DAY CARE ANAESTHESIA SPECIAL INTEREST GROUP

Day COR

SMS Survey

MANUAL

2019

DayCOR SMS SURVEY

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DayCOR SMS SURVEY

Introduction

The Day Care Anaesthesia Outcomes Registry (DayCOR) is a clinical outcomes registry. It is an automated electronic system that collects, alerts, manages and analyses post-discharge patient-reported outcomes.

There are two versions based on the patient's age. DayCOR-Adult is for patients 16 years and over, and DayCOR-Child for those under 16. The original versions, DayCOR-Adult and DayCOR-Child, require the input of basic demographic data prior to or immediately after patient discharge. This is done by the discharge nurse.

The updated versions, DayCOR-Adult v2 and DayCOR-Child v2 are designed to be integrated with the hospital or day facility's pre-existing electronic administrative system, so that manual demographic data entry is not required.

Input demographic data includes:

- Patient's hospital MRN, mobile phone number and email address
- Patient's age, gender and ASA status
- Anaesthetist's name and email
- Procedure performed - a drop down menu
- Length of procedure – drop down menu
- Length of recovery –drop down menu
- Time of discharge – drop down menu
- PONV in Recovery? – drop down menu
- Discharge pain score

The pilot studies show that DayCOR has a 72-79% patient response rate. It captures more complete data, more efficiently and at lower cost, than the standard 'telephone call system' of patient follow-up. Additionally, a survey of nurses and anaesthetists found that it is preferred by most nurses and all anaesthetists, because it provides more valuable patients feedback.

There is a great deal of interest in this Registry, recognising that hospital boards and administration have to be satisfied with ethical and privacy issues. These are easily assured as we use the "Framework for clinical quality registries" developed by the *Australian Commission on Safety and Quality in Health Care (see p.4).* Accordingly we do not expect any problems when departments or groups of anaesthetists introduce this program into their hospitals.

The Registry has obvious value for all concerned; patients, medical, nursing and administrative stakeholders. The hospital board will be able to observe progress, as will clinicians, health bureaucracies, health funds, politicians and most importantly, the public.

The cost of the survey itself is 50-55 cents depending on volume, paid by the hospital on a monthly invoice.

Funding for the cost and management of the Registry itself is being sought from sources involved in health care. The Commonwealth is examining methods of funding at present (Jan. 2019). State jurisdictions are very interested in registries of performance and registries are already established in many specialties including cardiac surgery, cardiology, vascular surgery and early protection following stroke.

A Power Point presentation is available on website as well as our ACE Day Care Anaesthesia SIG website: http://www.acecc.org.au/page.aspx?a=2329

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Communication

A newsletter in email form will be sent on a regular basis. This will contain de-identified data and any comments appropriate to the data.
Correspondence will be welcomed and comments from users will be published.

Clinical Quality Registry Framework

The Framework for Clinical Quality Registries published by the Australian Commission on Safety and Quality in Health Care (ACSQHC), identified *barriers to data collection* as being:
1. Hospital or Day Clinic cooperation*:* has been excellent in our experience
2. Ethics and Funding issues are being addressed.
3. Security**.** The ACSQHC has undertaken the issue of security compliance in an 83+ page document (https://www.safetyandquality.gov.au/wp-content/uploads/2012/03/Security-Compliance-Guideline-for-CQR-March-2013-v1.5.pdf) appended to their Framework for Clinical Quality Registries. The Commission has noted:
"Particular barriers to national reporting include restrictions on the disclosure, collection, and use of patient-level data, and varying hospital and jurisdictional data governance arrangements".
"To overcome these barriers *National health information arrangements* for clinical quality registries have been developed": through the Australian Health Ministers' Advisory Council.

Accordingly the Commission has stated that Australian healthcare organisations and clinical quality registries will, in partnership with jurisdictions, routinely

- *disclose, collect, analyse and report patient-level data*
- *monitor and report on the appropriateness and effectiveness of specific healthcare interventions.*

To address the development, maintenance and operation of dedicated CQR information systems, the Commission has developed the *Infrastructure model* for:

- *best-practice design,*
- *development,*
- *operation and*
- *security of Australian CQRs under national arrangements.*

Important points as outlined by the Commission are:

- supports monitoring and reporting of the appropriateness and effectiveness of healthcare based on models developed by the Commission, NEHTA (National e-Health Transition Authority) and CQR experts
- *specifies best-practice CQR design, development, operation and security*
- *features centres (or clusters) as the preferred model* for CQR operation
- *promotes improved interoperability with existing clinical information systems* (potential for future linkage with the Personally-Controlled Electronic Health Record
- supports the improvement and sustainability of existing CQRs;
- *encourages and assists with the development and establishment of new CQRs*
- provides efficiencies in data collection through, eg reduced data entry duplication
- *optimises levels of information and system security*
- allows scalability and future-proofing of CQR design
- improves capabilities for the generation of ad-hoc and routine reports
- *facilitates improved statistical analysis and benchmarking*

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We have followed the requirements of the Australian Commission on Safety and Quality in the development of our Registry

Management of the Clinical Quality Registry

Management is in line with the requirements of the ACSQHC Framework for a "Federal" body, the Registry Steering Group with individual Hospital Steering Committees overseeing the process at the hospital level.

Registry Steering Group Operational Structure

Director: "With expertise in the clinical field being monitored by the Clinical Quality Register (CQR)" i.e. an anaesthetist

Registry Manager (+/-): "Overseeing the day-to-day operations of the CQR"- the same anaesthetist or another

Statistical and Epidemiological Support.

Data Coordinator**.**

Staff**:** to undertake the tasks of data collection, entry and cleaning (tidying up)- could be the data coordinator

Administrative support.

Hospital Steering Committee Group

Governance: Hospital Board

Steering Committee: Up to the individual hospital's usual practice for nomination such committees. Suggest Director of Day Care Services, probably acting as the administrator for the program, an Anaesthetist representative (who could be the administrator of the program), nursing, administrative and risk management representatives

Leader or nominated anaesthetist: i.e. the chair of the steering committee in all likelihood.

IT advice: when necessary

Anaesthetists are "customers" of the program and communication to them is via the administrator (with reports) or direct email alerts from the patient's SMS response.

