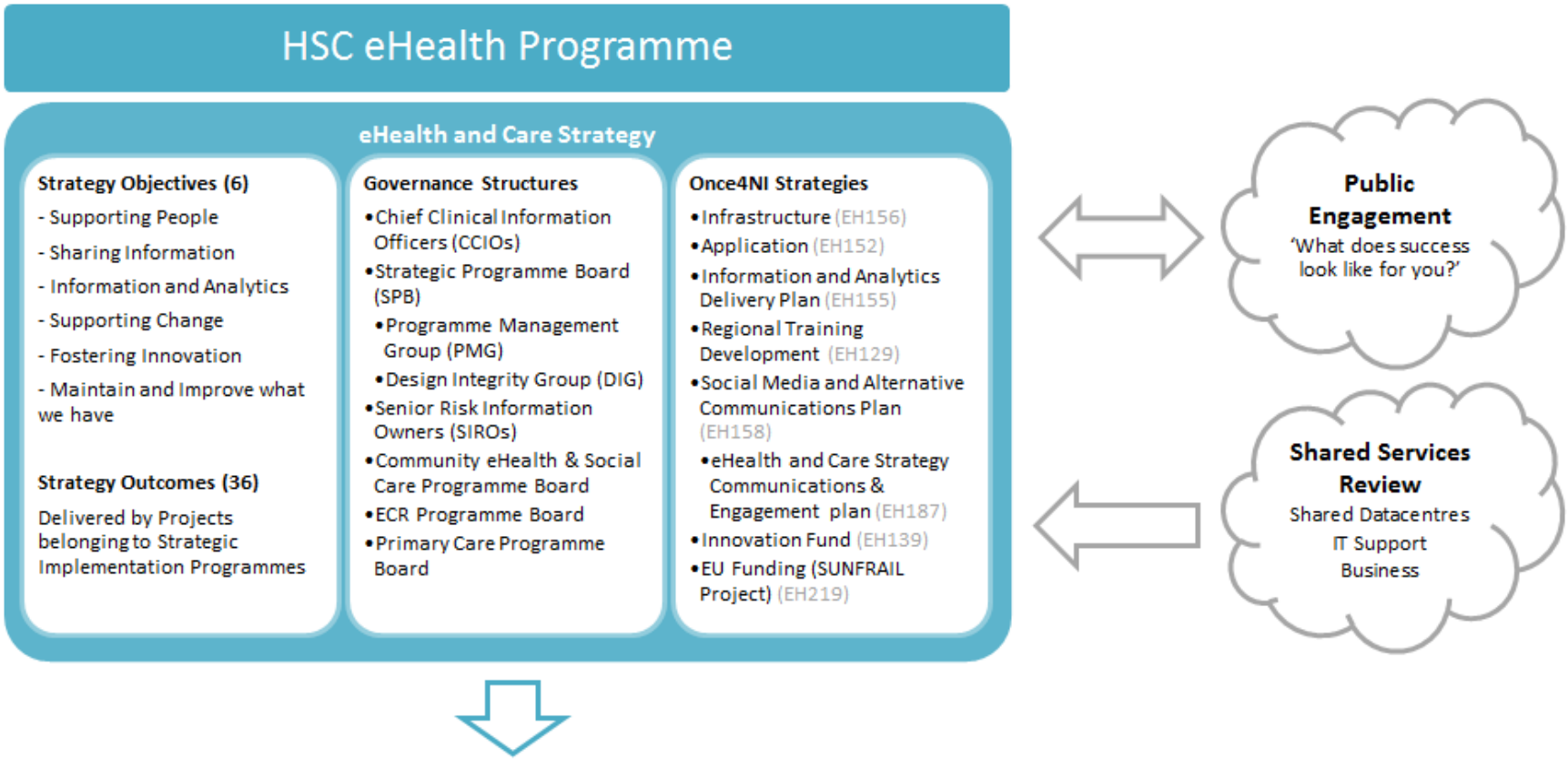
Digital Records

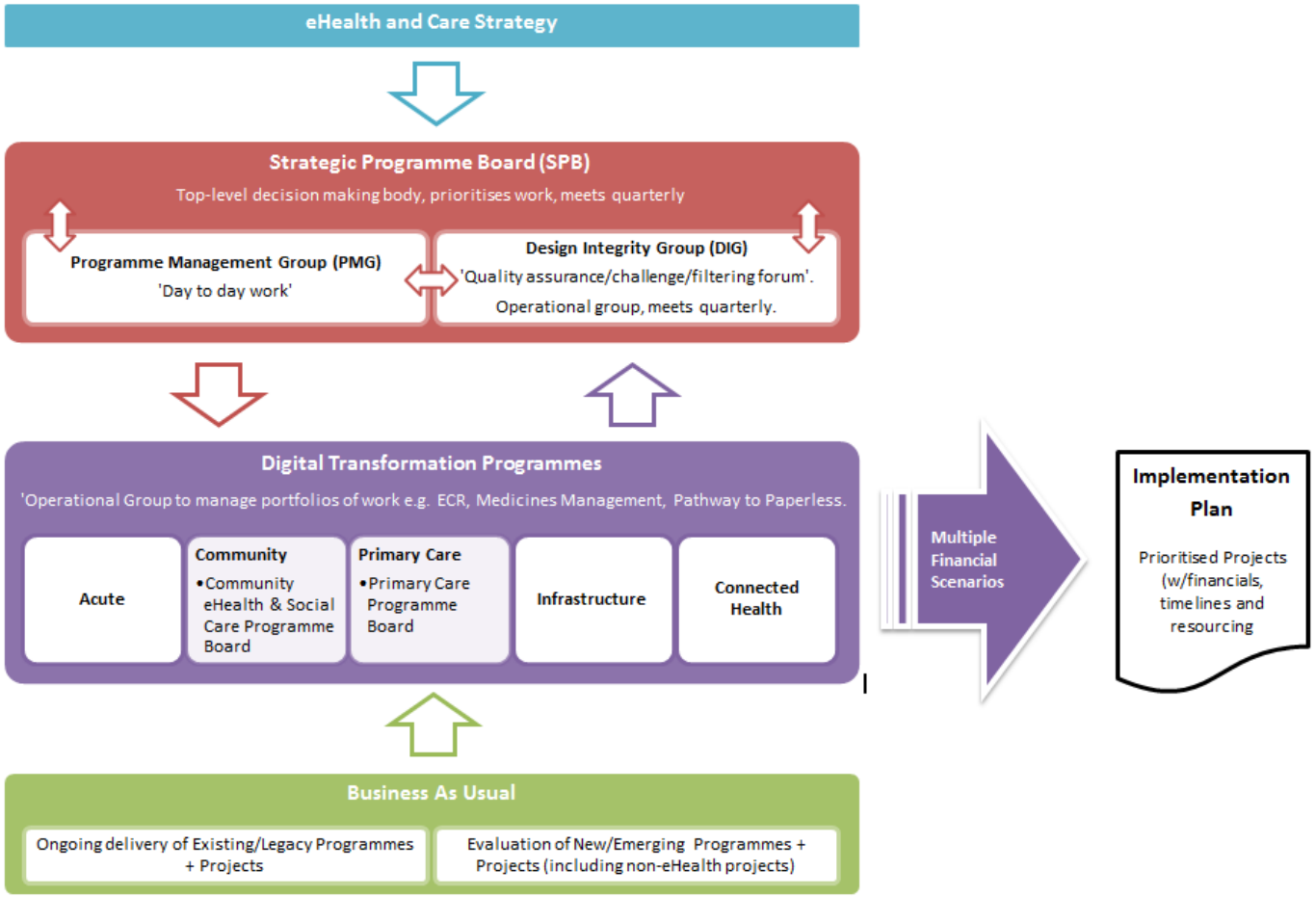
Digital Records

- **What is eHealth**
- **What are digital records**
  - Purpose - Data – Information – Knowledge – Power
    - Data standards – consistency - Analysis - Knowledge – Power
      - Standard Workflow processes - Improved quality and Outcomes
- **Where are we now**
  - Where are we going
    - How will we get there
      - How can you contribute
- **Significant Projects and Programmes**
- **Electronic Health & Care Record for every citizen**
  - What is it, Why invest, Functionality, Timescale, Cost

eHealth Strategy



eHealth Governance



What are digital records

- Purpose - Data – Information – Knowledge – Power
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Terms for a Heart Attack

