

# Caring for digital health



Trafford Healthcare  
NHS Trust

## Transforming community healthcare

### SUMMARY

Trafford is a suburb of Manchester with a population of 240,000. In 2016 Trafford Community's healthcare EPR system iPM was approaching end of life support. It was possible to extend but only at considerable cost. The system was also outdated and not compatible with new home based technology joining the healthcare market. A new solution was required to support organisational change and bring patient data into a joined up system where acute, primary and community care would provide a holistic view of a patient. A business case was approved and a project set up to implement EMIS Community system. There was a hard go-live deadline of June 2017 driven by the end of life support contract.

### BACKGROUND

In 2016 Trafford Community Services provided a full range of home based nursing and outpatient audiology, physiotherapy, speech and language therapy, musculoskeletal, dermatology and nutritional support for adults and children. They had 2 acute hospitals and a number of intermediate care beds to prepare patients discharged from hospital but not yet ready to live alone in their own home. iPM was used by  $\frac{3}{4}$  of the services so there was a benefit in replacing the system to include all services and join up patient

information across the organisation. Some were still working on paper notes and EMIS would provide improved technology to share data amongst other local services such as GP, social and hospital care. A mixed economy of electronic and paper based systems had created inefficient processes adding clinical risks for patients and to the organisation as a whole. By putting everyone on the same system EMIS would help to reduce these risks and enable joined up working across multiple services.



## KEY BENEFITS AIMED TO

- Improved patient care and experience
- Reduced inefficiencies across the organisation
- Increase staff productivity

## APPROACH

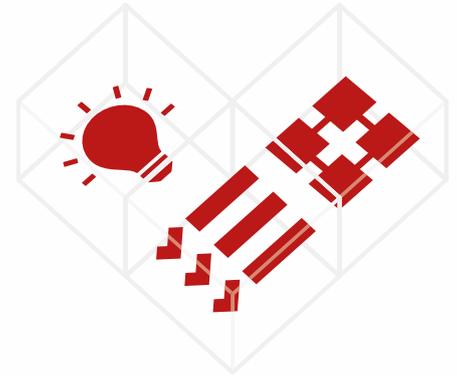
To ensure success it was important that doctors, nursing and therapy staff were at the heart of the new design so the programme was led by clinical staff, IT support, and a dedicated project team were recruited to run the project. EMIS product specialists were also recruited into the core team to provide expert knowledge.

The project was initiated in September 2016, with the deadline of June 2017 there wasn't time to run a pilot so the project was broken into 5 phases. The rollout was staggered allowing sprints and go-lives to run concurrently minimising the impact on IT support, training and the clinical services.

Departments using the existing iPM EPR were migrated first and then services who were working on paper notes followed. This avoided the risk of any project delays incurring contract extension costs with the existing supplier. The decision which remaining services would go into each phase depended on winter pressures, number of staff and the complexity of their business processes. Starting with simple processes to learn and test the system they built an implementation model that could be reused as EMIS rolled out. The team found the services using iPM had some 'As Is' process maps already that could be adapted. It took longer to capture Phase 4 and 5 because they were

still working with paper notes so there was only limited pre-existing information. However, because those services had not undertaken any process improvements in the past it was anticipated more cash-releasing benefits were likely to occur from these phases.

To capture the current state four business analysts were recruited to work concurrently capturing 'As Is' processes by interviewing a team of key staff from each service. The analysts turned their findings into a flow chart and replayed it back to the user team for accuracy and to ensure nothing had been missed in the original meeting. Once signed off future state designs consisting of 'To Be' process, documentation requirements and a list of reports were created.

ADVISORY  
SERVICESCLINICAL  
OPTIMISATIONPROGRAMME DEVELOPMENT  
& DELIVERY

## APPROACH

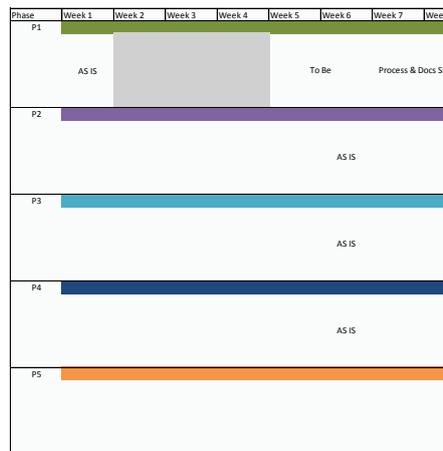
A demonstration system was built and validated with key users. Training guides were written and test scripts designed so the future state could be tested by the user base. Data migration was provided by EMIS with several rehearsals taking place to prove the data migration was correct prior to go-live. This became easier as lessons were learnt from each phase.

Once testing was completed any final changes to the design were written up and adjustments to the build were made. A training environment was copied from the test environment. As the phase moved into cutover user training took place and the final data migration was actioned. A Go/No-Go meeting was held with a check list to ensure everything was in place and the decision to go-live was taken by senior representatives from the clinical teams and a senior IT lead.

## IMPLEMENTATION PHASES

The high-level timeline on the right indicates the rollout followed to ensure all the deadlines were met. It was challenging but manageable by having two teams working alongside each other. Moving staff between teams as each phase was completed ensured momentum was maintained.

The critical deadline of June when financial penalties would be incurred was met a month ahead of schedule with a lot of lessons learned.



## CHALLENGES

As well as the tight timescales aging infrastructure across multiple sites and a shortage of technical resources proved a challenge. Key staff were absorbed in keeping the lights running and there was little time to implement change. However some excellent in-house staff who had been involved in the iPM implementation were able to support the project. Populo's associate Alison Clare, programme manager, who ran the project said:

“it was a difficult job in terms of timescales but there was a great will across the organisation to make it work, and of course the mix of contract and staff we had working together ensured we met the tight deadlines”

“A Go/No-Go meeting was held with a check list to ensure everything was in place and the decision to go-live was taken by senior representatives from the clinical teams and a senior IT lead.”

## BENEFITS AND OUTCOMES

Benefits were anticipated to be:

- 1** **Quality of the patient record**
- 2** **Better continuity of care for patients**
- 3** **improved staff and patient satisfaction**
- 4** **an ability to share patient information across multiple care settings**



**FINANCIAL SAVINGS**

**REDUCED PHONE CALLS**

**COMPLEX PATIENT CARE**

It was expected these would increase staff productivity rather than derive financial savings. Sharing data across multiple organisations saved time and reduced risk to patients. Nurses requesting general practitioner information about a patient could see the data they needed in EMIS without having to phone doctors to request information. The majority of GP practices in Trafford were already using EMIS so integration with the community version meant data could be seen by both community staff and GP's. This led to reduced phone calls and time spent searching for information. Paperwork no longer travelled between providers. Staff caring for patients across multiple services could simply log on and see everything they needed to treat their patient. Multi-Disciplinary meetings where many different teams gather together to discuss complex patient care could be performed remotely by viewing information on screen rather than looking at paper records.

Finally an expansion of the already existing single point of access team was initiated as part of the project to feed all referrals for care and treatments through a single telephone number. A booking office managed appointments which could be viewed by all relevant care providers. This improved communications for patients and centralised tasks reducing the time clinical staff spent on administrative duties.