

# Hospital Software off the Track

LIGHT AIRS

SINCE THE LAST EDITION of GPSpeak, I have attended a re-union of medical graduates from 40 years ago. It was on the surface a grand affair in The Great Hall of the University of Sydney, with food wine and song. Some of the speeches were a bit vague and there was a genuine atmosphere of friendly mutual interest. I felt that yesteryear's burning fires of competition had given way to a pleasant charcoal-like warmth.

A few are still working flat out, like media star Dr John D'Arcy or Dr Keith Hartmann who still gets up at night to catch babies. Many are long retired like Dr Kerry Nogrady, 'such a relief' to stop, but most seem to be working, though less.

I find myself in the last batch and do some shifts in the Emergency department of the local hospital, which is mostly enjoyable, until recently that is, when a difficult challenge emerged.

One of a generation brought up on the quill and parchment method for keeping patient records, I have found the new challenge of electronic records, called Firstnet, to be unsettling, to say the least.

I thought it was just me, (at heart a Mac user) until I spotted a front page article in the Sydney Morning Herald on March 7.

'Patients put at risk by software', said Julie Robotham, health editor.

I had been given a training session but still came away feeling unsettled about the whole thing. My unease was amplified in the article which included these points:

- Screen symbols hard to interpret
- Important information hard to see
- Trivial information emphasised

- Keystrokes have inconsistent functions
- Records hard to retrieve
- Test orders can go to wrong hospital
- Slow response times

There was more, including frequent crashes.

It seems we are stuck with a clunky system made by American Cerner and purchased by NSW Health. This Firstnet is now installed in 59 hospitals which include 80% of beds.

No doubt, a digital approach to patient records has to be the way to go, but this system is 'so compromised it should be scrapped'. Dr Sally McCarthy, president of the Australasian College of Emergency Medicine confirmed that the system was 'loathed by doctors and nurses and unsuitable for its purpose. When do we stop throwing good money after bad?' she added.

'Anything that takes staff off the floor to spend their working time on an inefficient IT system is a detriment to patients'.

Even more tragic is that Australia is not starting with a national system, so information sharing between state hospitals is likely to be difficult. For our area, which catchments so much to Brisbane, what of that? When will they ever learn?

It's a historic reminder of the introduction of state railways 100 years ago. I remember learning at school 50 years ago that the NSW rail gauge was 4' 8 1/2", Qld was 3'6" and

Victoria had 5' 3".

Memory is a strange thing. This story had a happy ending, especially for NSW when everybody adopted 4' 8 1/2".

Do we have to take this track with medical records?

Finally, as we have national registration for doctors, it would seem from a GP's viewpoint, to be in the national interest for Federal Health to take charge of and to standardise vital health software and to fit it in the with the national broadband.

It appears like a mess which needs a more statesman-like approach to stave off chaos, an opportunity for a brave and visionary Federal Health Minister.

For my generation, we are more likely to be affected as patients than doctors. Younger doctors may be inheriting a communication nightmare. For me, with each day the pastures are looking greener.

David Miller

