



## CLINICAL OPTIMISATION

**To derive the best results from an Electronic Patient Record (EPR) or other clinical system involves the ongoing optimisation of those systems to create standardised workflows that help both staff and improve outcomes for patients.**

Without investing in this area, Trusts risk failing to meet the needs of clinical staff and benefits and efficiency gains being missed. You might also be failing to maintain or reach regulatory standards and not gaining financially from smarter working practices and models of care.

Using technology, such as an EPR, will magnify existing workflow issues, however, it also provides a platform to enable staff to redesign and replace time-consuming processes and provide greater options on how staff can be utilised to deliver high quality patient care.

Virtually all clinical services and pathways can benefit from optimisation and examples include:

- Accident and Emergency including AAUs
- Emergency admission pathways
- Elective admission pathways
- Admission and ward management
- Patient Flow
- Anaesthesia and Theatres
- Outpatients pathways
- Electronic Medication management and prescribing (ePMA)
- Community Services – nursing, physiotherapy and podiatry

Populo has established a framework to create the right environment for Trusts to gain the most from optimising clinical systems and building a mindset of continual improvement and looking for the “art of the possible” from how digital health technology can improve care delivery and patient outcomes.



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## Driven by Staff

Having motivated and fully engaged staff is one of the main factors of success for optimising a system. A first step is to create a multi-level change management strategy which incorporates a stakeholder engagement model for all levels of staff from executive sponsorship, management and patient facing staff. This engagement model defines roles, responsibilities and sets expectations around accountability for delivering optimisation benefits.

Another important element is ensuring that there is engagement and support of the Trust leadership. The benefits of clinical optimisation will nearly always fall into strategic objectives for improving care standards and therefore need should have senior leadership on board to support and sponsor it.

Having change clinically led by front-line clinicians is the only way for it to be meaningful. Since they are hands on in delivering care to patients, they recognise the areas that are behaving poorly or are not fit for purpose. In many

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cases, they have already created workarounds, outside of governance, to enable them to be more efficient. That insight is invaluable in understanding, identifying and defining the desired outcome that is being sought.

Mindset is key. By feeling that that they are not only listened to, but also involved and can see and experience tangible improvements, staff will start to drive change themselves.

## Our Method

Populo has developed an effective and proven methodology for delivering clinical optimisation.

1. Benchmark and measure the current state. In order to measure change, there has to be a starting point from which metrics can be created to measure change as it happens.
2. Agree and communicate objectives and expectations. If staff understand that the purpose of optimisation is and have buy in, they will embrace and participate in it.
3. Define the plan for performing the workflow analysis and process redesign. This would include how to monitor the change as it takes place and how to identify additional opportunities as they arise.
4. Utilise metrics to measure and log change, associated benefits and identify ways to support changes such as training, infrastructure, governance or associated system or process redesign. Optimisation and change will follow a standard adoption curve and metrics allow you to work with and support individuals who may be struggling with the move to new processes and workflow.
5. Communicate, Communicate, Communicate. Not only is it important for all stakeholders to know what their roles are and how they interact with others during change, it is also important to share and promote benefits arising from optimisation. It creates a positive environment that supports more continued improvement rather than looking at optimisation as a one-off event.

Clinical optimisation should have some common denominators in terms of its purpose, particularly from a patient care and outcomes perspective. The process can benefit individual services, wards and clinics, but Trusts should also consider the benefits of linking it to broader service or organisational transformation programs.

## Populo Clinical Optimisation and Redesign

Populo has highly trained staff to implement our methodology and work alongside Trust staff. Success hinges on having the right mix of experience and skills to steer around pitfalls and bring to bear best practice from other organisations and previous experience.

Populo has that expert team who are proven in understanding how to deliver optimisation and clinical change with EPR and other clinical systems regardless on them being newly installed or have been in situ for some time. Through engaging with Populo, we can support your efforts to ensure that your staff and patients continue to get the most from the processes and technology being used in their care.