Registry Reports

"Reports that must be generated and provided by CQRs operating under national arrangements" (Australian Commission on Safety and Quality in Health Care)

1. Routine annual CQR reports: Aggregated data. Open to the public
2. Routine jurisdiction Reports (clinicians and patients not identified) Jurisdiction and private hospital ownership groups
3. Routine unit reports Quarterly CQR Risk-adjusted granular data limited to the contributing provider unit with comparators at national / jurisdictional /peer group level Confidential to the contributing provider unit
4. Routine clinician reports (patients identified) Confidential to the contributing clinician
5. Ad hoc jurisdiction reports Ad hoc CQR Risk-adjusted unit-level data limited to the jurisdiction with comparators at national/jurisdictional/peer group level (clinicians and patients not identified). Not for publication
6. Ad hoc unit reports Risk-adjusted granular data limited to the querying unit Confidential to the contributing unit
7. Ad hoc clinician reports Ad hoc authorised clinician Risk-adjusted granular data limited to the querying clinician (patients identified). Confidential to the contributing clinician

DayCOR SMS SURVEY

All these reports are the responsibility of the Registry Steering group and will be furnished when requested or as required as according to the schedule of regular reports.

CAST DayCOR

Day Case Outcomes Registry

DayCOR is a national registry of day case anaesthesia patient follow-up at 24 hours post discharge from PACU. It will allow hospital anaesthesia departments to benchmark their day case outcomes and anonymously compare their performance to other anaesthesia departments who are also using the system.

The Clinical Anaesthetic Survey Tool (CAST) is used to execute the DayCOR survey. This is a cloud based survey tool which can be used on any modern computing device which supports HTML5. CAST makes entering and sending surveys quick and easy. It also automatically generates outcome reports for both the department and individual anaesthetists (which will allow them to upload their data for CPD accreditation to their college portfolio). CAST DayCOR also emails alerts if certain clinical thresholds are breached (e.g. prolonged PONV, excessive pain, etc). In this respect the system can offload virtually all the routine day case patient follow-up calls made the next day, thereby saving time, money as well as improving patient safety.

Section 1: Getting Started

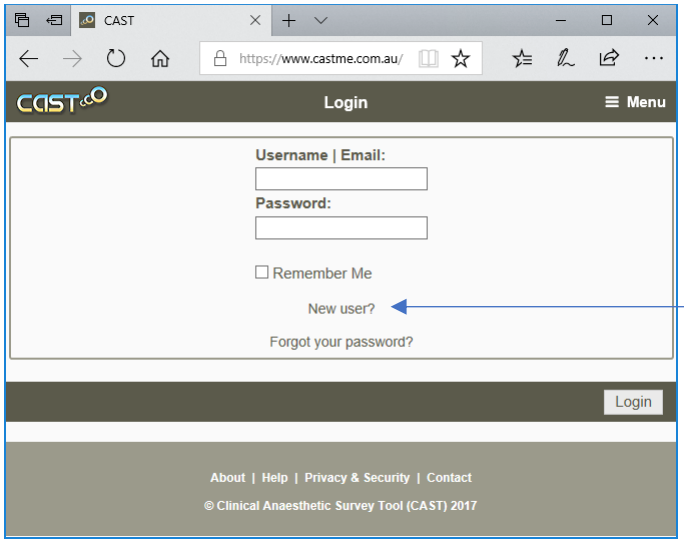
Step 1. There must be a person(s) responsible for the CAST DayCOR account for each department. Nominally this is the department head or other senior anaesthetist. It is important that they have a dedicated email account (separate from their personal email) already setup to use for correspondence from CAST. It is a good idea that several responsible staff (e.g. PACU nurses) have access to this account to frequently check for any patient clinical alerts. The person(s) responsible for the account will also be able to generate and distribute the department as well as individual anaesthetist reports.

Step 2. On a modern HTML5 web device (PC/Mac/Smartphone/iPad/etc) go to:

www.castme.com.au

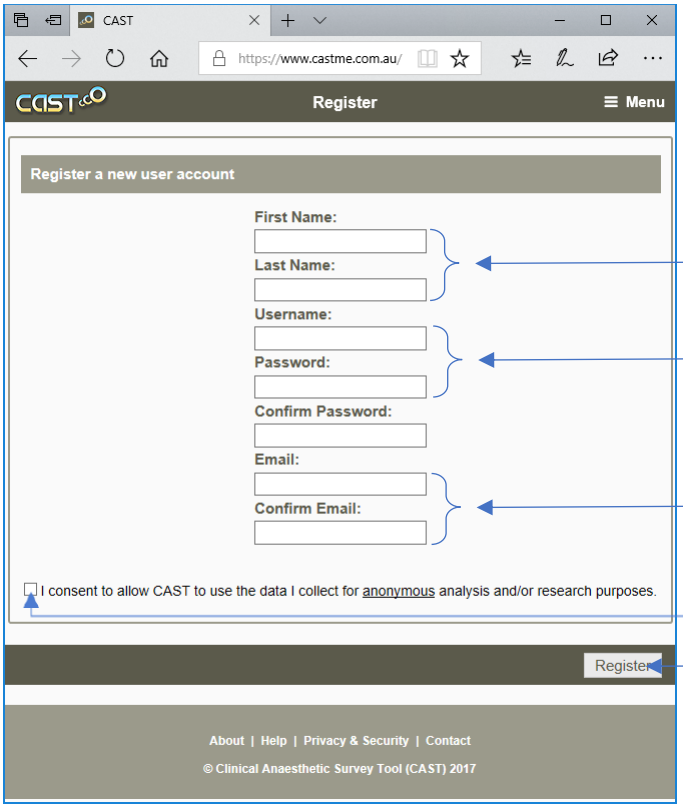
This will take you to the CAST Login screen (shown). First you will need to create a new user account.

DayCOR SMS SURVEY



Select New user?

This will take you to the Register new user account screen.



For institutions the First Name is the institution proper name. Don't include "The". The Last Name is the institution type/location.

Example: Royal Prince Alfred Hospital Sydney
First Name: Royal Prince Alfred
Last Name: Hospital Sydney

Enter a unique Username for your institution and strong Password

Enter the Email account you will use for CAST DayCOR (as discussed above in Step 1)

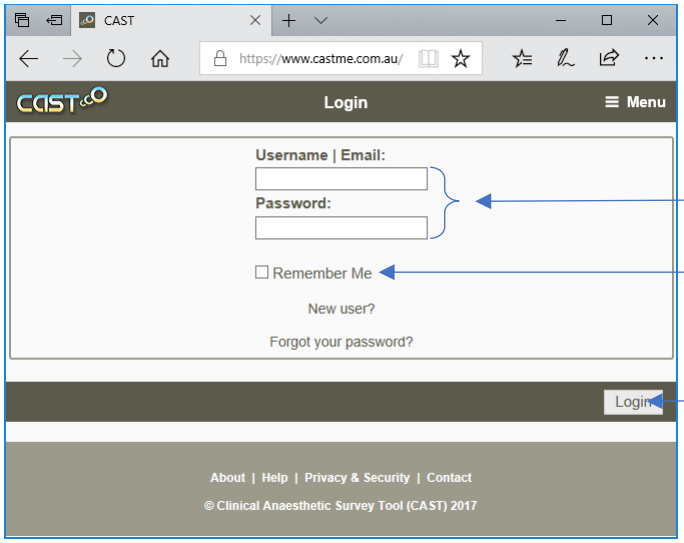
You need to check this box to give consent for CAST to use your collected data for research

When done click **Register**

If there were no errors in the registration details, a confirm account email link will be sent to the email account you nominated. You may need to wait several minutes for the email to arrive in your inbox. If you haven't received a confirm account email after this time, please check your spam/junk email folder(s) to ensure your email client hasn't flagged emails from CAST as spam. If this is the case, you will need to set your email client to "whitelist" CAST emails so future emails are delivered to your inbox. Once you have received your CAST account confirmation email, please click on the activation link provided. This will confirm the authenticity of your email address.

