

Report to Trust Board of Directors

Date of Meeting:	2 nd June 2015
Enclosure Number:	3
Title of Report:	Information Management & Technology Strategy
Author:	Mark Thomas, Director of Health Informatics Mr Graham Putnam CCIO
Executive Lead:	Steve Shanahan, Executive Director of Finance
Responsible Sub-Committee (if appropriate):	IM&T Committee
Executive Summary:	<p>The purpose of this document is to describe the Information Management & Technology Strategy for North Cumbria University Hospitals. The Clinical Strategic Objectives of our strategy is to ensure that</p> <ul style="list-style-type: none"> • Clinicians have a Single Integrated access point for all appropriate information • Nursing staff have a Single Integrated access point for all appropriate information • Removal or minimise paper from Clinical processes – electronic medical records • Integration and Interoperability of Systems – internal and external to the Trust • Delivery of an e-prescribing solution – supported by Pharmacy for medical staff
Risk Rating (high, medium, low risk) and any recommended changes to risk rating:	Low risk
Board Assurance Framework Reference:	
Compliance, legal and national policy	

regulatory requirements:		
Financial Implications:		
Actions required by the Board:	To approve:	Discussion and decision
	To note:	Where the Board is made aware of key points but no decision required
	For information:	For reading and consideration and for discussion by exception only
	Trust Board is asked to Approve the Information Management & Technology strategy	
Data quality:	Source:	Mark Thomas, Graham Putnam
	Validated by:	Steve Shanahan
	Date:	29 th May 2015

**Trust Board
May 2015
IM&T Strategy**

The purpose of this document is to provide a high-level summary of the informatics strategy for North Cumbria University Hospitals.

Clinical Goals and Objectives

The Clinical Strategic Objectives of our strategy is to ensure that

1. Clinicians have a Single Integrated access point for all appropriate information
2. Nursing staff have a Single Integrated access point for all appropriate information
3. Removal or minimise paper from Clinical processes – electronic medical records
4. Integration and Interoperability of Systems – internal and external to the Trust
5. Delivery of an e-prescribing solution – supported by Pharmacy for medical staff

What does this mean for our clinicians?

- They will be able to access their patient's information in one place – past letters, results, medications
- They can manage all patients under their care whether inpatients or outpatients
- They will be able to be see of all patients under the care of a team e.g. surgical team at a weekend
- It will ensure that patient safety is enhanced through a prescribing system that will alert inappropriate dosage, drug interactions and medicine administration and required monitoring
- Clinical audit to support their appraisal and revalidation will much become easier

1. Single Point of Clinical Information

The delivery of a comprehensive, robust, relevant clinical view that is easily accessible will deliver better outcomes for our patients; improve experience and satisfaction as well as bringing operational and organisational efficiencies. These include but are not limited to;

- Improved clinical outcomes through up to date clinical data available in one view.

- Improved clinical safety through the reduction of medical errors
- Continual quality improvement through accurate capture of data at the point of care
- Removal of clinical variation through standard recording
- Improved patient experience through their information always being available at the point of care
- Greater patient satisfaction through correct action first time, every time
- Efficiencies through the removal of paper
- Efficiencies through effective bed management and the reduction in the length of stay
- Efficiencies through the sharing of patient care pathway data to facilitate safe and timely discharge
- Less frustration and delay for the clinicians and nursing staff as the right information will be available in the right format in the right place at the right time.

To achieve this, the Trust will **deliver a clinical portal solution** which will provide

- Guaranteed availability to view across the Trust within any location in North Cumbria.
- Ability to access and use systems available through entry of the patient identifier once. (E.g. PACS, E-prescribing, ICE etc. This can include systems that are unique to your department e.g. Endoscopy)
- Solution will undergo further enhancement as new electronic systems and processes are introduced these will be integrated.

2. Single Point for Ward Inpatient Management (WIMs)

The “RealTime” ward-based information management system will be the electronic system of choice for all key nursing information. This is currently in use for Admissions, Discharges and Transfer (ADT) information and a number of nursing assessments across all adult in-patient wards within the Trust. Additional functionality will be introduced to ensure it is the core system for recording all inpatient episodes in the Trust. This will include;

- Admission to ensure visibility of location and associated information
- Initial and subsequent medical and nursing assessments
- Discharge Planning
- Electronic observations, including National Early Warning Scores (NEWS)
- Internal Referral to AHP e.g. Physio etc.
- Onward referral and Step Down Care
- Clinical Handover
- Discharge Summary

To reduce an unnecessary length of stay in our hospitals, we will build on our existing electronic patient flow system that facilitates timely discharges, including nurse-led where appropriate.

We are working with Cumbria County Council and Cumbria CCG to create agreed triggers for all adult social care referrals. This will reduce delays and improve delivery of a patient centred integrated care pathway.

3. Removal or Minimise Paper

Paper is slow, wasteful and risky and written records can only be in one place at any time.

The focus will be the digitisation and e-solutions for all incoming and outgoing correspondence

Incoming Correspondence	Outgoing Correspondence
Correspondence will be captured electronically, either directly from C&B or scanning at receipt so that all subsequent actions are electronic.	<ul style="list-style-type: none"> • Digital Dictation and Voice Recognition • Generation, Storage and Retrieval of appropriately referenced correspondence. • Onward e-delivery to Primary Care and wider (closed loop communication)

4. Integration and Interoperability

The Trust is committed to ensuring that the right information is available in the right place at the right time to all clinicians.

In addition across Cumbria Health and Social Care there is a commitment to send, receive and share securely appropriate information. This will include communication, referral and transfer of patient information to support appropriate care.

We will review evidence based clinical tools to improve support for patient care. This will be wider than just traditional video conference and we will look to deliver a “living presence” solution. This will support Multi-Disciplinary working and the support available for patients, carers and clinicians.

5. E-prescribing and Medicines Administration solution

a. Our aim is to configure, install and run electronic prescribing and medicine administration (EPMA) in all clinical areas within North Cumbria University Hospitals (NCUH). This will be done as a two-phased approach, as described below. The main aims of implementing EPMA are to improve patient safety by:

- Medical Reconciliation with Primary Care
- Improving the quality of prescribing and medicines administration processes and records

- Reduce the current risks associated with prescribing and medicines administration
 - Reduce the occurrence of adverse events associated with prescribing and medicines administration
 - Interface to an automated drug storage solution to complete the closed-loop from prescribing to medicines administration
- b. Prescribing, drug administration and medicines management are the most common active patient interventions. These are processes which are associated with significant strategic risks which include;
- Transcription errors
 - Lost prescription charts
 - Dosage errors
 - Omitted medication
 - Omitted or delayed doses
 - Poor communication of medication changes to GPs

Underpinning Technology

To provide high quality clinical data services we have to ensure a sustainable, resilient infrastructure with good availability across all services regardless of location. To support this we require significant investment in the underpinning technology. We will explore all possibilities for clinicians accessing the information as circumstances require. This could include the use of mobile devices such as tablets.

As a minimum, all technology and infrastructure implemented by the Trust must support the above and not place any additional barriers in the way of future interoperability with partner organisations across health and social care and wider services where required

RECOMMENDATIONS

The Board is asked to approve the Information Management & Technology strategy for North Cumbria University Hospitals

Mark Thomas

Director of Health Informatics

Mr Graham Putnam

Chief Clinical Information Officer

27th May 2015