USE OF AN ELECTRONIC DEVICE BASED DATABASE TO MEASURE THE TELEPHONE CONSULTATION WORKLOAD OF A REGIONAL TOXICOLOGY SERVICE IN AUSTRALIA.

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Objectives: The Hunter Area Toxicology Service (HATS) provides both inpatient care to poisoned patients as well as telephone consultation to clinicians at other sites within the area health service (AHS). In early 2014 HATS introduced a smartphone/tablet based electronic handover database for use by clinicians to record details of telephone consultations. The aim of this study was to describe the telephone consultation load of HATS using the database.

Methods: All consultations from the HATS handover database was searched from 1st March 2014 till 28th February 2015. All inpatient admissions to the toxicology unit were excluded. Data collected were the location of the enquiry, demographic and clinical details including disposition. The electronic medical record of the area health service (AHS) was used, where possible, to provide additional information.

Results: During the study period there were 796 enquiries to HATS from outwith the primary toxicology centre. Of these 46 cases were subsequently transferred to the inpatient unit. Of the 750 remaining, 29 (3.8%) were from community practitioners, 42 (5.6%) from outwith the AHS and in 3 (0.4%) cases the enquiry location could not be identified due to inadequate data entry.

This left 676 (90%) enquiries from within the AHS whose subsequent progress could be followed via the electronic medical record. Of these 13 (1.7%) were from psychiatric inpatient facilities, of the remaining 663, 98 (13%) were from acute rural facilities and 565 (75%) from base hospitals.

Further characteristics of these 663 cases are described in table 1.

Conclusions: The majority of telephone consultations related to acute presentations or inpatient within the AHS and thus progress could be monitored via the electronic medical record. The handover database was invaluable in facilitating this and as a quality assurance tool.

Table 1

Demographic group	N (%)	Proportion male (%)	Median Age Years (IQR)	DSP proportion (%)
All	663 (100)	-	-	-
Paediatric 0-12 years	128 (19.3)	-	-	3 (2.3)
Adolescent 13-17 years	178 (26.8)	-	-	159 (89.5)
Adult 18 years and above	357 (53.8)	177(49.5)	39 (25-52)	139(39)