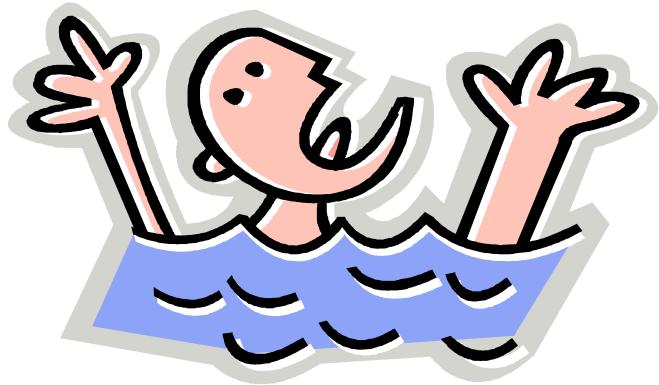


**KinTrak International**

*The leader in genetic data management*

**Clinicians!  
Managers!**



**Are you drowning in data?  
Are staff struggling to cope?**

**Clinical services face a growing tide of data that must be managed:**

- **Effectively for good patient care**
- **Efficiently to reduce costs**
- **Promptly for management reporting**
- **Easily to increase staff satisfaction**

**The choice of clinical database is critical.  
Get it right. Let drowning turn into *dancing*.**

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Demand is growing globally for genetic services, and with each referral comes the requirement to collect and assess personal and family information. For every diagnosis of a heritable disorder or mutation, the family must be followed-up, and for medico-legal reasons, key elements of the counselling process, such as the provision of consent and notification of test results, must be documented. Management of the growing volume of data collected is compounded by administrative requirements for activity reporting, such as waiting times. It is little wonder that managers, clinicians, and administrative staff can feel overwhelmed by the rising tide of data.

The South Australian Familial Cancer Service (SAFCS) was established in 1998 to provide familial cancer services to a population of 1.5 million. To assist in clinical management, the SAFCS purchased a multi-user database, *Progeny*<sup>TM</sup>, which records text data, and draws pedigrees. By 2000, procedures and staffing were well established.

In 2001, the SAFCS implemented a second interface to the datafile, *KinTrak*<sup>TM</sup>, to facilitate the growing demands of data management. *KinTrak*<sup>TM</sup> retained the pedigree-drawing capability of *Progeny*<sup>TM</sup> but provided easier management during entry, searching, and reporting of demographic data and clinically relevant events, such as contacts, tests, pathology etc. Clinical and administrative staff shared responsibility for capturing data.

Despite a subsequent fall in administrative staff numbers in absolute and relative terms, every measure of activity increased following the introduction of KinTrak (see Table below). Clinical activity was not compromised by the collection of these data, comprehensive data about clients and families were shared in real time between all staff, and SAFCS morale remained high. The SAFCS were able to incorporate a further 290 fields into the database for research purposes.

*KinTrak*<sup>TM</sup> increased the SAFCS efficiency in managing data, that exceeded the increasing clinical, regulatory and administrative requirements under which the Service operates.

**Does your service meet all the clinical, regulatory and administrative requirements? Is your database flexible, adaptable and easy to use? Feel like dancing?**

	<b>Pre-KinTrak 2000</b>	<b>Post-KinTrak 2006</b>	<b>Change</b>
<b>Total staff in that year</b>	<b>8.0</b>	<b>7.6</b>	<b>-5%</b>
<b>% clinical staff v's admin staff</b>	<b>50%</b>	<b>65%</b>	<b>+15%</b>
<b>Referrals in that year</b>	<b>348</b>	<b>607</b>	<b>+74%</b>
<b>Patients at clinics that year</b>	<b>644</b>	<b>848</b>	<b>+32%</b>
<b>Total kindreds with mutations</b>	<b>102</b>	<b>267</b>	<b>+160%</b>
<b>Records created that year</b>	<b>4,757</b>	<b>13,279</b>	<b>+179%</b>
<b>Clinical events added that year</b>	<b>4,949</b>	<b>11,385</b>	<b>+130%</b>
<b>Events per appointment that year</b>	<b>7.9</b>	<b>18.8</b>	<b>+139%</b>
<b>Events per staff member that year</b>	<b>619</b>	<b>1,494</b>	<b>+142%</b>



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