

Let's talk

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patient
records SPECIAL

- [p2] What is EPR?
- [p3] Trust clinicians lead the way
- [p4] EPR - the next chapter in our transformation of care
- [p5-6] Five ways EPR will help with winter pressures
- [p7] Time for bed
- [p8] In the battle with Sepsis, EPR can make patients the winners
- [p9] How will YOU get ready for EPR?



Launching next chapter in our transformation of care

WELCOME to this special edition of *Let's Talk*. It's designed to give you a first-hand insight into one of the most important initiatives we have ever launched - and what it will mean for you.

The introduction of Electronic Patient Records (EPR) will herald the start of an exciting new era for us, marking a major step-change in how we will all work in the future.



Clive Kay,
Chief Executive

Our system will not only help us to treat patients more effectively, it will also equip us with an unprecedented range of information to improve care, as well as become safer and more efficient.

The pages that follow will give you an inside-track on these transformations to patient care, and your working lives, that EPR is poised to bring. Please take time this week to read all about its capabilities. We hope this issue answers many of your questions but if you have any further ones, or would like to make a comment or a suggestion, please let me know at lets.talk@bthft.nhs.uk

Watch out for further updates in future editions of *Let's Talk*. Thank you. ■



What is EPR?



THIS year we are introducing EPR (Electronic Patient Records) in partnership with Calderdale and Huddersfield NHS Foundation Trust.

More than a computer system, EPR will transform the way all of us at both Trusts work, making sense of busy, complex health services, analysing information in clever ways and helping to manage many everyday tasks.

This system will not only help us to treat patients more effectively by giving us easier access to up-to-date information, it will also use this information to improve care, and give us the tools needed to be safer and more efficient.

It would be easy to think of EPR as simply a computer system that takes paper-based health records

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and stores them digitally. In reality, EPR will bring about a step-change in how we work.

EPR goes beyond being a system for storing information.

When patient records are stored on paper, the information can only be understood and analysed by staff reading through all of it every time they see a patient - whereas EPR is capable of taking this information and applying the knowledge, intelligence and

experience of a much wider network.

This means the system can suggest plans of care, support clinical decision-making and act as a double-check.

EPR will also help us to manage the flow of patients through our hospitals, drawing on best practice from across the NHS and giving everyone working in local health services the tools they need to deliver safer, more efficient care. ■

Trust clinicians lead the way

THOSE of you who care for patients every day are leading the drive to introduce EPR in Bradford, and our leadership will result in a system which responds to the way we work.



Paul Southern

Paul Southern is a Consultant Hepatologist and our Associate Medical Director for Informatics.

He told me: "It's really important that clinicians guide how our EPR will work in the future. We've spent a lot of time thinking very carefully about how we can take a fresh look at what we do, put the patient at the centre of our work and use EPR as an opportunity to introduce new ways of working that will help us to be safer and more effective."

"As a doctor, the ability to bring patient information together has the potential to transform the safety of patient care. On paper, so much information can be hidden.

"EPR puts our collective knowledge into one place so it can be accessed anywhere."

"Important information about allergies, medicines and medical

history can be easily read by the whole team – without the need for patients to retell their story to everyone they meet. The system can also analyse information, offer an additional check or access to expertise available beyond our own teams."

Improvements to how nurses will work are also a key benefit, our lead nurse for Informatics, Kay Pagan told *Let's Talk*.

"The job of a nurse is increasingly busy and complex. Sometimes nurses can feel pulled in twenty different directions."

"I've seen how EPR has really helped to support nurses in other Trusts, saving time which can then be spent with patients, helping assist with discharge planning and supporting individualised patient care needs. All of this results in improvements to the quality of patient care we provide."

Both lead clinicians are optimistic about the potential of EPR: "Big changes are never easy," said Paul. "But we're planning lots of support and training for staff – and



Kay Pagan



"Big changes are never easy, but we're planning lots of support and training for staff – and I know from talking to colleagues that everyone is looking forward to the challenge."

I know from talking to colleagues that everyone is looking forward to the challenge." ■

EPR - the next chapter in our transformation of care



IN 2013, the Secretary of State for Health, Jeremy Hunt, declared that the NHS should go paperless by 2018.

