

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- The protocol is still visible if the user searches on the 'Withdrawn' filter.
- The protocol can be copied and republished from the Withdrawn folder if an error is made in hiding it.

18	"B in IT" for Chronic HBV (GP Managed) on entecavir	26/04/2013	26/04/2013	20/08/2013	St Vincent's Hospital Melbourne	AD 20/11/2014	STV-AT-GP3	1	  
595	"B in IT" for Chronic HBV (GP Managed) on entecavir	26/04/2013	26/04/2013		St Vincent's Hospital Melbourne	NO	STV-AT-GP3	2	  
1712	"B in IT" for chronic HBV (GP managed) on entecavir with HCC screening				St Vincent's Hospital Melbourne	BiniEntec		1	  
38	"B in IT" for Chronic HBV (GP Managed) on entecavir with HCC screening	17/07/2013	17/07/2013	29/01/2015	St Vincent's Hospital Melbourne	AH 29/01/2015	STV-AT-GP6	1	  
7	"B in IT" for Chronic HBV (GP Managed) on tenofovir	26/04/2013	26/04/2013	20/08/2013	St Vincent's Hospital Melbourne	AD 20/11/2014	STV-AT-GP2	1	  

New grey 'x' button allows organisation to hide a protocol from view

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In 'Withdrawn' protocols, the hidden protocol can be seen and information about the user who hid the protocol and the date it was hidden is visible under the 'i' icon

The screenshot shows a protocol management interface with search filters and a table of protocols. Two callouts provide instructions:

- Callout 1:** "If you need to activate the protocol later, click on the 'Copy' button to create a copy in active protocols" (points to the 'Copy' icon).
- Callout 2:** "Once a protocol is hidden, it can be viewed under 'Withdrawn' protocols. An 'i' icon shows when the protocol was withdrawn." (points to the 'i' icon in the protocol table).

System ID	Protocol name	Source last updated	Source Review Date	Organisation Last Reviewed Date	Organisation Next Review Date	System Published Date	System Withdrawal Date	Protocol Identifier	Protocol Version	
4	"B in IT" for Chronic HBV - No anti-viral therapy	26/04/2013	26/04/2013			20/08/2013	29/04/2015	St Vincent's Hospital Melbourne - AD 20/11/2014	STV-AT-GP1	1
594	"B in IT" for chronic HBV (GP managed) - Phase 3 no antiviral therapy (ongoing without HBV DNA)					27/03/2023		St Vincent's Hospital Melbourne	STV-AT-GP1-NODNA	2
594	"B in IT" for chronic HBV (GP managed) - Phase 3 no antiviral therapy (ongoing without HBV DNA)							St Vincent's Hospital Melbourne	STV-AT-GP1-NODNA	2
1712	"B in IT" for chronic HBV (GP managed) on entecavir with HCC screening							BeiTertec		1

Withdrawn prior to publish by Aloncono, Ali on 29/03/2023

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.

Patient or Pharmacist copy

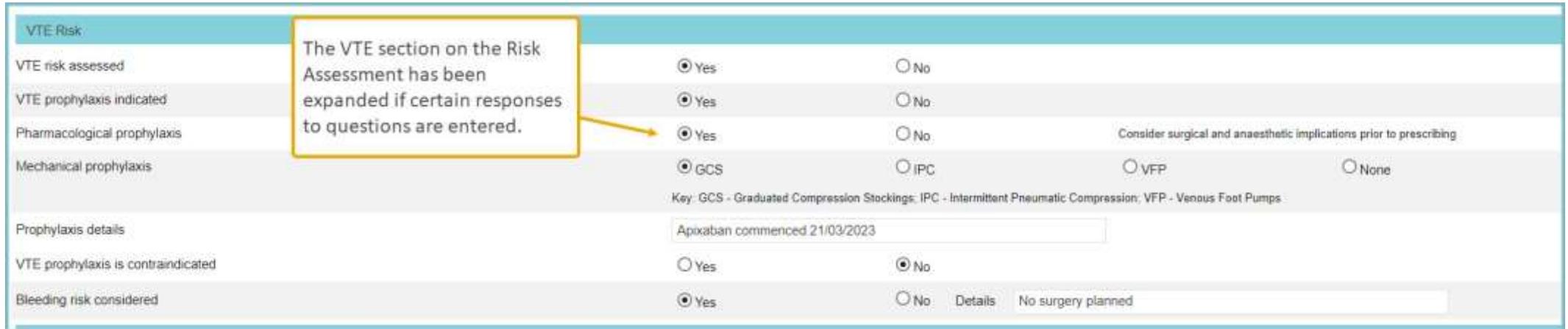
Hospital Prescription

<p>Cabramatta 15 Hope Street Cabramatta NSW 2166</p> <p>Phone: 0289856688 Fax: Provider No: 9988770W</p>	<p>UR Number: 2233453 Name: Nyborg, Brigitte, Female DOB: 2/09/1983 (39 years) Street Address: 34 34 Hedeby Ave Suburb/Town: Kiandra NSW 2027 Medicare: 2018687192/3 Pharmaceutical Benefits Entitlement / DVA number: Patient Weight: 65 kg Prescription Number: 00021440</p>	
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PBS RPBS
 Safety Net entitlement card holder Concessional or dependant, RPBS beneficiary or Safety Net concession card holder Chemo Access

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:



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

VTE Risk	
VTE risk assessed	<input checked="" type="radio"/> Yes <input type="radio"/> No
VTE prophylaxis indicated	<input checked="" type="radio"/> Yes <input type="radio"/> No
Pharmacological prophylaxis	<input checked="" type="radio"/> Yes <input type="radio"/> No Consider surgical and anaesthetic implications prior to prescribing
Mechanical prophylaxis	<input checked="" type="radio"/> GCS <input type="radio"/> IPC <input type="radio"/> VFP <input type="radio"/> None <small>Key: GCS - Graduated Compression Stockings; IPC - Intermittent Pneumatic Compression; VFP - Venous Foot Pumps</small>
Prophylaxis details	<input type="text" value="Apixaban commenced 21/03/2023"/>
VTE prophylaxis is contraindicated	<input type="radio"/> Yes <input checked="" type="radio"/> No
Bleeding risk considered	<input checked="" type="radio"/> Yes <input type="radio"/> No Details <input type="text" value="No surgery planned"/>

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



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

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

- 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 1

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.

Authority Scripts Requiring Approval Number

Doctor: Aloncono, Ali (Oncologist - EpSolt-Only - HCC)

Script Date From: [] Script Date To: [] Drug Name: []

Prescribing Doctor: [] URE#MRN: [] Patient First Name: [] Patient Last Name: []

Epi ID: []

Search [] Clear [] Print []

Script Date	Drug Name	Prescribing Dr	URE#MRN	Patient First Name	Patient Last Name	View	Print
24/01/2023	Cycodone 100mg	Dr Ali Aloncono	2200764	Bek Larsen	Theris	View	Print
20/12/2022	Dexamethasone 4mg Oral Tablet	Dr Ali Aloncono	2200760	Vonnegut	Philippe	View	Print

Clicking on Authority Scripts to enter authority codes and creating scripts was going to error page when 'View' was clicked. This is now working correctly.

- 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.