Step 3. Return to www.castme.com.au in your browser. To make navigating to CAST easier and faster in the future you may wish to bookmark this site or turn it into a Home-screen application on iOS/android. You now need to Login.

DayCOR SMS SURVEY



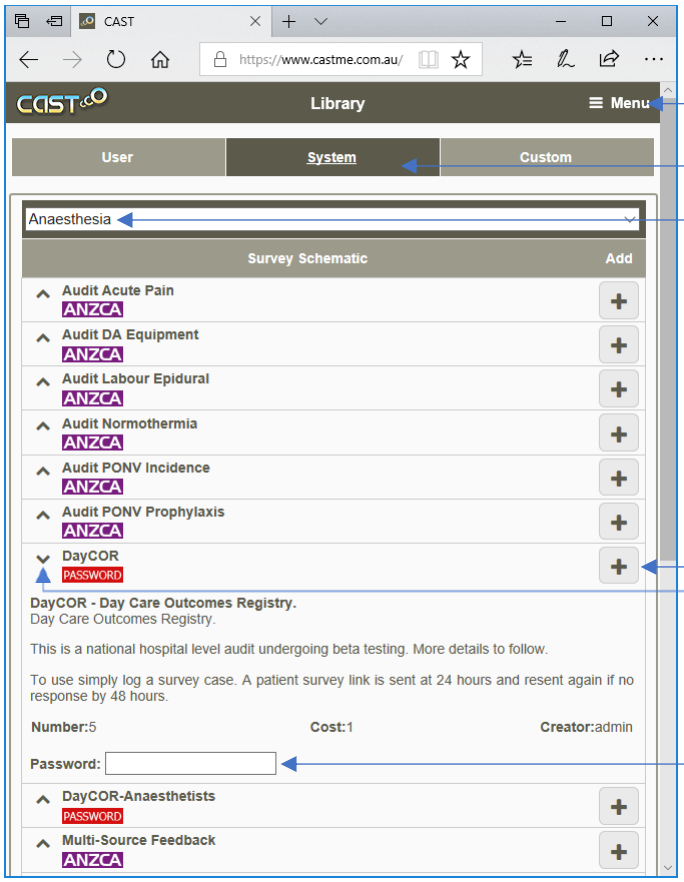
Enter your CAST registered Username or Email and Password

Check the *Remember Me* box and CAST will remember your login details for 30 days. Otherwise you will need to re-login in 24 hours.

Then click to **Login**

Step 4. If this is your first time logging into CAST, you will then be taken to the Library screen. This is where you can select the system surveys that you want to add to your user account. You will be shown a brief help window. Click the (**x**) icon or (**OK**) button after you have read it.

You now need to add the DayCOR and DayCOR-Anaesthetist surveys to your CAST user account. Note: These surveys are password protected and the appropriate password will be **gokengo.**



≡ **Menu** provides access to all CAST functions

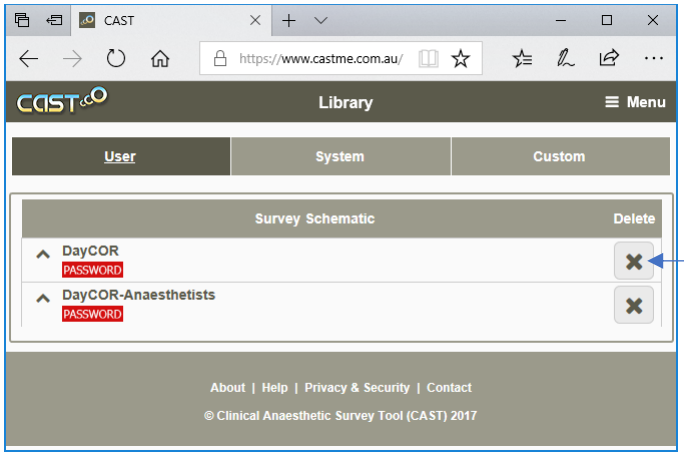
Click User or System to select which Library

Ensure *"Anaesthesia"* is selected as the survey category

You will need to click on the chevron (^) icon next to the DayCOR survey and enter the survey Password* in the appropriate box. Then click the (+) icon to add the DayCOR survey to your User Library. Next return to the System Library by selecting the System Tab as above and do the same for the DayCOR-Anaesthetists survey

If you did all that correctly your User Library should now show that you have the DayCOR Adults(2) and Child as well as DayCOR-Anaesthetists surveys installed (as shown).

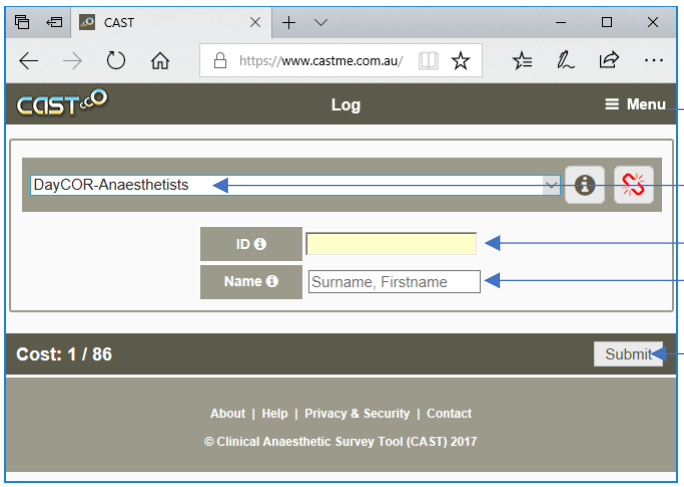
DayCOR SMS SURVEY

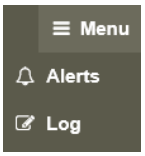


Note User Library selected

You can click the (**x**) icon to delete a survey from your User Library if desired

Step 5. Before you can start sending out patient surveys, you need to enter the anaesthetic staff roster into CAST. To do this click the ≡ **Menu** drop down (top right of the screen) and select the **Log** (or **Create**)option. The Log screen is where survey demographic data is entered.