Myocardial Infarction

MI

Cardiac Infarction

Heart Attack

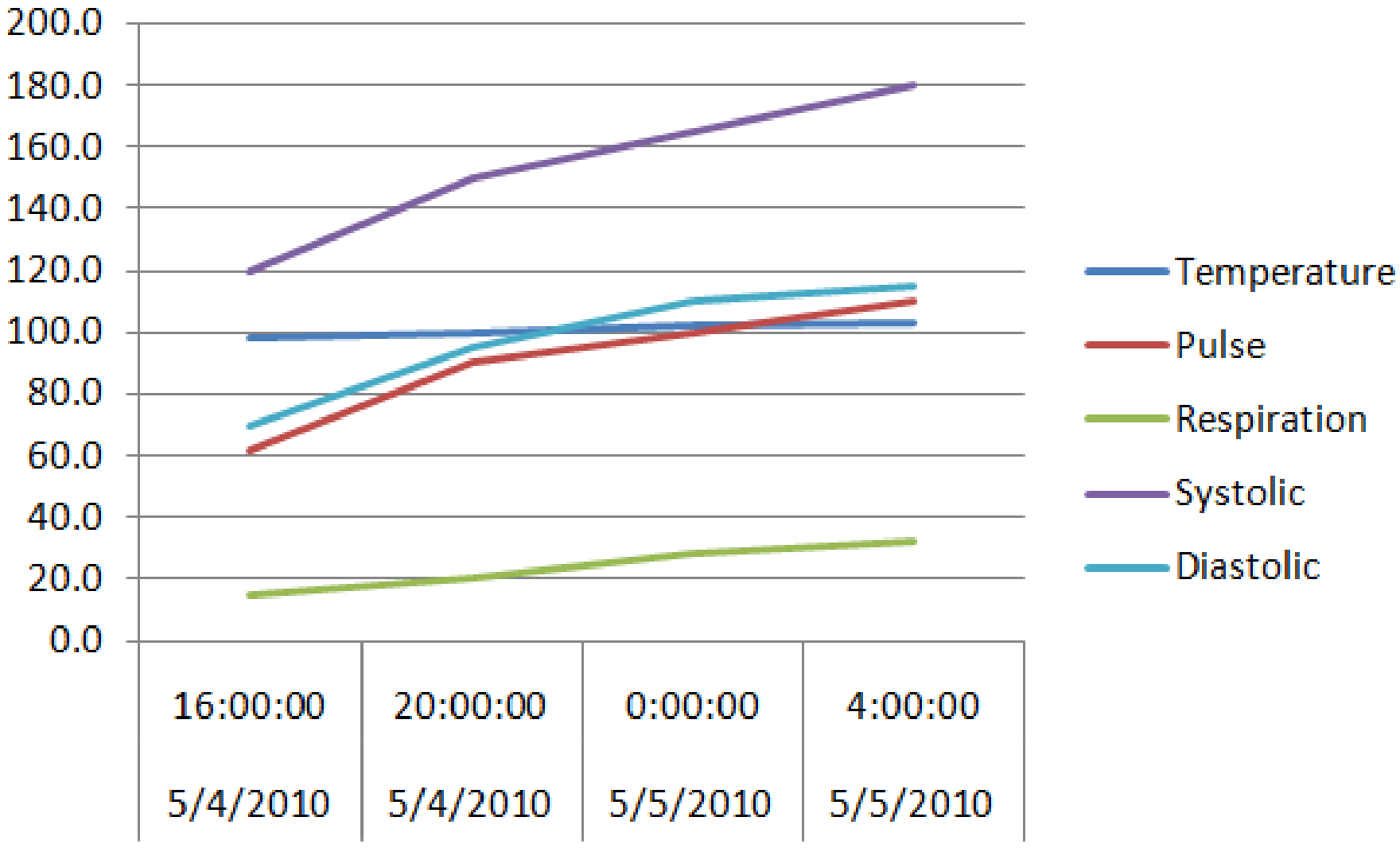
Narrative notes…

"IV of normal saline started at 10:15 in the right wrist at a keep open rate."

"Discontinued at 18:15 IV in right wrist of normal saline that was at a keep open rate and started at 10:15"

Same data in a structured format

Time Started	Solution	Location	Rate	Time Disc
1015	NS	Rt Wrist	KO	1815


200.0
180.0
160.0
140.0
120.0
100.0
80.0
60.0
40.0
20.0
0.0
16:00:00
5/4/2010
20:00:00
5/4/2010
0:00:00
5/5/2010
4:00:00
5/5/2010
Temperature
Pulse
Respiration
Systolic
Diastolic

Where are we today

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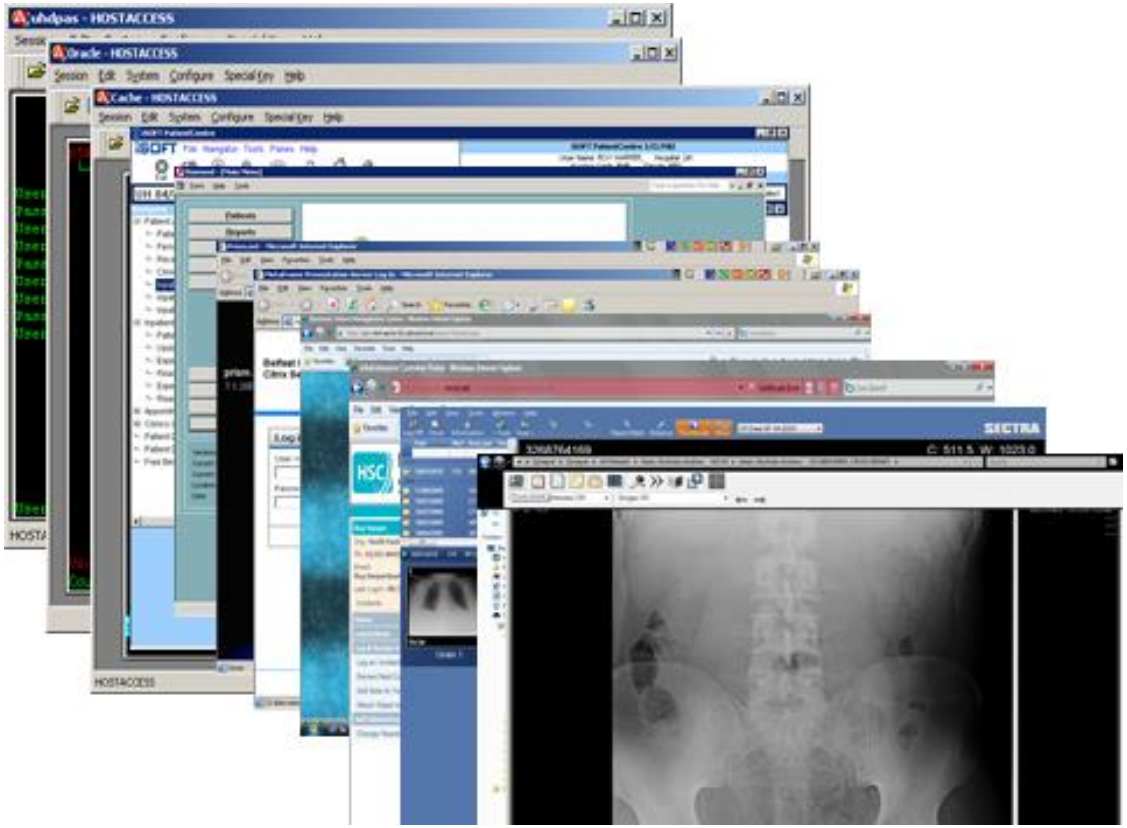
HSC has come a long way in 10 ten years