This would save £billions, improve services and help meet the challenges that it faces.

He also said that patients should have compatible digital records so their health information can follow them around the health and social care system.



We are already leading the way in achieving these targets, and EPR is the next chapter in a long-term programme to transform care through technology.

In Bradford, we have used a system called “Medway Maternity” for several years, supporting the care of new mothers and their babies. The system records information throughout a woman’s whole pregnancy, as well as the care after she leaves hospital and returns back home.

In Huddersfield, the introduction of a new system called ‘Nerve Centre’ is already helping doctors and nurses to monitor the condition of sick patients and alert them if anything in their results and

observations suggests that they may be becoming more unwell.

These systems are already changing how patients experience the care they receive. Because information is stored digitally, it can be accessed by anyone involved in a patient’s care, wherever they are – instead of only to those with access to the hand-written notes.

This includes some community services such as community midwives, health visitors and district nurses.

The introduction of these systems has prepared us for the bigger changes to come. A full “electronic hospital”, where all patient records will be held electronically, is now just around the corner. ■



Five ways EPR will help with winter pressures



THE weather turns cold, it's icy on the ground, and the nights are dark.

We all know that with the winter comes an influx of patients whose health declines when the season changes.

Whether it's a fall leading to a sprain or break, a respiratory problem, or that long-term illness taking a turn for the worse, our hospitals need to be ready to respond to our patients.

EPR can never be the solution to this increase in numbers through our front doors, but it could certainly help to ease the strain. Here are five ways EPR might help...

1) Faster admission

Patients living with long-term ill health are quite often those who

need emergency care in the winter. When the input of community services is not enough to keep a patient well, or if health declines out of hours, then worried families may bring a relative to hospital. For patients already known to our services, EPR will make it quick and simple to access their records, check their medications, review recent tests and draw on the advice of the patient's regular care team.

2) Advanced bed management

EPR will know the status of every bed in our hospitals – which means if a sick patient in the Emergency Department needs an overnight stay, they'll be quickly allocated to

the right place for their care or kept safe until a bed is free. Additional bed spaces created through the opening of 'winter wards' can easily be added, and taken off the system when the pressure eases.

3) Discharge planning

With an expected date of discharge recorded against every patient admitted, nurses and ward managers will be able to co-ordinate discharge, line up community services and liaise with pharmacy colleagues in advance, to speed up the process and release beds for those who need them.

Continued p6 →

Continued from p5

Five ways EPR will help with winter pressures



4) Care planning

Many of the patients admitted to our hospitals during the winter will need on-going care when they leave. EPR provides template care plans, pre-populated with important information. These plans make liaising with social services, GPs and community health services a whole lot easier.

5) Appointment rescheduling made easier

When our hospitals are under pressure it's occasionally necessary to move routine outpatient appointments and free up capacity so clinicians can focus on immediate need.

EPR's scheduling tools allow appointment management staff to reschedule appointments quickly, finding new slots for patients that need them whilst ensuring that referral to treatment targets are acknowledged; and patients whose appointments must take place at given intervals are still seen when they need to be. ■

Six ways EPR could improve life for nurses

EPR will bring many benefits for our patients but it must also improve the life of our dedicated and hard-working nurses.

We asked six health care workers how they thought it would help to make a busy shift that little bit easier.

Here's what they said:

Patient records all in one place:
"With all of a patient's records in EPR, there'll be no more running around trying to find paperwork."
Louise Croxall,
Emergency Department Nurse

Bed management: *"We'll know which patient is in which bed and which beds are vacant."*
Emily Fausan,
Emergency Department Nurse

No more filing: *"Wave goodbye to tatty bits of paper and bursting folders that you can't fit in the filing cabinet!"*
Nickie Jones,
Healthcare Assistant

No chasing TTOs: *"With drug charts on EPR there will be no need for trips to pharmacy to get patients their take-home medications. The only downside is we'll miss the nurses paying us a visit!"* **Penny Daynes, Pharmacist**

Less time on paperwork and more time for patients: *"Lots of standard assessments will have basic information already filled in, by taking details from elsewhere – this is going to save lots of time."*
Dali Kaur, EPR Analyst

Notes will be easier to understand: *"No more trying to decipher the handwriting of our medical colleagues!"*
Maureen Gaunt,
Medical Secretary





Time for bed



Our hospitals are often compared to huge “hotels” where people go for their healthcare.

