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Five Ontario hospitals choose PatientKeeper for mobile info access

BY SHELDON GORDON

Five hospitals in southwestern Ontario which share a common IT infrastructure are acquiring PatientKeeper software to link MDs and their mobile devices to the hospitals' electronic medical records.

"It's taking us to a new level," says Andrew Williams, chief executive officer of the Huron Perth Healthcare Alliance (HPHA), which includes hospitals in Clinton, St. Marys, Seaforth and Stratford, Ontario (The fifth institution is the Alexandra Marine & General Hospital.)

PatientKeeper is a "physician overlay" that sits on top of (and integrates with) back-end hospital or clinic information systems. At Huron Perth Healthcare Alliance, the back-end system is Meditech, but PatientKeeper advertises itself as "back-end agnostic"; it can integrate with whatever system a hospital uses.

PatientKeeper extracts information from hospitals' various information systems by using "PatientKeeper Bridge," which stores data in a secure, consolidated repository for fast physician access.

PatientKeeper has three components: Physician Portal, a web-based environment; Mobile Clinical Results, to link with

smartphones or tablets; and Patient Notewriter, which enables electronic documentation that MDs can integrate into their current workflow. Boston-based PatientKeeper Inc. says its software is currently in use by 44,000 physicians and other healthcare professionals in North American and British hospitals.

The hospitals expect to begin implementation of PatientKeeper in mid-fall and complete the installation over a period of four months. "Our objective is that all 150 physicians who have admitting privileges at our hospitals will have access," says Williams.

"We have a group of physicians who have really embraced computer technolo-

gy over the last few years, and have been working with us to identify ways in which they can have real time access to hospital patient data," he says. The mobile devices used by Huron Perth's MDs are a mix of smartphones and iPads. "We'll be able to provide our physicians with apps for all major mobile devices that will allow the connection to take place," says Williams.

Neither Williams nor Dr. Don Burt, Chief Medical Officer at PatientKeeper Inc., would reveal the pricing of the PatientKeeper software, though Burt claims it is "a fraction of the cost of the alternatives." Huron Perth evaluated the products of five vendors, says Williams, "and the resounding consensus was that PatientKeeper was the way for us to go."

The key issue that Huron Perth's MDs had identified was the need for easier access to the hospitals' information systems. "The integrity of the data is very good and the system works very well, but from a navigation point of view, you have to go 'in and out' to get different types of information on your patient," says Williams. "They wanted one screen that they could go to that would provide all the



Don Burt



Andrew Williams

information they need to provide clinical direction.”

PatientKeeper is intended to provide a full, real-time snapshot of the patient and what they need. The system transmits all necessary patient data, including lab results, microbiology, radiology, medication lists, allergies, vital signs and any clinical notes available on the patient.

PatientKeeper’s platform allows for the addition of advanced clinical workflow applications, including computerized physician order entry (CPOE), medication reconciliation, and e-signature, enabling MDs to review and act on information from a single work environment.

While the primary benefit for MDs will be access to hospital records while they’re in their offices, PatientKeeper will also help them within the hospital environment by eliminating the ‘in and out’ requirement. “So this will speed up significantly their ability to provide care when they are in the hospital,” says Williams.

The roll-out will proceed full throttle, without being preceded by a pilot project. “Based on everything that we’ve seen, in the demonstrations and the RFP process, I can’t see there being any limitations on the system,” says Williams. “It’s taking us to such a new level that I

expect the response will be phenomenally positive.”

Karen Davis, the CEO of Alexandra Marine & General Hospital, did not respond to requests for an interview, but said in a news release that “physicians in our community are really excited to be involved in this initiative, as it will mean access in ‘real time’ to patient information.”

PatientKeeper’s Burt emphasizes two major aspects of the software. One is that

The system transmits all necessary patient data, including lab results, radiology and medication lists.

it “allows MDs not to be tethered to a workstation or a chart.” The second is that, because the software is an overlay to existing hospital IT infrastructure, there’s no need to incur the expense of replacing the existing HIS.

Mobile devices, he says, have evolved to the point where they can house sufficient information which a clinician can use “to

write a note or order things for patients from anywhere.”

PatientKeeper has had a 90 percent increase in physician use of mobile devices in the past year. The software, often branded under other names, has more than 44,000 daily clinical users. “Over the first 10 years of the company,” says Burt, “the use of mobile devices crept along, but now we’re doubling that number of users in less than a year.”

But it’s not only the growth in the memory of mobile devices that accounts for the explosion in their use. “Hospitals for a long time have had a lot of electronic information, but the data in these back-end electronic systems has never been in a single place so that a physician could go in and find what they need,” says Burt.

The hospital information systems perform functions such as inventory management, but were never designed as clinical workflow tools.

“We allow those hospitals to leverage the investment they’ve already made in those back-end systems over decades,” says Burt. “Instead of ripping and replacing them, we provide a simple overlay on top of those systems, allowing clinicians to be very efficient and very safe in the way they take care of patients.”

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