Ensure "*DayCOR-Anaesthetists*" is selected

ID is the anaesthetist *email* address

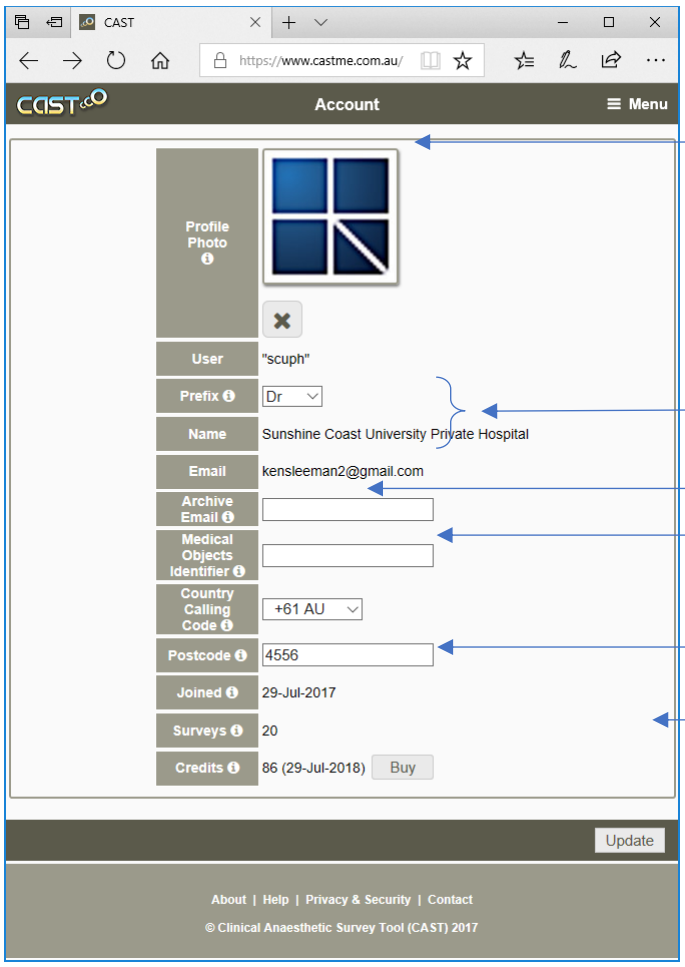
Enter their Name as *Surname, First name*

Click **Submit** when finished

Once you have entered all the anaesthetists on the roster you will almost be ready to start sending out patient surveys. But before you do you first need to customise your CAST account.

DayCOR SMS SURVEY

Step 6. To get to your account settings click the ≡ **Menu** drop down and select the **Account** option. The Account screen is where you enter additional account settings and purchase CAST credit (if required by your institution*). **Advance Credits can be purchased using a credit card. Alternatively you can set up an account for monthly billings post surveys**



Here you can upload a Profile Photo which is featured in all surveys sent to patients. It is not strictly necessary but adds a degree of professionalism. Normally this would be the logo of your institution

You can have copy of each completed DayCOR survey sent to an Archive Email address or uploaded to your institution's practice management software database via Medical Objects® transport if you have a Medical Objects account

Enter your country's international calling code. Important for sending patient SMS.

Enter your Postcode. Important for Reporting.

Click to recharge your CAST credits (if

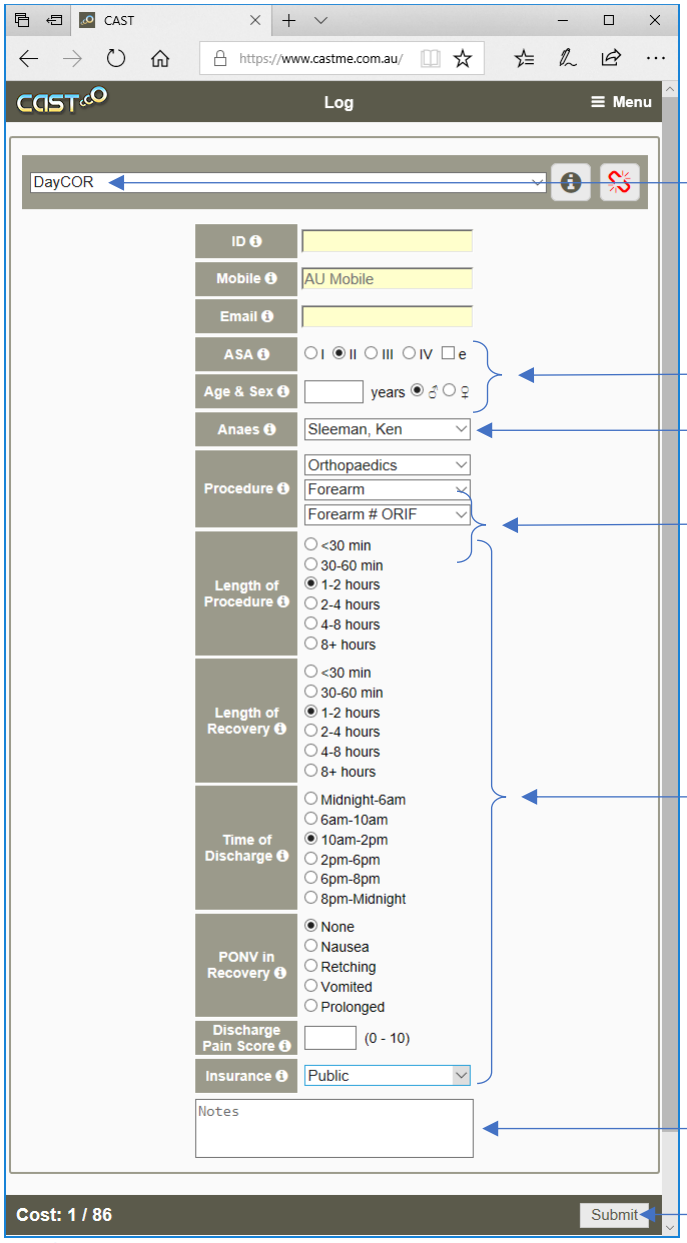
Click to **Update** any Account changes you made

DayCOR SMS SURVEY

Step 7. You are now ready to start sending out patient surveys. Normally this would be done by a nominated PACU nurse(s) with DayCOR account access, just prior to patient discharge from PACU.

