

Digital Transition for HSCPs at St. James's Hospital

Introduction:

The SCOPe Directorate at St. James's Hospital comprises 5 Health & Social Care Professional (HSCP) departments; Speech & Language Therapy, Medical Social Work, Clinical Nutrition, Occupational Therapy and Physiotherapy. SCOPe provides a multidisciplinary client centred emergency, inpatient and outpatient service to enhance client independence and quality of life in keeping with best practice. Currently there are 200 Health & Social Care Professionals, Administrators and Assistants in the SCOPe Directorate. St. James's Hospital has been leading the way in transitioning from paper to an electronic patient record (EPR). Prior to 2010, all SCOPe referrals, assessments, outcome measures and treatment plans were paper based.

by Marie Byrne

The Challenge

The SCOPe directorate moved from paper-based to electronic documentation for the following reasons:

All assessments, outcome measures and treatment plans were paper based and stored in filing cabinets in individual departments. This led to access issues both for individual SCOPe staff and for the multi-disciplinary team. Access issues were particularly significant for patients with lifelong needs or chronic illness requiring ongoing input

The paper-based system caused significant file storage issues

Administrative support was very limited so more efficient processes for file retrieval and data collation were required



SCOPe QIIC Group pictured: Marie Byrne (SCOPe Informatics Lead), Neans Ni Rathaille (Medical Social Worker), Joanne Dowds (Physiotherapist), Aine Higgins (Dietitian), Deirdre Gilchrist (Speech & Language Therapist), Patricia Reilly (SCOPe Administrator) Missing from picture Occupational Therapy representative.

There was frequent duplication of data between departmental records and the medical chart

Much of the information was handwritten leading to frequent issues with legibility

Data acquisition for reporting, business cases, quality improvement, audit and research was all manual

These issues, combined with a keen interest to align with organisational (St. James's 5 year plan) and national strategy (eHealth Strategy) to move to paperless systems, led to a group of HSCPs within SCOPE working together with the IT department to design and implement an electronic clinical documentation system.

The proposal to move to electronic documentation was a large scale quality improvement project, involving approximately 200 staff directly but impacting on patient care and all members of the multidisciplinary team across the hospital.

Before going electronic and a few weeks later in physiotherapy outpatients:



Aims & Objectives

- To design and implement complete electronic documentation for SCOPE staff and not to revert to paper
- To enhance the quality of patient care and patient safety through standardisation of practice and documentation both within departments and across SCOPE
- To improve the quality, legibility and accessibility of patient information for all involved in the patient's care
- To enhance the efficiency and effectiveness of patient information recording and retrieval both on an individual patient and aggregate level
- To simplify and streamline workflows to reduce variability for SCOPE staff and patients
- To reduce storage, printing and retrieval requirements for paper-based records
- To reduce duplication particularly for patients with lifelong illness
- To enhance the ability to look at patient level costing and activity
- To automate waiting list management and triage in a number of areas

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- To examine staff and patients perspectives on utilising electronic documentation, to investigate opinions, concerns and expectations of the system in order to inform ongoing quality improvement initiatives
 - To address concerns of patients, HSCP staff and the wider hospital staff in a proactive manner following implementation

Method & Approach

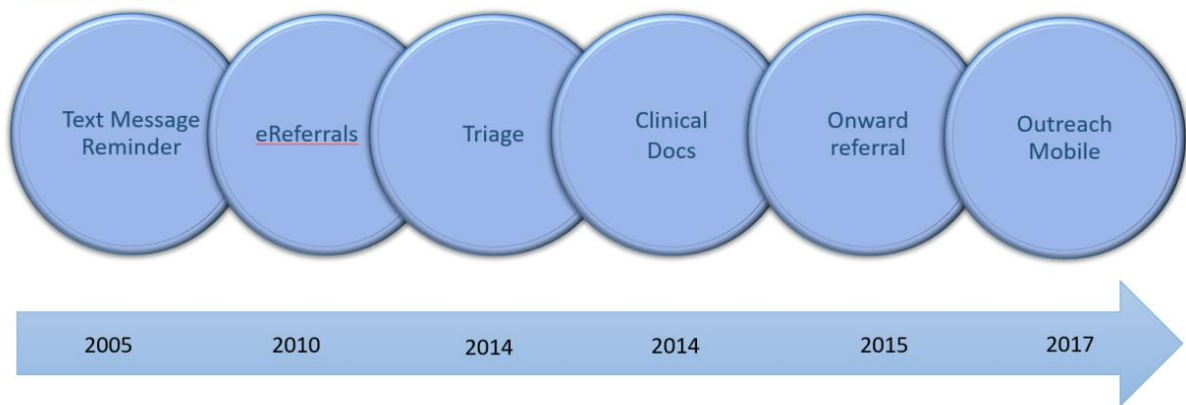
- Director of Informatics approached with business case, aligned to hospital strategy to “go paperless”
- Planned pilot in SALT
- Review of paper forms, notes and workflows
- Focus groups to review recording practices and design forms according to best practice
- Iterative process of form design on EPR
- Mobile device requirement identified, devices trialled and business case submitted
- SALT go live with all In and Outpatient documentation
- Considerable support from IT department to troubleshoot initially
- Simultaneous rollout of electronic referral triage in PT outpatients
- Business case (including co-ordinator and hardware) to progress the other 4 departments
- SCOPE management supported ½ time co-ordinator post for 6 months
- Roll out of electronic documentation in PT outpatients followed by the other 3 departments
- Electronic referrals to external locations
- Statistics and data from EPR
- A project management approach with plans and weekly status reports was followed throughout