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The Challenge: Fragmented Electronic & Paper Records

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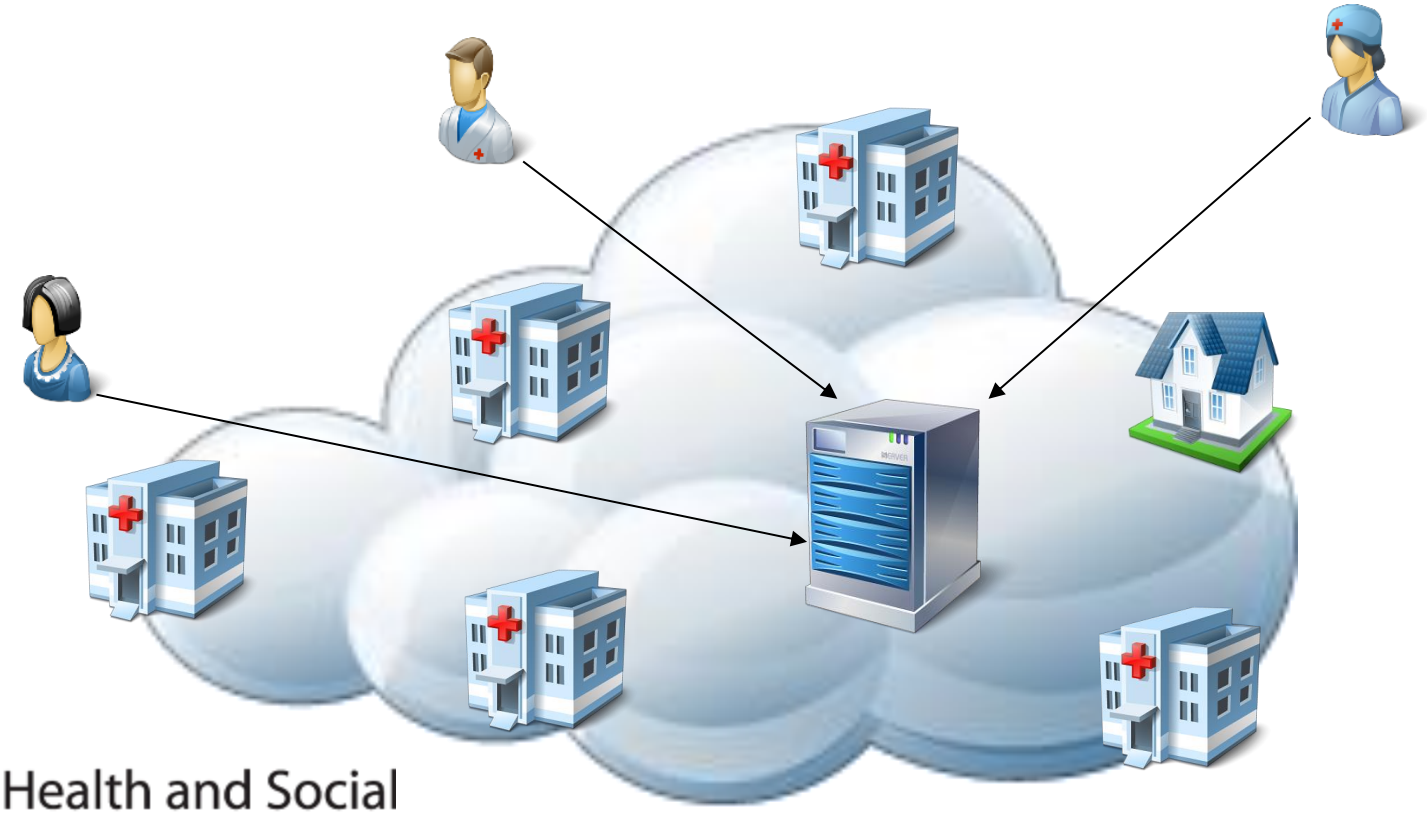
The vision of one HSC Electronic Care Record (ECR) has been partially delivered