EACH contains hundreds of beds, with a “guest” who is there to receive the care or treatment they need. And keeping track of who is “checking in” and how long they are staying is a mammoth task.

Before the days of computerised systems, tracking beds could be a full-time job for teams of nurses and other staff. This task means

nurses are often interrupted when providing care to patients.

The introduction of EPR will make this task easier for everyone involved.

In a hotel, staff know when guests are arriving, when they are leaving and exactly which room is occupied at any given point in time.

Before EPR, in hospitals, this information is hidden within paper notes. But with the introduction of computerised records, everything becomes transparent.

The benefits of this are immense.

Visiting relatives can be directed to the right place by anyone with access to the system. Hospital

managers can look at the flow of patients through the hospital, making sure they know where the empty beds are for emergency patients and therefore planning ahead.

The system also allows healthcare professionals to recognise when a patient has left the ward to have a test, investigation or procedure. This information could prevent a patient missing blood tests for example, as the phlebotomist would be made aware that patient was not available.

The system puts the patient at the centre to ensure they are cared for at the right time, by the right person in the right place. ■



In the battle with Sepsis, EPR can make patients the winners



COULD a new computer records system really save 100 lives?

Sepsis is a common, but potentially life-threatening condition, in which the body's immune system goes into overdrive in response to infection. Anyone can develop it, and it can often start following a minor infection or injury.

Each year more than 100,000 people are admitted to hospital with sepsis but estimates suggest that an average district general hospital could save more than 100 lives each year if they detected the very early signs and started treatment before the patient deteriorates.

Within EPR a clever piece of software constantly reviews

a patient's vital signs (blood pressure, pulse rate etc.) and laboratory results alerting staff to any indicators of sepsis so that doctors and nurses can act quickly.

If caught early, prompt antibiotics can be very effective and prevent a lengthy hospital stay.

Even in the Emergency Department, where the majority of sepsis cases are first detected, the system can use recent blood tests (even those ordered by a GP) to search out early signs.

The new EPR really could be a first line of defence in detecting this condition.

In practice:

- A patient's vital signs and test results will be constantly reviewed by EPR
- Clinicians will be alerted to any concerns
- Constant monitoring will help ensure continuous care through hand-overs and changes in staffing
- The UK Sepsis Trust reports that a significant number of lives have been saved and patient's hospital stays have been reduced as a result of