To do so click the ≡ **Menu** drop down and select the **Create** option

This is the DayCOR-ADULT version *(See below (p.12) for DayCORv2ADULT)*



Make your selection: DayCOR-ADULT(shown), DayCOR-CHILD or DayCORv2-ADULT

Enter the patient ID. This would normally be their UR/MRN. Also enter their mobile phone and email address if available.

Basic patient demographics

Enter the lead anaesthetist for the case

Enter the procedure. Select the drop-downs from the top to bottom box. A complete list of procedures is found in the appendix.

The remainder of these data points should be self-explanatory. If in doubt, click the (**i**) icon next to the data label to see a brief help description for the given data point.

Notes section to add a patient note if desired. This may help to clarify the situation in the case of a patient clinical alert.

Click **Submit** once all the data has been entered

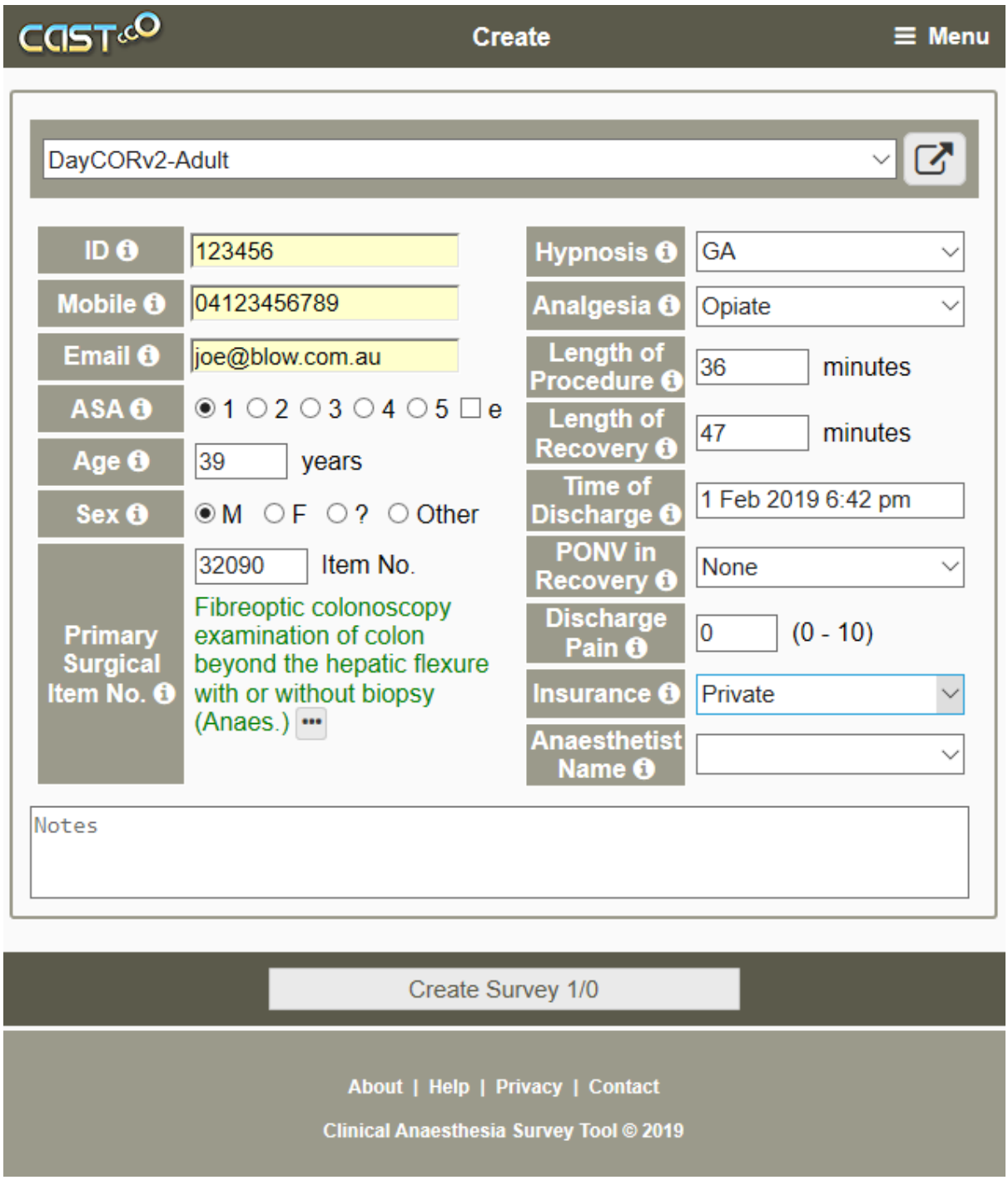
This shows the cost in credits for the survey (1) and the number of credits remaining (86)

Once you have hit **Submit**, the survey will be queued up ready to send in 24 hours. It is important to note that survey links are not sent to patients outside the hours of (0800-2000) in order avoid unsociable intrusion. If a survey link is scheduled to during this time, it is held back until the next favourable time period, so in some cases the survey link may not be sent for 36 hours.

DayCOR SMS SURVEY

<u>This is DayCOR-ADULT version 2</u> supporting **automatic importing of demographics** from a hospital Patient Information Management Services/System (PIMS) including **primary MBS Item Number** rather that procedure dropdown. There is also the option to describe anaesthesia technique broadly, including analgesia and regional technique (top left)

The Report is slightly different, but contains the necessary information:



This concludes Section 1: Getting Started Section.

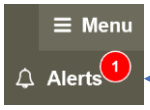
DayCOR SMS SURVEY

Section 2: CAST Survey Operation

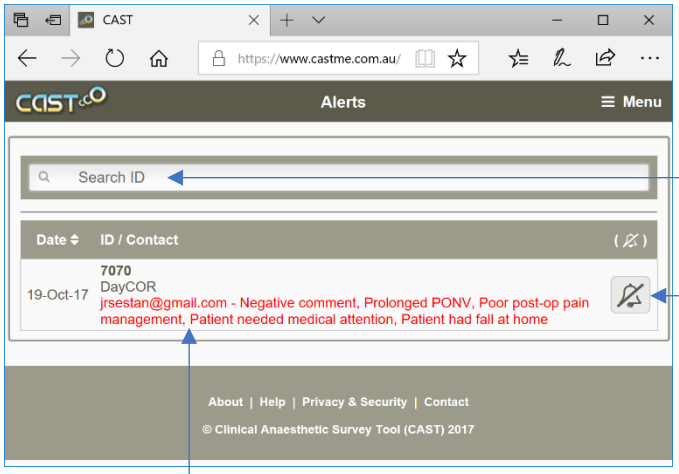
Alerts

A nice patient safety feature of CAST DayCOR is the ability of the system to alert the user to certain adverse clinical outcomes that would benefit from early intervention. These are called Clinical Alerts, and are triggered when certain return survey parameters are met. The list of these triggers is to be found in the appendix. Alerts come in two flavours. Low priority alerts are listed on the Alert page only, these are generally for information purposes only and don't normally require user intervention. High priority alerts are more clinically significant and generate an alert email to both the CAST DayCOR account holder, as well as to the anaesthetist involved (using their email ID as was entered into the DayCOR-Anaesthetists "survey").