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However, duplication exists…

HSC Health and Social Care Board

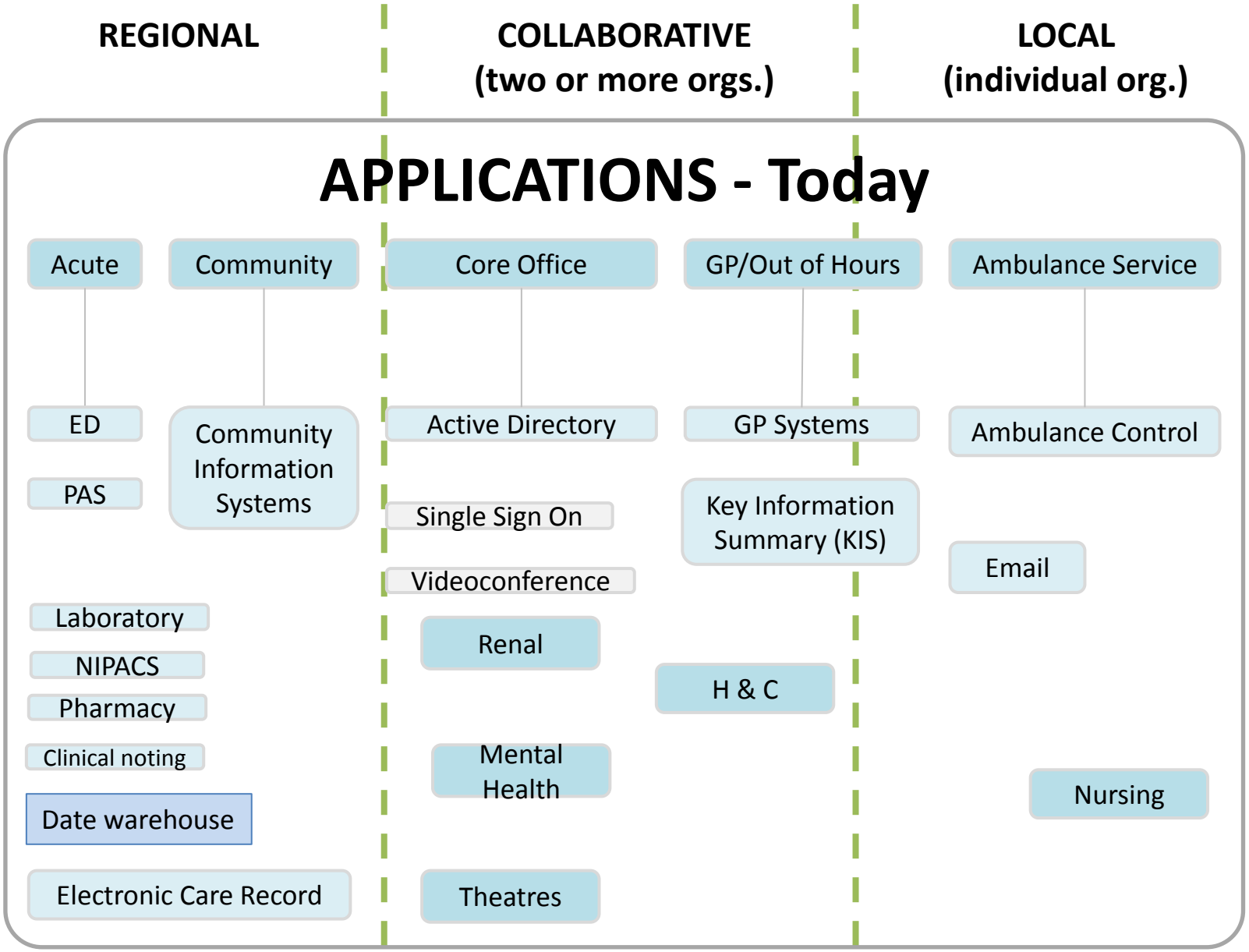
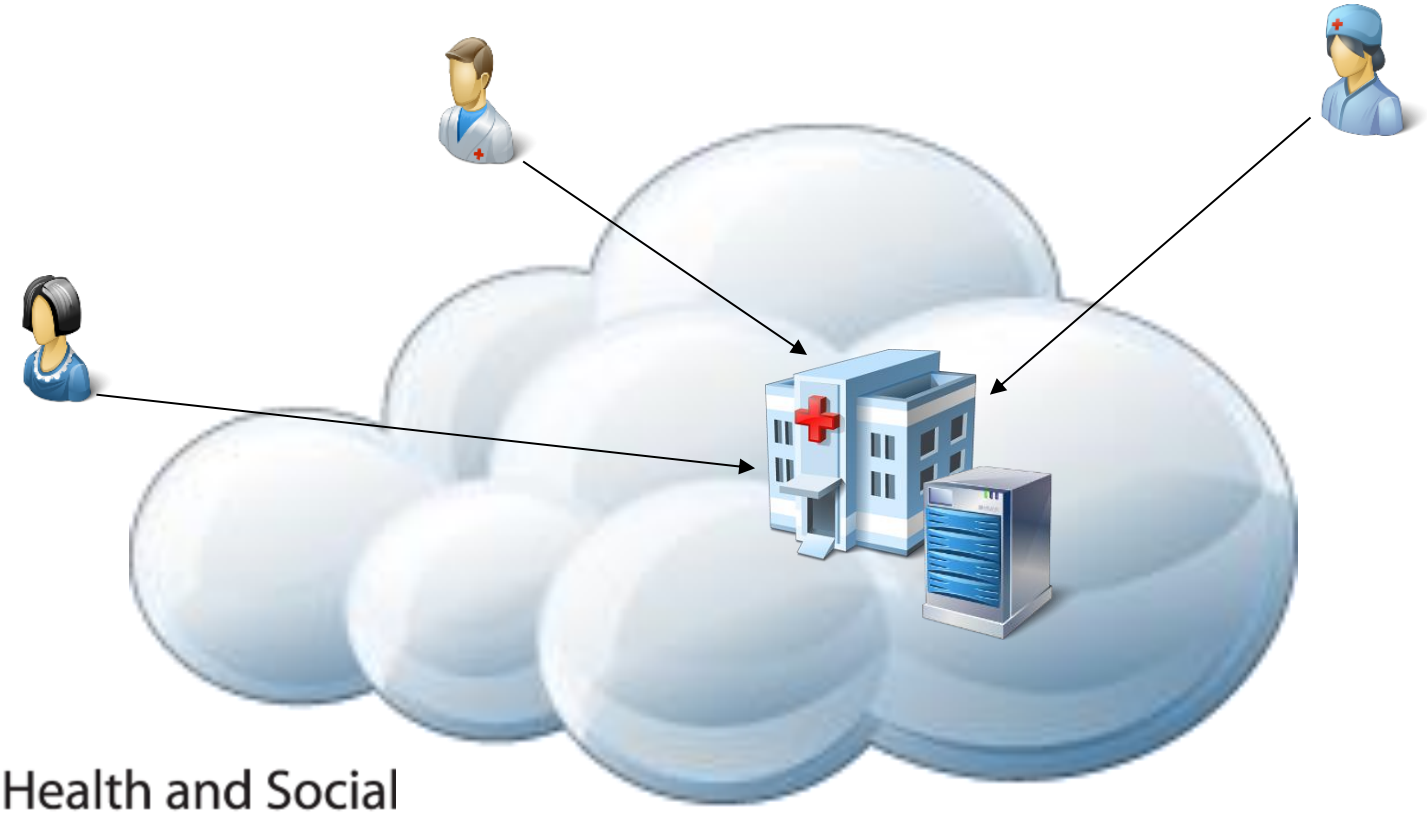

