# Better patient care and safety through automated Business Rules Management System

HO KHAI LENG



# Agenda

- About us
- Getting the definition out of the way
- Improving Healthcare
- Case Studies
- Learning Points

# About IHIS



- ❑ **Integrated Health Information Systems (IHIS)**
- ❑ **Wholly owned by MOH Holdings, Singapore**
- ❑ **Provides IT services to all public sector healthcare institutions in Singapore**
- ❑ **Responsible for operations, project planning, execution and integration of healthcare IT solutions**
- ❑ **More than 600 healthcare IT professionals**



# About NHG



- ❑ **National Healthcare Group (NHG), Singapore**
- ❑ **Integrated network of primary healthcare polyclinics, acute care hospitals, national specialty centres, including**
  - **Tan Tock Seng Hospital**
  - **Institute of Mental Health**
  - **National Skin Centre**
  - **9 Polyclinics**
- ❑ **9,000 Staff Strength**
- ❑ **1,100 acute beds + 1,900 psychiatric beds in service**
- ❑ **2.5m polyclinic attendances**





# About NUHS



- ❑ **National University Health System (NUHS), Singapore**
- ❑ **Excellence in clinical care, translational clinical research and education**
- ❑ **Comprises**
  - **National University Hospital**
  - **National University of Singapore Yong Loo Lin School of Medicine**
  - **National University of Singapore Faculty of Dentistry**
  - **National University Cancer Institute, Singapore**
  - **National University Heart Centre, Singapore**
- ❑ **7,000 Staff Strength**



# Hospital – Then

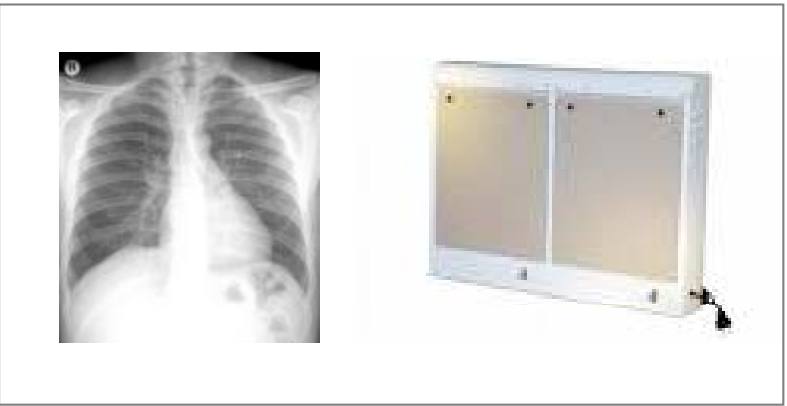
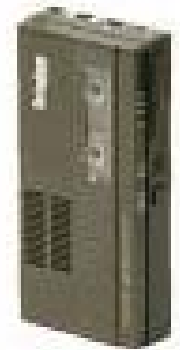


CARDIOVASCULAR ASSOCIATES, P.C.

DR. JAMES W. SMITH	DR. JAMES W. SMITH	DR. JAMES W. SMITH
DR. JAMES W. SMITH	DR. JAMES W. SMITH	DR. JAMES W. SMITH

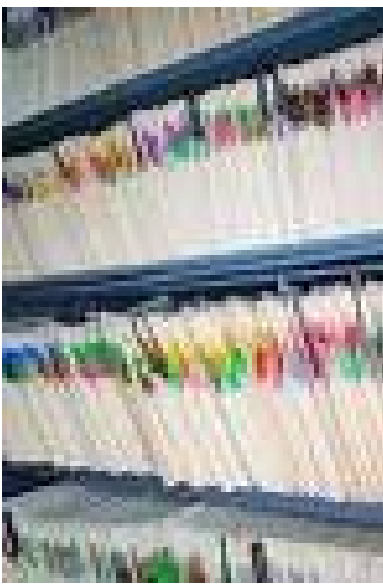
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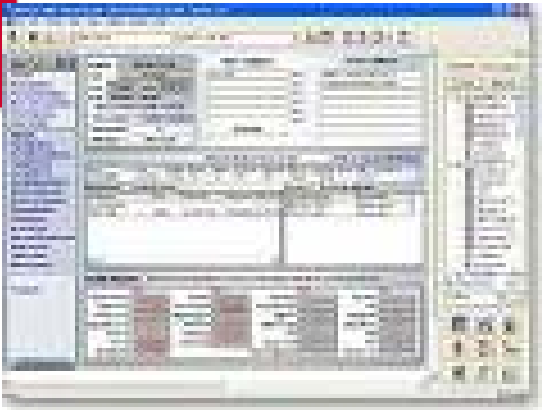
Medical Record

DATE	TIME	TEMP	PULSE	BLOOD PRESSURE	RESPIRATIONS	SAO2	GLUCOSE	WGT	HGT	HEALTH
10/10/00	08:00	37.5	72	120/80	18	98	100	70	170	Stable
10/10/00	12:00	37.8	75	125/85	19	97	105	70	170	Stable
10/10/00	16:00	37.6	74	122/82	18	98	100	70	170	Stable
10/10/00	20:00	37.4	73	120/80	18	98	100	70	170	Stable