Quality Improvement (QI) Microsystems group emerged which allowed for further evaluation and optimisation of the system

- A structured approach to examining aims and objectives guided by coaches trained in “Dartmouth Clinical Microsystems” methods
- Following brainstorming sessions, the group determined what worked well and what was frustrating, then focused on what processes were within the group’s control to change

Surveys were developed to examine patients’, HSCP staff, the MDT perspectives of SCOPE electronic documentation. The results allowed issues to be addressed proactively

#SCOPE_hscps



Early Enablers

- Patient records held centrally
- Focus on patient at the centre
- Easy access to patient information
- Availability of data on waiting lists and patient profiling
- Less time spent on filing and retrieval of notes
- Reduction in filing cabinets - reduced clutter
- No need to have assessments printed
- Seeing a department progress led others to want to be part of the change

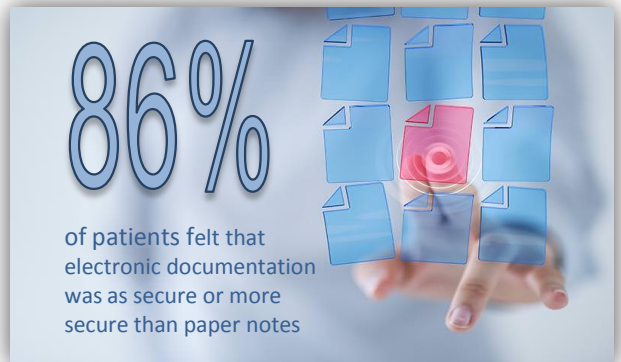
Barriers

- Time:
The importance of clinical engagement and input into all phases of the project cannot be over emphasised. Availability of clinicians was problematic at times
- Availability of hardware:
There were limited PCs available at ward level and in outpatient clinic areas
- Resistance to change:
In each department there were a small number of staff with significant concerns regarding the change
- Cultural change:
There were a number of members of the MDT that were reluctant to engage with the electronic documentation resulting in communication difficulties

Results and Evaluation

eHealth is a strategic focus of Slaintecare and a key theme underpinning the National Clinical Programmes and in particular, Integrated Care.

- Electronic documentation is now used across SCOPE; with emergency, inpatients, outpatients and outreach services. It includes referrals, triage, clinical assessments and notes, outcome measures, patient reported questionnaires, standardised assessments, discharge documentation/onward referral to PCCC and other services and follow up by encrypted emails with healthcare professionals
- Multiple users can access patient information at the point of care to assist patient management and decision making and there is reduced duplication for the patient and recording for the HSCPs
- Data available at an aggregate level for service development, business cases, patient profiling
- Many workflows are standardised across SCOPE.
- Surveys of patients, SCOPE staff and non-SCOPE staff to determine opinions on the transition to electronic processes highlighted the following:
 - Patients found electronic notes secure and efficient. Concerns regarding access and hacking were addressed by making more information regarding data protection and access available via the hospital website in the form of FAQs. The content of these FAQs was shaped by the involvement of the patient advocacy committee.



- HSCPs found electronic notes more efficient and improved access to patient records. The majority felt they had sufficient IT skills to navigate the transition to electronic processes. Concerns were raised regarding insufficient hardware, Wi-Fi access and ergonomic workstations. Further business cases were made for hardware and additional devices acquired. A training session for staff on good ergonomic practices was provided with the development of supportive education material. The hospital Wi-Fi system is being upgraded as part of the inpatient medical and nursing transition.
- Non HSCP staff reported that SCOPE electronic documentation is helpful, easy to access, relevant and enhanced team communication. Further positives highlighted included enhanced legibility and aiding patient flow through to hospital discharge.
- SCOPE staff are viewed as leaders and provide resources in the current transition to a full electronic record for nursing, doctors and pharmacists
- The main focus of this initiative was not to cut cost. Printing costs for standardised assessments was eliminated in some cases e.g. in PT outpatients there was no longer a need for the spinal and peripheral assessments to go to external printers leading to savings of €2,220 per annum



Benefits

- Standardised processes
- Standardised assessments
- Reduced duplication for the patient
- Signatures with title included to allow for ease of communication between the MDT
- Information sharing
- Statistics – automated referral triage and waiting lists
- Business intelligence (BI) reports of activity including time spent

Key learning points

- Have a clear vision and objectives
- Work with what you've got – if waiting for perfection nothing will get done
- Get as much as you can get done within the project resources, prove the concept and highlight the benefits
- Highlight early successes
- Clinical Engagement from the outset was key
- A Project Team with representatives from each department to assist ownership



ERGONOMICS TRAINING SUMMARY

Overall the majority of attendees found the course useful and would recommend to a colleague. Most attendees agreed that it would have a positive impact on their work practice.