To see any currently outstanding alerts, click the ≡ **Menu** drop down and select the **Alerts** option.



The main menu shows the number of active alert(s). Click to show the Alerts page.



Search for a given patient ID here

Click the **Date** heading to sort the alerts by date

Click the **Crossed Bell** icon to *clear* this alert. In general, once an alert has been dealt with, it should be cleared to prevent clutter.

Each clinical alert will have an entry in the alert table as shown. The first line of this is the patient ID (7070), which was the ID entered during survey logging (e.g. UR/MRN). The next line is the name of the survey (DayCOR). Lastly, the alert description is in red. This starts with the anaesthetist ID (email) followed by the alert text. Click on this alert to see more details in the *review* screen (below).

DayCOR SMS SURVEY

Survey Review

Sometimes you will need to review a patient survey to resolve a clinical alert, view the survey response or if necessary make survey edits. This is done in the survey Review screen.

CAST

https://www.castme.com.au

Back | Review | Menu

ALERT

jrsestan@gmail.com - Negative comment, Prolonged PONV, Poor post-op pain management, Patient needed medical attention, Patient had fall at home

Log

Name	DayCOR
ID	7070
Created	Thu Oct 19 2017 15:47:06
Status	**completed** Thu Oct 19 2017 15:48:09
Contact	
▸ Mobile	0435097615
ASA	3
ASA.e	false
Age & Sex.years	22
Age & Sex	Male
Anaes	jrsestan@gmail.com
Procedure.Specialty	Endo
Procedure.Site	Endo-UpperGI
Procedure.Name	20740-1
Length of Procedure	4-8
Length of Recovery	30-60
Time of Discharge	10-14
PONV in Recovery	None
Discharge Pain Score.(0 - 10)	5
Insurance	Public
Notes	

Survey

1. Did you need to urgently (unexpectedly) contact the Hospital, a Doctor, or other Health professional after discharge from the Sunshine Coast University Private Hospital?	Yes
What was the nature of this contact?	Emergency_Hospital
Please comment:	
2. Were you prescribed (or did you already have) medication for treating NAUSEA or VOMITING at home?	No
3. Did you have any NAUSEA or VOMITING in the 24 hours after discharge from the Sunshine Coast University Private Hospital?	Prolonged
4. Were you prescribed (or did you already have) medication for treating PAIN at home?	No
5. In the 24 hours after discharge from the Sunshine Coast University Private Hospital what was the worst PAIN you experienced? Please indicate your response on a scale from 0 to 10, where 0 is *No pain* and 10 is *Severe pain*.	7.1

If there is an active alert for the survey it is shown here. If the survey had an alert but the alert was cleared, then the alert text will be in ~~strikethrough~~. You may also clear the alert here.

This is the log (demographic) section of the survey, as entered during survey creation. You can click the pencil icon to edit this. The chain link icon can be clicked to create a new survey with this survey's ID and contact details

On a smart phone you can click the phone or SMS icon to contact the patient directly on the device. The patient's mobile number and email (not shown) is also displayed here.

Anaesthetist ID (email)

Procedure details, including the final item number (Name)

This is the patient response section of the survey (somewhat confusingly called the Survey section) and it details their answers. If the survey is not returned yet, this section will be blank.

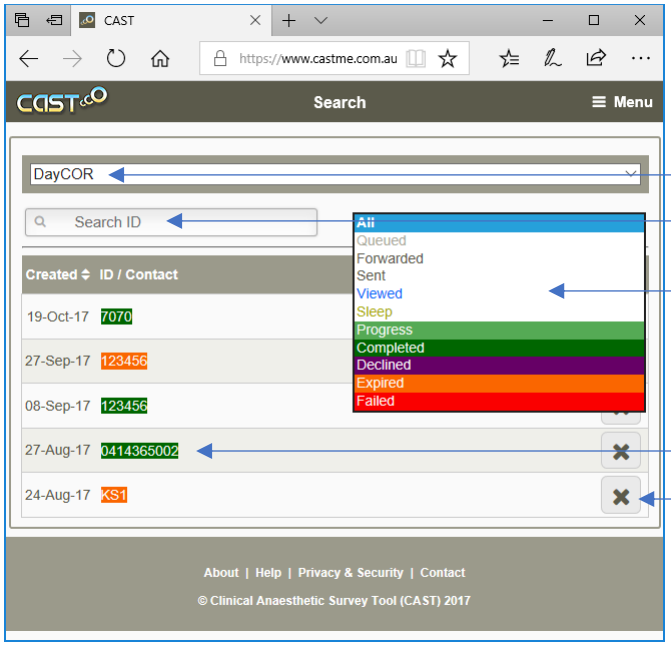
At the top of this section are two icons. The take/edit survey icon opens a new window and allows you to perform (or edit) this survey on the current device.

The PDF icon will generate a PDF version of the DayCOR survey for download.

DayCOR SMS SURVEY

Search Surveys

You can search for patient surveys via the ≡ **Menu** drop down and select the **Search** option. Click on the survey from the list to view it in the Review screen (as above).



Select from among your survey types from here

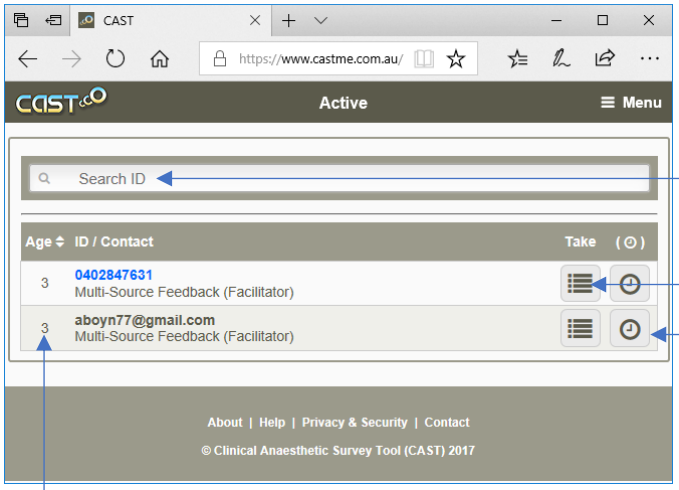
Search for a given survey ID &/or survey *status*. Survey status is colour coded as per the drop-down list. *All* statuses shown by default.