REGIONAL
COLLABORATIVE
(two or more orgs.)
LOCAL
(individual org.)
APPLICATIONS - Today
Acute
Community
Core Office
GP/Out of Hours
Ambulance Service
ED
PAS
Community Information Systems
Active Directory
Single Sign On
Videoconference
Renal
Mental Health
Theatres
GP Systems
Key Information Summary (KIS)
H & C
Ambulance Control
Email
Nursing
Laboratory
NIPACS
Pharmacy
Clinical noting
Date warehouse
Electronic Care Record

Photo: Richard Gibbs

Two roads diverged in a wood, and I—I took the one less traveled by, and that has made all the difference.

- Robert Frost

The 2025 Goal:
One HSC Electronic Health & Care Record



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2015/16 Significant Projects

- (A) **Contractual Commitments**

  Projects which are in delivery, with a committed contractual spend profile)

  - ECR completion capital
  - Cancer Information System (RISOH)
  - Community Information Systems (CIS) and eNISAT
  - Primary Care developments
    - GMS ICT maintenance , EMIS LV replacement and GP network
  - Critical upgrades
    - Pensions, FPS, Bursaries System, Regional upgrades
  - Completion costs from 14/15 projects
  - Identified reform and modernisation funding

2015/16 Significant Projects

- (B) **Current Projects**

  (Projects which have been approved by the Strategic Programme Board and are planned for delivery in15/16)

  - ECR clinical developments
  - BSTP benefits realisation
  - Key Information Summary (KIS)
  - Mortality and Morbidity system
  - Dementia – Atlantic Philanthropies
  - Supporting eReferral and eTriage
  - Community Pharmacy Network
  - ePMA
  - Priority Maintenance

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2015/16 Significant Projects

- (C) **Proposed Investments**

  (Investments which are proposed for delivery in 15/16)

  - HSCNI Web portal
  - Data Quality In Practice (Analytics)
  - Community information systems – NHSCT and SEHSCT
  - NI Ambulance Service –Electronic Patient Report Form
  - Innovation fund
  - GP patient facing services