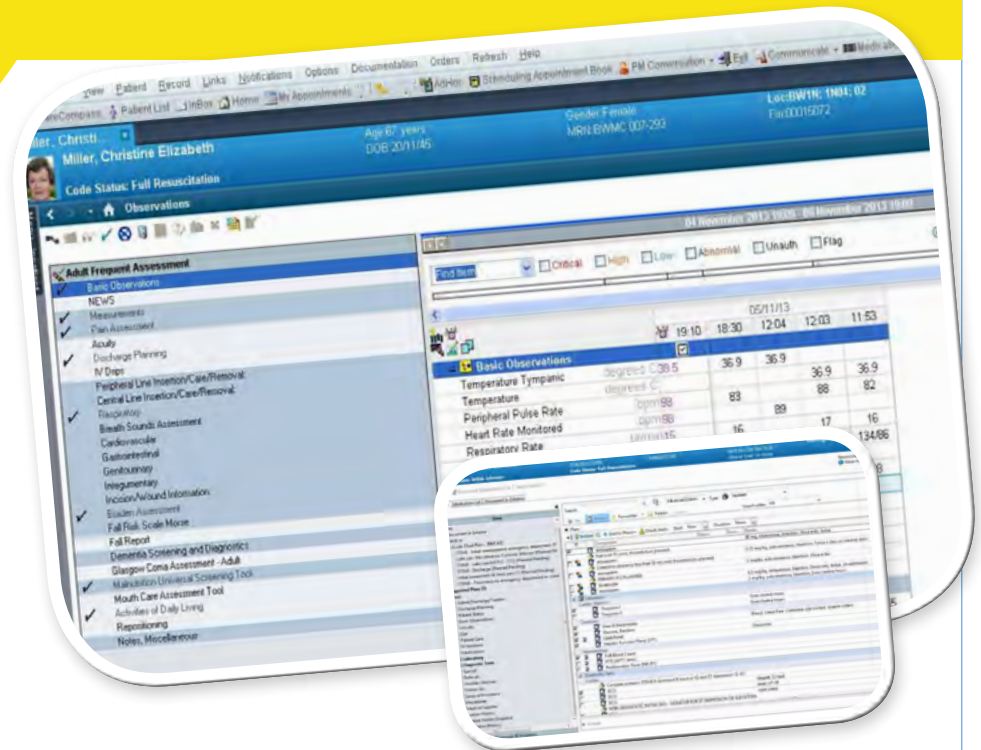
the right early treatment being given

- In one study, using 'Sepsis Six' – a combination of treatments and therapies delivered at the right time - sepsis deaths reduced from 44% to 20%. ■





How will YOU get ready for EPR?



WE are all being challenged to prepare for EPR by taking part in a few simple activities.

Engagement

If you haven't had a visit from the EPR team yet, now is the time to organise one.

Throughout the spring, the team will be available to come to your ward or your department to answer your questions, and even give you a demonstration of how the EPR will work.

Kay Pagan, our Lead Nurse for Informatics, is also planning some interactive activities. She told me: "We'll be visiting wards, setting up road shows and turning our simulation centres into EPR test beds so that staff can see for themselves how EPR will affect their daily work."

"We'll also be asking for feedback on the kinds of computers, tablets and devices that EPR could be accessed on."

Training

Every member of our staff who needs to use EPR to do their work will receive training on the system.

EPR will touch every corner of our organisation and training is being tailored for different staff groups so that it focuses on what you need to know.

Helen Whitaker, the EPR Training Manager told me: "We're developing our training programmes right now, based on

feedback from those who have been involved in developing the system and input from the clinicians who will use it.

"Lots of different kinds of training will be available, from classroom-based sessions to on-the-job, bite-size opportunities."

Training will start in June, and there will be more information closer to the time.

Preparation

The EPR "Good to Go" passport is being introduced to help managers get ready for the introduction of EPR. This passport will offer

Continued p10 →

Continued from p9

How will YOU get ready for EPR?



guidance on local preparation and where every department can get further support.

Do you know what computers and devices you will need? Is everyone who needs to be trained booked into their training session? Do you have an EPR Friend to support your department? The EPR "Good to Go" passport will guide you through the questions that each department needs to ask itself. ■

How to find out more

The EPR team will be out and about across our hospitals next month to show you more. Watch out for them on these dates:

Wed 17 Feb - BRI

Try out a full range of devices in the Simulation Centre and drop-in at the EPR market place stand.

Tue 16 Feb, Thu 18,

Fri 19 Feb - BRI

Wed 24 Feb - SLH

Bite-size sessions in your ward or department. The EPR team will contact you to organise a visit. ■

Could YOU be an EPR Friend?



A GOOD friend is someone who is always there when you need a helping hand - and that's exactly what EPR friends will be doing when we introduce EPR.

If you enjoy learning new things, you are a relatively confident computer-user and like helping others, then you would make the ideal EPR friend.

We are looking for staff who would like to get more involved with this exciting project, learn about the system in more detail and support the implementation within their own work area.

EPR friends are essential to the success of 'go live' as they will provide front-line support to colleagues.

Alongside their existing role, EPR friends assist in training, testing and other project events whilst gaining an in-depth knowledge of EPR. They will also share key messages with staff and provide a valuable feedback loop to the project.

If you would like to know more about being an EPR friend please ring Helen Webster-Mair on [07799 346597](tel:07799346597) or e-mail EPR-Enquiries@this.nhs.uk ■

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Let's **talk** again next week – and in the meantime you can send your comments and anything you'd like to share with colleagues: lets.talk@bthft.nhs.uk