List of Surveys which meet the selection criteria. Green colour indicates it has been completed.

Click the (**x**) icon to delete the listed survey

Active Surveys

A quick way to check up on *active* surveys (surveys which are currently waiting to be answered, but not yet expired, slept, declined or failed) is via the **Active** option of the main ≡ **Menu**.



Search for a given patient ID here

Click the Take icon to open the survey up in another window ready to be completed.

Click the Clock icon to sleep the survey. Sleeping surveys are removed form the Active survey list top remove clutter, but remain active.

The survey Age column is how many days have passed since the last survey state change. You can click on the Age column header to toggle the active survey list by ascending/descending age order.

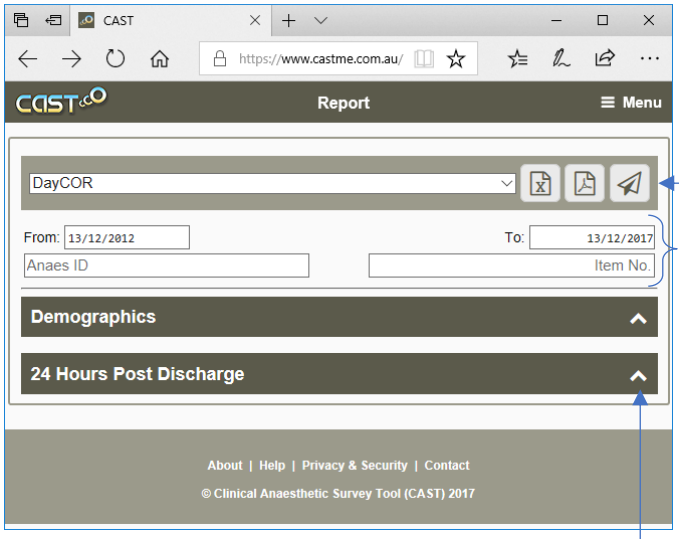
Whilst CAST has high response rates by default, in some instances patients will not (or cannot) answer the SMS/email survey links. In these cases, the person responsible for next day patient follow-up (e.g. a PACU nurse), can view the list of unanswered active surveys, review them (by clicking on the survey ID) and then if necessary contact the patient by phone. It is then possible to for them to click on the Take survey icon and complete the survey on behalf of the patient over the telephone. This is useful for elderly patients who may not have access to the internet.

DayCOR SMS SURVEY

Reports

CAST can automatically generate and download detailed PDF statistical reports on your institution's DayCOR outcomes. It will also show you anonymised comparisons to other institutional outcomes. CAST also allows users to download an Excel spreadsheet of all raw survey responses for offline backup and processing if desired.

As always you get to the report page via the ≡ **Menu**, then select **Report**.



These icons allow you to (in order left to right) download an excel spreadsheet of raw survey data, download a PDF of the compiled report. email a copy of the report to another person (e.g. an anaesthetist)

These are the selection/filter fields and allow you to filter the data by date, anaesthetist ID (email) or procedure item number. Leave them blank (or default) to view all the data.

The report may be displayed on screen in real time if the computation time is not excessive. In this case click the chevron (**^**) icon to unroll or rollup each report section. However, if the computation time is likely to be long, a warning message will be displayed here, and then the only option is to download the report as a PDF.

One of the advantages of CAST DayCOR is to allow individual anaesthetists to view their own outcome measures for the purposes of CPD accreditation. A CAST DayCOR account user can enter a date range and anaesthetist email, click the Send (paper plane) icon and then email the anaesthetist a PDF report plus Excel spreadsheet of their own data.

NOTE:

Email Alerts are generated for the following patient responses:
Negative comment
Emergency readmission
Patient wants contact
Patient had fall
Patient had confusion
Patient had prolonged PONV
Patient had severe pain >= 7 on VAS

These **alerts** are **emailed** to the treating anaesthetist and to the hospital group email.

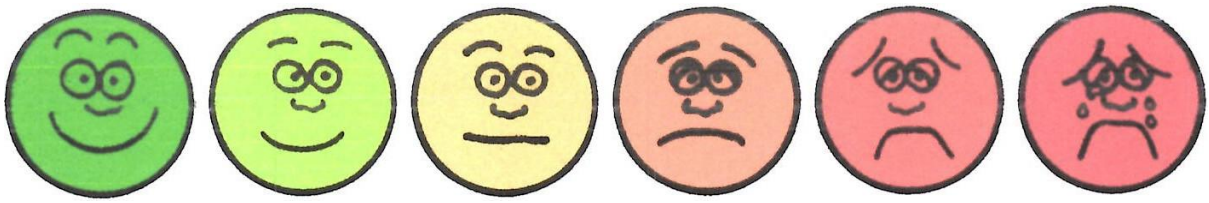
This concludes Section 2: CAST Operation.

DayCOR SMS SURVEY

Appendix 1: DayCOR Survey Questions

1. Did you need to urgently contact the Hospital, a Doctor, or other Health professional after discharge from the Sunshine Coast University Private Hospital?
Answer Yes or No
Yes...
No
2. Were you prescribed (or did you already have) medication for treating NAUSEA or VOMITING at home?
Answer Yes or No
Yes
No
3. Did you have any NAUSEA or VOMITING in the 24 hours after discharge (not including your recovery unit stay)?
Select the best response below
None
Yes but didn't vomit (Nausea only) ...
Yes and tried to vomit (Retching) ...
Yes and VOMITED but once only. .. .
Yes and VOIVIITED more than once...
4. Were you prescribed (or did you already have) medication for treating PAIN at home?
Answer Yes or No
Yes
No

5. In the 24 hours after discharge (not including your recovery unit stay) what was the worst PAIN you experienced?
Please indicate your response on the scale below, where O is No pain and 10 is severe pain.
Touch or click your response on the scale or pain face below



0 1 2 3 4 5 6 7 8 9 10

No pain Severe pain

6. Please rate the quality of your SLEEP on the first night at home after discharge?
Select the best response below

Very poor Poor Average Good Very good

DayCOR SMS SURVEY

7. Did you experience any significant levels on CONFUSION (or more confusion than might be usual) in the 24 hours after discharge?
Answer Yes or No
Yes…
No

8. Did you have any FALLS in the 24 hours after discharge?
Answer Yes or No
Yes
No

9. Did you follow your post-operative INSTRUCTIONS?
Answer Yes or No
Yes
No

10. Have you restarted your regular medications?
Answer yes or no
Yes
No

11. Are you on track to return to WORK/SCHOOL, or your otherwise normal daily activities as planned by your specialist?
Answer Yes or No
Yes
No

12. If you had a POSITIVE experience, please tell us about it:
Please leave this section BLANK if you did not have a POSITIVE experience**.**

13. If you had a NEGATIVE experience, please tell us about it:
Please leave this section BLANK if you did not have a NEGATIVE experience.