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2015/16 Significant Projects

- (D) **Investments subject to additional funding**

  (Investments which are proposed for partial delivery in 15/16 if additional funding is made available)

  - GP 2 GP record transfer
  - Accelerated access to ICT
  - Pathway to Paperless
  - Health & Care Number replacement
  - Vmware mobilisation software
  - RGH Theatre Management system
  - BSO Business Objects and Websense
  - Maintenance of ICT infrastructure

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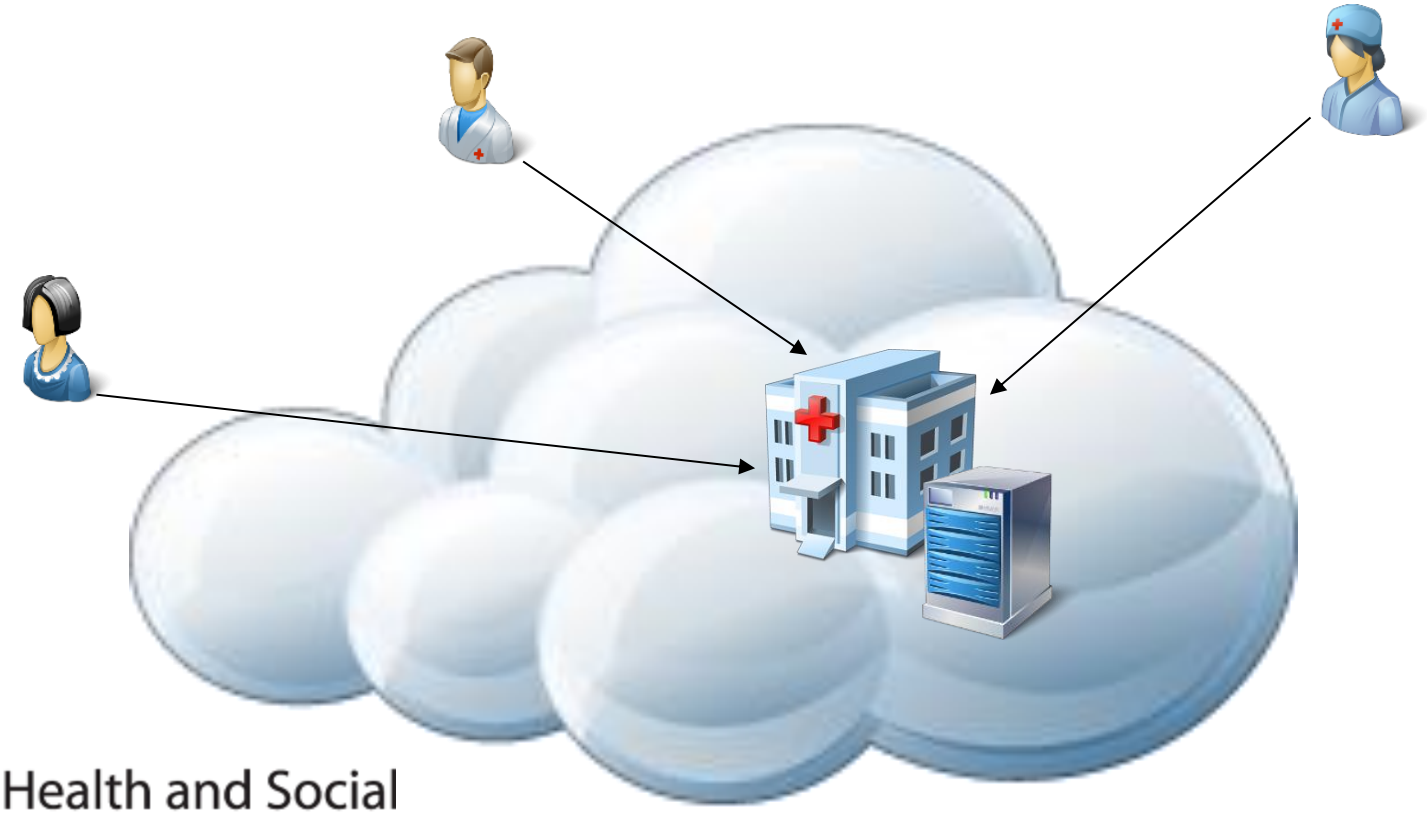
The 2025 Goal:
One HSC Electronic Health & Care Record



