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Aintree University Hospitals may have found that mythical animal: the electronic patient record system that takes trusts paperless. *Shanna Crispin reports*

The electronic patient record system being assembled at Aintree University Hospitals NHS Foundation Trust is fondly referred to by staff as a 'unicorn' – as in they've found one that exists.

The trust is less than a year away from becoming paper-light and 18 months shy of completing an IT strategy aimed squarely at implementing an operational electronic patient record.

Sticking with System C

The trust has been a System C customer for more than a decade, and in 2009 opted to stick with the supplier and deploy its Medway Sigma system – instead of taking what might have been on offer from the National Programme for IT in the NHS.

It was around this time that director of informatics Ward Priestman came on board with a remit to implement an EPR and to change the way the organisation operated. The upgrade from System C's patient administration version of Medway, to the more integrated EPR 'Sigma' version, went live about a year later in December 2010. Orion Health's Rhapsody integration platform enables interoperability between systems running in separate departments and Sigma.

Priestman says taking the integration route to developing an EPR was preferable to a 'big bang' implementation of a new, 'end to end' system and has proved much more beneficial for those working in the trust.

"We would rather have best of breed systems operating in departments, such as HSS [Healthcare Software Systems] in radiology, Clinisys' Winpath in pathology, than replacing everything," he says.

"It's much easier to upgrade everything on a rolling programme than doing the whole trust at one time [and] then having to [do it again] every three or four years."

Aintree was the first trust to implement the Sigma system, and despite having the "expected" hiccups it says it is running smoothly.

Dealing with paper

The trust's IT strategy focused on three key areas. Firstly to deal with the existing paper in the trust, such as patient case notes.

Secondly, to deal with the technology side of using the electronic system in the clinical environment. And, finally, to implement software to capture information electronically from the very beginning of a patient's contact with the trust and its staff.

A contract with document management services Capita will see all of the 45m pages of paper case notes scanned into the Sigma system. "We're scanning at huge rate of knots," Priestman says, with about 1m pages currently being scanned each week.

The Sigma system allows clinicians to see this information in a traditional case note format in pdf, but they can also remove unused pages, which make up a third of the case notes in some cases.

A search function has been included so clinicians can search for a particular term and the system will return results from any of the various documents within the case notes that hold that particular phrase – making life much easier for the person searching.

The rapid rate of dealing with the legacy paper has also enabled 30% of the trust's new elective surgery building to be freed up for a state of the art endoscopy suite.

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Priestman points out the glass-fronted, three storey building on a tour of the hospital site: "The top floor was initially intended to be the records library, but we told them 'we don't need that anymore'." Instead the endoscopy suite was created.

The eradication of legacy paper will result in some of the 80 record management staff losing their positions, but Priestman says the trust is working to re-allocate many of them to other areas.

Then getting rid of it

The other key target the trust has in its sights is to move the capture of clinical assessment data from paper to electronic formats.

The in-house IT team has been working to create what it calls 'proforma' assessments within the Sigma system for nurses to use when carrying out assessments. Priestman says the nurses were reluctant at first, but are now pushing for more and more of the forms to be converted to the electronic format.

The electronic forms also work as decision support for clinicians by prompting them to enter correct data and by not allowing users to proceed unless all the fields are filled in.

Priestman says he hopes to have all the clinical assessments converted into Sigma by Christmas. Once this and the document scanning are completed, "the paper [will] have virtually disappeared."

All the data captured by Sigma is also sent directly to the trust's business intelligence team, which is then able to work straight from the real-time, raw data.

This information is presented on various live screens located throughout the hospital, which flow through different current statistics. But it has been of direct benefit to clinicians.

In one case, doctors were faced with having to track the route of a patient with an extremely contagious strain of scabies. The business intelligence team was able to come to the rescue of what would have once been a long and difficult job, as it was able to provide data about where exactly the patient had been while in the hospital.

Opening up communications

The Sigma system is also being used to strengthen communication between the hospital and local GPs. A link-up between Sigma and local GP systems went live in June 2010, using EMIS' EMIS Web.

It initially gave urgent care clinicians the ability to view primary care data held on patients who presented at the hospital – such as allergies, medications and results. But now GPs are being given the ability to see information about their patients that is held in Sigma.

A&E consultant, Justin Newstone, says the first stage of the project has already delivered benefits. "Because case notes can be quite difficult to come by - they may be locked in someone's office, for instance - you can't see the decisions that have been made about that patient before," he says. "Not only does [the EMIS link] mean that you can make decisions more quickly, it also means we can make the right decision more quickly."

At the moment, about 40% of local GPs are using EMIS Web to see live views of patient data, and Priestman says this is likely to expanded to 80% in due course.

In total, 95% of all local GPs are able to participate in the information exchange, and the other 5% want to take part when the local primary care trust has "sorted out the governance" for them to do so.

Priestman is quietly confident the trust will have the entire strategy to implement the EPR completed in about 18 months to two years.

And after having worked in other trusts, he says the Aintree example is on the right track – not that he's biased. "A lot of organisations have done this but they haven't done it all together, and that's where I think the difference is."