NO.	NAME	STATUS	PH	STAFF
1	DR. JAMES W. SMITH	ON	555-1234	PHYSICIAN
2	DR. JAMES W. SMITH	OFF	555-1234	PHYSICIAN
3	DR. JAMES W. SMITH	ON	555-1234	PHYSICIAN
4	DR. JAMES W. SMITH	OFF	555-1234	PHYSICIAN
5	DR. JAMES W. SMITH	ON	555-1234	PHYSICIAN

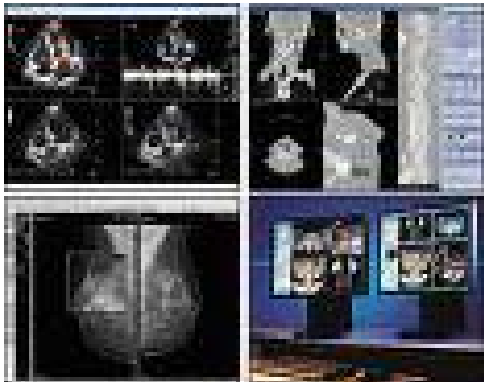
# The Digital Hospital



Clinical Systems



Consultation Room



Digital diagnostic imaging



Patient Dashboards



Hand-held Devices



Laboratory automation

Refrigerated Stockyard



# Getting the definition out of the way



**Policy Automation**

A suite of software products for modeling and deploying business rules within enterprise applications

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**Business Rules**

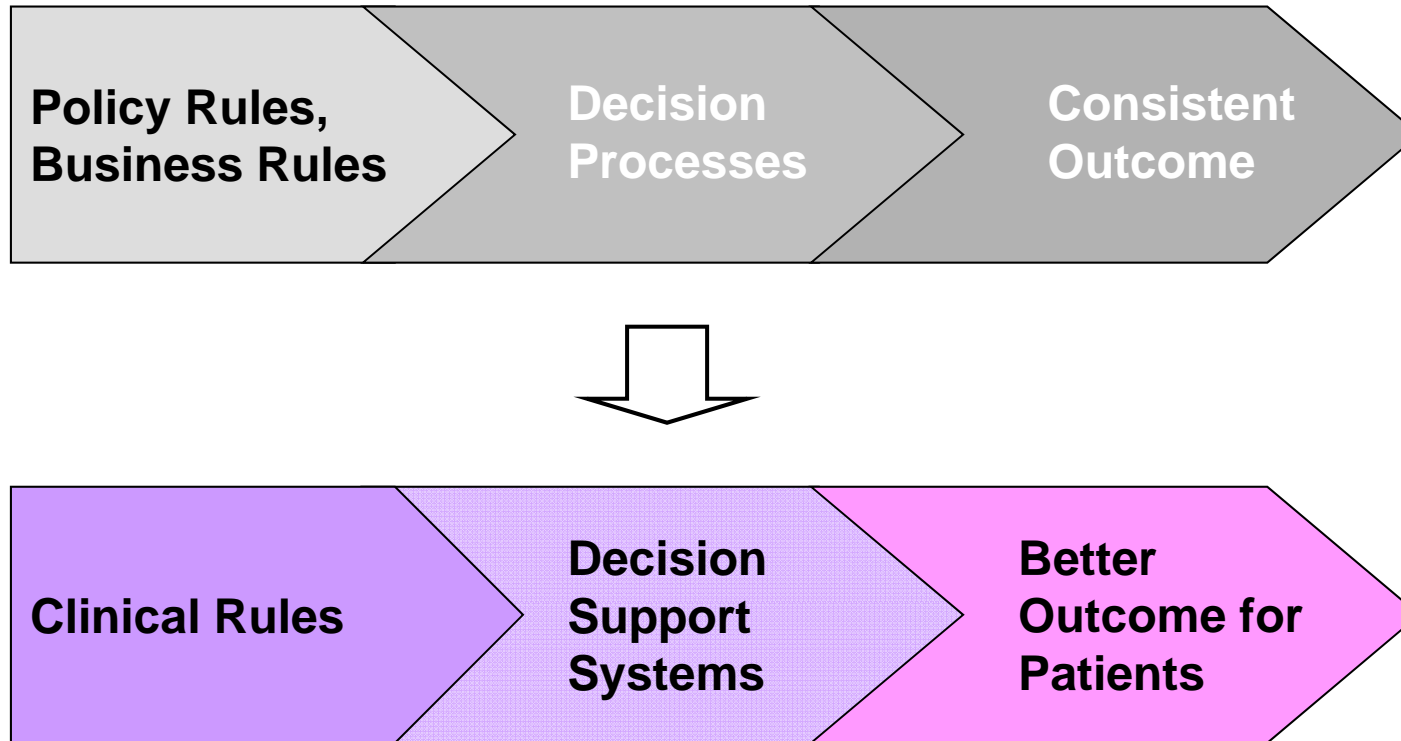
Evidence-based Medicine - apply the best available evidence gained from the scientific method to clinical decision making