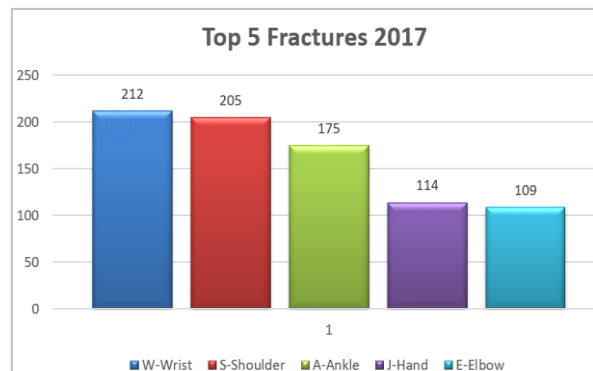
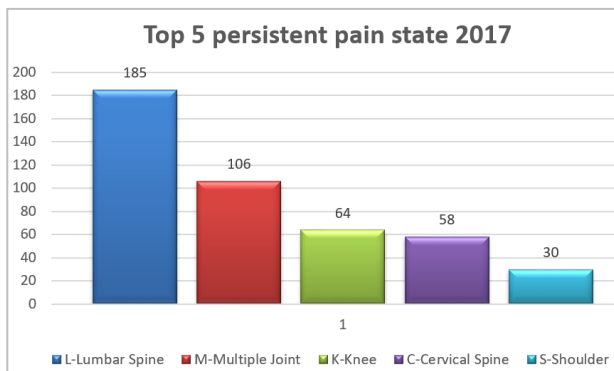
Based on comments, most attendees were keen for a more practical session with less time spent on the theory/background.

- Critically important to have one key lead person (project co-ordinator position) who had the clinical expertise to lead, educate, co-ordinate, motivate, liaise and problem solve both with clinical teams and IT to ensure that the project could be successfully implemented
- Be resilient – there are so many looking for these resources and we are a small number of professions –work together and keep pushing ahead
- Undertaking the project on a phased basis enhanced its ability to respond to the evolving issues and differing clinical settings and needs - what worked well in one department could be adopted by others
- Importance of standardising practice where possible within teams and disciplines

- Varying strengths and styles of different professions and the cross fertilisation of ideas that this fosters
- Need to accommodate for a range of different learning styles and existing skills base when providing training
- Induction, continuous and refresher training needs to be provided to maintain standards

- The necessity of getting the support from hospital management to ensure that funding was made available for essential hardware, support was available from IT and staff were facilitated to attend training as required
- Importance of regular reflection and setting long term goals - 5 year planning
- Importance of evaluation surveys and audit
- Importance of Microsystems/QI happening as an integral part of this initiative on an ongoing basis
- Importance of involving all staff involved in patient care, including clerical and support staff is crucial in all stages
- It is not possible to communicate too much!

Data available from Electronic Physio Triage Process



Plans for spread

- Our project can provide a model for other HSCPs both within St. James's, other acute hospitals, the hospital groups and PCCC. Many of the outcome measures, patient reported questionnaires, and standardised assessments and processes are similar in other locations. Assessments could be localised as required.
- St. James's Hospital is embarking on a hospital wide project aimed at transferring all nursing and medical notes from the current paper medical chart to the electronic patient record. Our learning has proved valuable. Identified risks and benefits of this project are applicable. Experience with a variety of hardware and mobile devices has also been useful. We have helped begin a cultural change within the hospital, whereby the electronic patient record is seen as a valuable source of clinical documentation.

- Linked with our colleagues in the HSE regarding the National Shared Record and have had a focus group to share our learning
- HMI Award application and learning shared
- Presented at professional conferences – ISCP and IASLT – and managers groups
- Presented oral and poster presentations at Health Informatics Society of Ireland Conferences
- Presented poster and oral presentations at Nursing research days
- Presented to EPR Steering group in St. James's
- Attendance at Cerner UK AHP collaboration day in West Suffolk
- Attendance at CCIO summer school in Manchester
- Contacted by other managers looking to set up similar systems – Acute and PCCC

Further plans

- More extensive use of Social Media and other channels to share our learning
- Involvement in the new HSCPs (with an interest in Health Informatics) group and planned links to HISI and CCIO (HSE) to share and learn from others
- Continuous improvements in use of data and data visualisation
- Improve the process of referral and communication to our PCCC colleagues
- Extension of remote working used by COPD Outreach
- Involvement in projects such as telecare
- Involve the patient in design of any patient portal or other self management tools
- This work is ongoing and will be continually evaluated and updated



A physiotherapist documenting in the EPR while seeing a patient in Cardiac Rehabilitation