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Transforming Clinical Services Programme Implementation Board

Agenda Item

Date of Meeting

Paper Number

Title **Delivering the Board’s Paper Light Vision Scoping**

Attachments **None**

Delivering the Board’s Paper Light Vision

1. Justification

1.1 As part of its ehealth strategy the Scottish Government expects, "NHS Boards will have well established programmes to replace paper with digital equivalents, along with digital dictation, voice recognition, scanning and video conferencing," by 2014. (SPICe briefing 15th February 2013 13/10). The national eHealth strategy is currently being revised and is expected to be issued 2015. A revised local eHealth strategy will follow the release of the revised national strategy.

1.2 As part of this strategy the board is committed to delivering a paper light records management process including an electronic patient record prior to transfer of hospital and health care facilities to the new facility in 2018.

2 Deliverables of the project

Will include:-

- Implementation of trakcare
- Implementation of order comms
- Implementation of electronic prescribing
- Implementation of Emergency department electronic system
- Patient/Administrative record – paper file preparation and indexing
- Paper file scanning
- Purchase and implementation of electronic document management software (eg CCube) to ensure recoverability of records
- Electronic Forms
- Operational protocols and procedures for recording of all patient information electronically
- Operational protocols and procedures for recording of other administrative records (eg HR/Finance)
- Staff training
- Removal of all or most paper records from NHSO for all those teams planning to move into the new facility in 2018.

3 Records affected

- In patient Medical records for both medical and surgical patients
- Out patient records for internal and all visiting services
- Specialist Nursing records
- AHP records
- CMHT records

4 Other NHSO Records which will be impacted include

- Correspondence
- Personnel
- Finance
- Policies Procedures and protocols
- Departmental records

5 Principal lessons learned from other boards who have attempted similar including NHS Grampian.

- Allow plenty of time to cost and plan, decide early whether to back-scan or not, and buy scanners and equipment well in advance of going live so staff can get used to them.
- Accept the initial cost of file preparation and indexing or risk losing the good will of clinicians when it comes to data retrieval.
- If not vital to go live at the same time a staged approach can reduce stress levels.
- Don't under-use the software; make the most of the investment. Ensure IT is used to support the boards strategy and visions for staff and for patient care.
- Work stations require dual screens to enable electronic records to be viewed without having to switch all the time.
- Allocate dedicated project management.

Steps for project planning.

1. Ensure that the infrastructure is resilient enough to deliver electronic records to all its users.
2. More users using IT to directly support care requiring greater mobility/flexibility in IT access.
3. Identify IT infrastructure needs.
4. Buy scanners and equipment well in advance of going live so staff can get used to them.
5. Cost any improvements/revenue costs.

Scope of project for EPR.

1. Identify what the scope of the EPR needs to accomplish.
2. Consider access and communication issues.
3. Access to clinical records available throughout the health economy.
4. Accessing greater volumes of information faster.
5. Delivery of electronic health records to the point of care in every setting, to every patient, every time.
6. Concurrent access of a record.
7. Highly available, high quality, appropriately catalogued and searchable/accessible records.
8. Electronic ordering of diagnostics (ordercoms)
9. Electronic reporting and storage of diagnostics.
10. Reduction in estate requirements for health records.

6 Essentials for success of a project to deliver an EPR for Orkney

- 6.1 Creation of a clinical sub group of the Ehealth programme board to steer the project.
- 6.2 The need for the identification or appointment of an appropriate project manager. This has been highlighted to PIB in the previous report of 17th November 2014. It was also recommended that the project manager would need to have a significant understanding of the IT/eHealth implications to steer this project forward in a realistic and deliverable manner over the next 3 years. Similar projects elsewhere have demonstrated that without specific

resource to project manage this type of complex change; the success is likely to be poor.

6.3 Engagement of Stakeholders including the Board as project owner, clinicians, admin staff, Caldicott guardian, CMT and ehealth programme board.

