29/03/2023 Episoft release notes – Clinical

Protocol Administration – ability to hide and delete protocols that are no longer needed by your organisation:

- Previously, if a protocol had been published by another organisation, even though not published by the logged in user's org, the user would be unable to delete the protocol from view without incurring an error page.
- A new icon of a grey 'x' has been created, that when clicked, hides the protocol from view.
- The protocol is still visible if the user searches on the 'Withdrawn' filter.
- The protocol can be copied and republished from the Withdrawn folder if an error is made in hiding it.

- See the new Hide button below, which shows the hover text of 'Hide protocol'

In 'Withdrawn' protocols, the hidden protocol can be seen and information about the user who hid the protocol and the date it was hidden is visible under the 'I' icon

Hospital Script:

As an alternative to printing the DHS script type for each drug in a protocol, we have now enabled the Public Hospital Script to be available for all users in private organisations as well. This has been renamed 'Hospital Script' and has all the medications listed in a protocol and includes the doctor's signature on the cycle if signed. This script can be used as a legal prescription and has been used by public hospitals using Episoft for some years now.

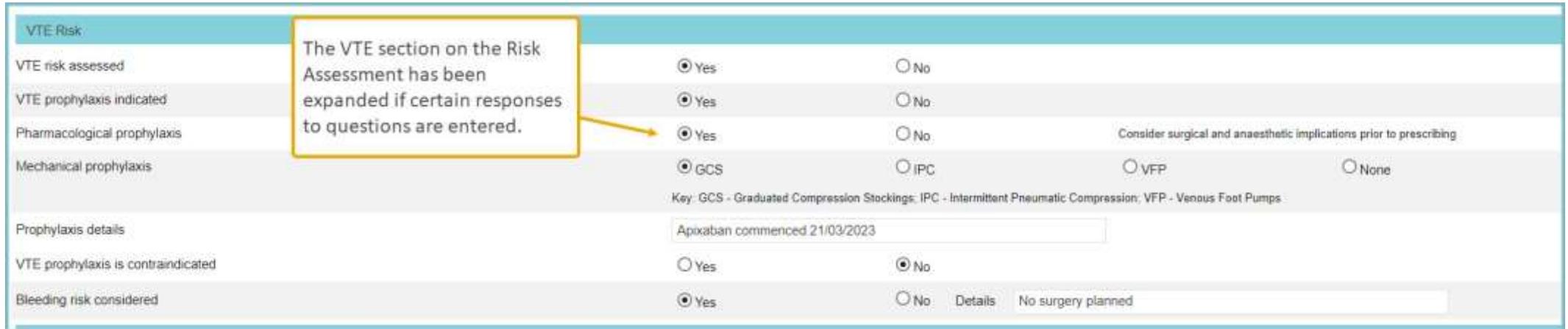## Risk Assessment (Nursing) has additional fields added

The **VTE assessment section** has been expanded so that if certain questions are answered as 'Yes', more options display. This allows more detail to be added regarding planned treatment and prophylaxis:

VTE Risk				
VTE risk assessed	⦿ Yes	○ No		
VTE prophylaxis indicated	⦿ Yes	○ No		
Pharmacological prophylaxis	⦿ Yes	○ No	Consider surgical and anaesthetic implications prior to prescribing	
Mechanical prophylaxis	⦿ GCS	○ IPC	○ VFP	○ None
	Key: GCS - Graduated Compression Stockings; IPC - Intermittent Pneumatic Compression; VFP - Venous Foot Pumps			
Prophylaxis details	Apixaban commenced 21/03/2023			
VTE prophylaxis is contraindicated	○ Yes	⦿ No		
Bleeding risk considered	⦿ Yes	○ No Details No surgery planned		

The VTE section on the Risk Assessment has been expanded if certain responses to questions are entered.

There is a new section at the bottom of the Risk Assessment that can be expanded to record Delirium/Cognitive assessment:

Infection status		
Is patient at risk of CJD (Creutzfeldt-Jakob Disease)?	○ Yes	○ No
Patient has a multi-resistant organism? (MRSA, MRGNB, VRE, CRE, C. diff and Candida auris)	○ Yes	○ No
Infection(s) at this visit (including specific multi-resistant organisms)		
Delirium and cognitive impairment assessment		
Include delirium / cognitive impairment assessment ⓘ	○ Yes	⦿ No

Click 'Yes' to expand the delirium/cognitive impairment assessment

- Once expanded, there are several questions to be answered regarding the patient's cognition. If all questions are answered, a total score will display with the delirium score category details:

Delirium and cognitive impairment assessment				
Include delirium / cognitive impairment assessment ⓘ	⦿ Yes	○ No		
1. Alertness	○ Normal (Fully alert, but not agitated, throughout assessment	⦿ Mild sleepiness for < 10 seconds after waking, then normal	○ Clearly abnormal	
2. AMT4: Age, date of birth, place (name of the hospital or building), current year	○ No mistakes	⦿ 1 mistake	○ 2 or more mistakes/untestable	
3. Attention: Ask the patient "Please tell me the months of the year in backwards order, starting at December." To assist initial understanding one prompt of "what is the month before December?" is permitted. Months of the year backwards	○ Achieves 7 months or more	⦿ Starts but scores <7 months/ refuses to start	○ Untestable (cannot start because unwell, drowsy, inattentive)	
4. Acute Change or Fluctuating Course: Evidence of significant change or fluctuation in: alertness, cognition, other mental function (e.g. paranoia, hallucinations) arising over the last 2 weeks and still evident in last 24 hrs.	○ No	⦿ Yes		
4AT Score	6			
Delirium score category	Possible delirium +/- cognitive impairment			

Improvements and Bug Fixes:

- If users other than clinicians were adding a protocol to a patient's Protocol Cycles page, the protocol would default to the doctor at the top of the drop-down list. The user would then need to change it to the correct doctor manually. This has been improved so that if the user is not a clinician and adds a protocol, the clinician will first default to the patient's Primary Clinician if there is one recorded. This is still editable but much likelier to show the correct clinician for that patient.

- Since obtaining an authority code for an authority medication has largely moved to Proda online, users are copying and pasting the code into Episoft. These codes often contained spaces in the text and the page would error on saving. This has now been fixed so that spaces are removed and the page will not error.

- Scenario: A patient is admitted for treatment, but the treatment is not able to be administered and the patient is asked to come in on a new date in the future. The treatment is not moved as expected but is left on the original date by mistake. Next, the patient arrives for treatment on the new date, but the treatment is still on the old date. Previously, the treatment could not be deferred to 'today' but could only be moved to 'tomorrow' and onwards. A change has been made to allow the treatment to be moved to the current date.

- Using the Authority tab menu item to enter authority codes and print scripts was going to an error page when 'View' was clicked. This has now been corrected.

- There was an issue raised by some doctors in Medication Record where if one medication script was created, then a new medication added and that script printed, it would create another pdf of the first script. This has been corrected now and multiple medications can be added and scripts printed without this error.

- We were notified that the route of administration was not always displaying on the DHS Community Pharmacy script type. This omission has now been corrected to always show the route of administration.

- In some cases, the subscript in the medication strength for regular medications was not displaying correctly on the Record Summary. This has now been fixed so that it does show as expected.

- There was an issue where if two test groups had been created with the same name, then one of the groups was inactivated, the inactive group would still display and the active group would be hidden. This has now been fixed.