**Clinical Decision Support Systems**

Link health observations with health knowledge to influence health choices by clinicians for improved health care

# Benefits



# Clinical Decision Support Systems

- Evidence-based Medicine
- Multi-disciplinary, multiple co-morbidities
- Patient-specific
- Outcome focused
  
- Issues
  - Care is complex
  - Information often not available to those who need it when they need it

# Case Studies

- ARUS-C**
  - Anti-microbial Resistance and Utilisation Surveillance, and Control**
- ADEAS**
  - Adverse Drug Events Alert and Surveillance System**
  - Now renamed Clinical Decision Support System (CDSS)**

# ARUS-C

## □ Background

- **Antibiotic resistance poses a huge challenge. It results in increased mortality, increased length of hospitalisation and increased cost**
- **Inappropriate use of antibiotics has been associated with emergence of resistant traits**





# ARUS-C

## □ What it Does

- **Develop hospital guidelines for antibiotic use**
- **Provide electronic decision support for antibiotic prescribing**
- **Reduce unnecessary and inappropriate antibiotic use**
- **Track antibiotic use and its effect**
- **Monitor compliance**

# ARUS-C



**TODAY**  
we set you thinking

## **Promising results for TTSH's antimicrobial programme**

**Hospital able to reduce cost by prescribing appropriate antibiotics at the right dosage and duration**

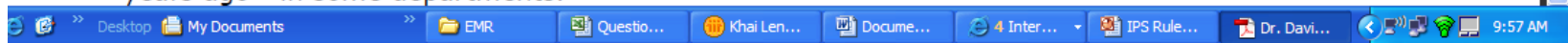
05:55 AM Jun 10, 2010

by **Alicia Wong**

SINGAPORE - Over a year, it has seen patients recover faster and get discharged sooner. This comes with doctors being able to better prescribe appropriate antibiotics at the right dosage, for the right duration. As a result, some bacteria have also become less resistant to medication.

According to Tan Tock Seng Hospital, it is the first here to have a hospital-wide Antimicrobial Stewardship Programme, which was launched last year and is co-funded by the Health Ministry.

Other hospitals conduct such programmes - which began in the United States over 10 years ago - in some departments.



# ADEAS (CDSS)

## □ Background

- **Adverse Drug Events Alert and Surveillance System (ADEAS)**
- **Aims to improve the safe use of medicines through medication error and adverse drug event detection, prevention and surveillance**
- **Automates the detection process by congregating and cross matching with electronic medication orders, laboratory results and diagnosis codes, patient demographics and medical records using computer algorithms**

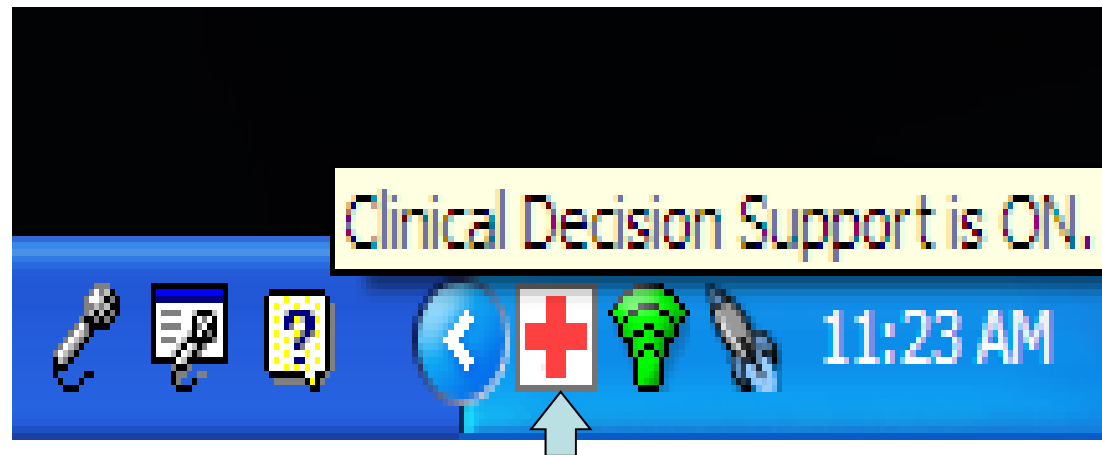


# ADEAS (CDSS)

- **What it Does**
  - **Develops hospital guidelines for adverse drug event alert**
  - **Highlights potential adverse drug events (ADE)**
  - **Alerts doctors during drug prescribing should there be a potential ADE**

## ADEAS (CDSS)

CDSS Desktop Application is similar to an Anti-Virus program that runs silently on the system tray...



... listening to events happening on the electronic Inpatient Medical Record (eIMR)



# Learning Points



## Governance

- Clinical rules – not legislated or published
- Who oversees the rules

## Clinical Challenges

- Biological systems are complicated
- Need to consider a patient's symptoms, medical history, family history and genetics, and
- Need to consider historical and geographical trends of disease occurrence, and published clinical data on medicinal effectiveness

## Maintenance

- Rules are current
- Rules do not conflict



**Thank you**



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