14. Do you have any SUGGESTIONS? about how your care could have been improved?
Please leave this section BLANK if you have no SUGGESTIONS

15. Would you like a representative from the Sunshine Coast University Private Hospital to contact you and discuss any questions you have about your anaesthetic recovery or the care you received?
Answer yes or no
Yes…. Please contact me
No. I'm fine

The Questions set for the DayCOR-Child survey omits confusion and falls and replaces them with:

7. **Have you noticed any unusual or concerning BEHAVIOURS in your child during the first night after discharge**? Please Comment**.**

8. **Are these BEHAVIOURS improving over time?**

DayCOR SMS SURVEY

Appendix 2: Sample DayCOR Report

Sample DayCOR report with demo data only. Due to document space constraints, only part of the report is displayed. You can see the entire report from the Report page.

Demographics

	You	All
Total surveys	5	0
Age (σ)	35.4 (22.1)	-
ASA (σ)	2 (1)	-
Emergency	20%	-
Male | Female	80% | 20%	-
PACU discharge PAIN (σ)	4.2 (2.2)	-
PACU PONV: No PONV	60%	-
PACU PONV: Nausea only	0%	-
PACU PONV: Dry retching	20%	-
PACU PONV: Vomited once	20%	-
PACU PONV: Pronlonged PONV	0%	-

24 Hours Post Discharge

	You	All
Total patients in analysis (Response Rate %)	3 (60%)	-
Urgent post discharge medical assistance	100%	-
▸ Hospital (re)admission	100%	-
▸ Medical consult	0%	-
▸ Phone hospital	0%	-
▸ Phone doctor	0%	-
▸ Other	0%	-
Prescribed antiemetics	66.7%	-
▸ with PONV in PACU	33.3%	-
▸ with PONV at Home	66.7%	-
Patients with PONV at Home	100%	-
▸ Nausea	33.3%	-
▸ Retching	0%	-

DayCOR SMS SURVEY

Appendix 3: Summary of Instructions for Discharge Nurse Filling Out Survey Details

DayCOR-ADULT and DayCOR-Child

Click on Menu, then click on "Create" The **Create page** is pictured on the next page.

ID field- the patient's hospital MRN is used

Mobile field- fill out if the patient has ability to receive an SMS survey to their mobile phone

Email field- fill out if the patient has the ability to receive the survey by email

It is ideal to add both email and mobile number for best response rates

ASA Status- obtained from the Anaesthetic record

Age and gender- from the Medical Record

Anaesthetist's name – from the drop-down menu

Procedure- from the drop down menus. Note that with some categories there is only one subsequent field to fill out (eg Cardiac)

Length of procedure and length of recovery – to be obtained from the Medical Record or PACU notes

Time of Discharge, PONV event and discharge pain score- from the PACU notes. **Insurance** status- if required at present. Notes"- as required, eg patient's understanding, has carer, has family tonight. Then click on **"Submit"** Clicking on submit creates the SMS which will be sent to the patient 24 hours later

DayCORv.2-ADULT

This version has been developed for Hospitals and Clinics able to use their Patient Information Medical Systems (PIMS) to extract demographic data directly into the survey, avoiding time and potential errors. Its screen follows the Create Screen for the original DayCOR –ADULT survey on the next page

DayCOR SMS SURVEY

DayCOR v.2-ADULT “CREATE” Screen

CAST

Secure | https://www.castme.com.au

CAST Log Menu

DayCOR

ID	141373
Mobile	0462097715
Email	apatient@provider.com.au
ASA	I, II, III, IV, e
Age & Sex	42 years ♂ ♀
Anaesthetist	Sleeman, Ken
Procedure	General; Hernia Repair; Bilateral Inguinal
Length of Procedure	<30 min; 30-60 min; 1-2 hours; 2-4 hours; 4-8 hours; 8+ hours
Length of Recovery	<30 min; 30-60 min; 1-2 hours; 2-4 hours; 4-8 hours; 8+ hours
Time of Discharge	Midnight-6am; 6am-10am; 10am-2pm; 2pm-6pm; 6pm-8pm; 8pm-Midnight
PONV in Recovery	None; Nausea; Retching; Vomited; Prolonged
Discharge Pain Score	2.5 (0 - 10)
Insurance	Public

Notes

Cost: 1 / 91 Submit

Appendix 4: Summary of Anaesthetist's Actions after an Alert

To Review Survey Reports

The Administrator can enter the anaesthetist's email (ID) and have their custom report (and raw spreadsheet data) data emailed to them. That can immediately be sent to their ANZCA portfolio for CPD points.
Administrator: Select the "Report" option from the Menu, then chose the survey report you want to view. Optionally a date range can be chosen for the report.
Chose "send" (enclosed arrow pointing NNE) and the report bundle can be emailed

Alerts

1. Anaesthetist's Actions

Watch for alerts in your email the following day. If the alert is high priority, an email is sent to the hospital DayCOR account as well as to the anaesthetist concerned with the case.
The alert is also added to the alert page accessible from the hospital DayCOR account.
Low priority alerts, of "Positive Comment" or "Improve Care Comment" are not emailed out (to minimise CAST alert email spam) but are added to the currently active alert page on the DayCOR account
After noticing the alert on their email,, the anaesthetist can click on the alert link, review the record and contact the patient. This can be done directly from a smart phone with just a click of a button.
The alert can be cleared by the anaesthetist by clicking on the "alert clear button", which resembles a bell with a cross through it. The alert still remains on the DayCOR page, which allows editing

2. Response.

After appropriate resolution of the incident/alert, the anaesthetist should email the hospital group DayCOR email account to advise the resolution with a statement which van be added to the patient's medical record. The response should also be copied to the other medical staff involved in the care.
In the case of a hospital response, if it is a hospital issue or the anaesthetist is unavailable, a note of resolution will be added in the patient record and sent to all the medical staff involved.

3. Reports.

The administrator can enter in the anaesthetist's email (which acts as their ID) obtain their custom report (and raw spreadsheet data) and email it directly to them. This report can then be directly sent to their college portfolio for CPD points.

4. Comments.

All users are actively encouraged to submit comment on the SMS survey data to our email address together with any other pertinent observations on any matter connected with the survey including suggested modifications, additions or subsequent surveys.
All correspondence will be answered