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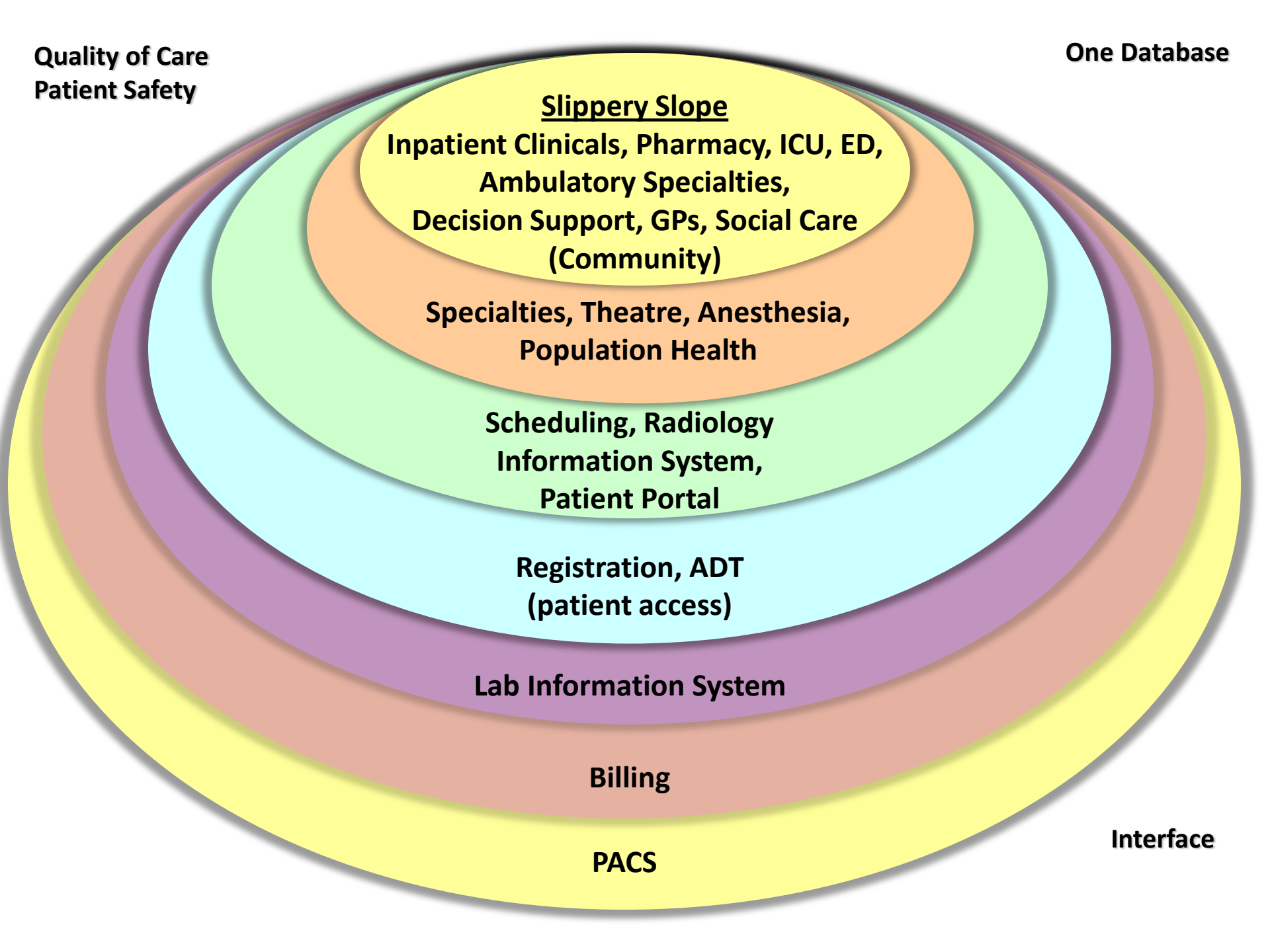
Quality of Care
Patient Safety
One Database
Slippery Slope
Inpatient Clinicals, Pharmacy, ICU, ED,
Ambulatory Specialties,
Decision Support, GPs, Social Care
(Community)
Specialties, Theatre, Anesthesia,
Population Health
Scheduling, Radiology
Information System,
Patient Portal
Registration, ADT
(patient access)
Lab Information System
Billing
PACS
Interface

Implementation Timeline Examples

- Cambridge University Hospitals
  - 2 hospitals, 1,000 beds
  - Stage 7 functionality, no GPs
  - 18 months to first go live
- Denmark
  - 19 hospitals, 7,500 beds, 2.5 million citizens
  - Stage 7 functionality, no GPs
  - 24 months to first go live, all hospitals live within 3 years
- Finland
  - 20 hospitals, 2,800 beds, 2.2 million citizens
  - Stage 7 functionality, includes GPs and Social Care (Child Welfare, Elderly & Disabled, Family, School, Social Assistance, etc)
  - 33 months to first go live, all hospitals live within 4 years

Opportunities & Challenges

Opportunities

- **Transformational** reform
- **Mobilise** the workforce
- Create a **citizen centred** record
  - Exploit 'App' technologies
- **Online** care transactions
- **Remove** reliance on paper
- Better **data**, coding and timeliness
- Build **Analytics** capability
- Shared Services
- Patient **Safety** and **Quality**
- Improved **efficiency**

Challenges

- Managing transformational **change**
- **'Buy-in'** to an agreed blueprint to **sustain** care professional and managerial **engagement** to deliver large scale service **change** over several years
- Resources; solutions and **costs of change**
- Availability of **solutions** in marketplace
- Manage the **disruption**

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