6.4 Early start and implementation in high volume areas so operationally processes can become embedded prior to the move to the new facility.

7 The scope of the project should address:-

- Clarity on Data storage for the board by ehealth programme board
- Define the scope of the EPR exactly what will be recorded electronically?
- Strategy re back scanning of patient records
- Clinical requirements of each department
- Appropriate mix of electronic systems which ensure access to the breadth of patient information necessary for high quality clinical care
- Design of electronic forms
- Digital dictation and voice recognition systems
- Ease of access to systems eg through a single clinical portal
- Achievability, sustainability and availability of IT/eHealth solutions and the resources needed to implement and manage the EDM solution
- Define the scope of SCI store in the EPR process
- Document capture and workflow processes
- Legal issues around scanning of records including the need to store signed copies, requirements of Childrens and mental health data retention law.
- Assessment of the costs of implementation and maintenance including back scanning and purchase and ongoing usage of CCube
- Design and provide training for staff in the use of EPR
- Consideration of mobile working and assessment of cost of implementing this.

8 Driver Diagram

OUTCOME	PRIMARY DRIVER	SECONDARY DRIVER	CHANGE IDEAS	
To improve the information management of patient health care records in order to deliver a better quality, more streamlined and cost effective service.	Respond to national strategic drivers for the implementation of electronic patient records	Reduce need for resource intensive retrieval of patient records so resource can be redirected into clinical care	Implement scanning and retrieval package to make handwritten notes electronic	
		Reduce the need for dedicated record storage space in health premises	Consider use of tablets and hand held devices for notes from the outset	
			Any handwritten records scanned in to electronic system within agreed protocols	
	Improve patient safety by ensuring consistent and comprehensive access to accurate records	Ensure clinical staff have access to the right data for the patient at the right time.		Barcode scanners that can link patients to their records from appointment letters.
			Improve medicine reconciliation at health care interfaces.	Single easy to use records-access portal for all patient information
			Streamline pathways for consistency	Direct access to EPR of health care monitoring devices
			Consistent electronic pathways - controlled versions	
			Order Coms - electronic ordering and reporting of diagnostics and electronic prescribing.	
	Ensure ease of access to patient records by health professionals in a timely manner.	Enable greater ownership by the patient of their health status by improving patient access to records.		Patient portal
				Agree level of access to patient record and produce data protection compliant policy.
				Enable security controlled access

9 Proposed initial plan

Action	By Whom	Due Date	Status
Consider resource allocation for project	eHealth Programme Board		
Allocate staff to project steering group	Heads of Service		
Allocate IT lead	Head of Service		
Cost national procurement for file storage and scanning	Procurement team		
Cost purchase and implementation of CCube	Procurement Team		
Agree project plan and timescales produce PID	Project Manager/ steering group		
Develop service plans for transition arrangements.	Service Managers/SCNs		

10 Resources Required

- 10.1 In order to undertake the necessary process mapping and project manage the transition to paper light within each service area there is a requirement to invest in staff capacity to support this workstream.
- 10.2 Experience from NHSG and their work in Outpatients has shown that this takes dedicated resource given the time consuming nature of the work and the need to ensure that communications are maintained optimally whilst the transition takes place.
- 10.3 Financial resources will be required to support the purchase, implementation and ongoing provision of CCube, (the document management system). The exact cost of this is yet to be scoped.
- 10.4 There will also be a requirement for financial resources to support the delivery of a back scanning programme for medical records. It is assumed that whilst there will be some requirement for ongoing scanning of paper documents this will be of limited volume and can thus be picked up within the existing clinical administration workload, particularly in light of the administrative efficiencies which should be generated by direct, real time clinical input into the TrakCare system.
- 10.5 Mobile working for patient records also has software and hardware cost implications.

Key	
	Done
	Not Done but content with progress
	Not content with progress

Must be prior to transition preferably, as far as possible, with sufficient time for practices to embed before transition to new build.

