

Trust Board Meeting: Thursday 1 March 2012
 TB2012.18

Title	Electronic Patient Record (EPR) Progress Report - March 2012
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Status	A progress report for the information of the Board
History	The Electronic Patient Record Project is managed through the monthly meetings of the Electronic Patient Record Programme Board, which reports to the Trust Management Executive.

Board Lead(s)	Mr Andrew Stevens, Director of Planning & Information			
Key purpose	Strategy	Assurance	Policy	Performance

Summary

1	The Electronic Patient Record (EPR) was implemented on 3 December 2011. The project forms an important part of the Trust's strategy to improve patient care and safety and increase efficiency.
2	The implementation was a significant technical achievement.
3	There have been some operational and data quality problems. Planned processes are being progressed to address these.
4	Detailed planning is now taking place for the next phase of the project which will involve the roll out of the clinical functions of the system.

Electronic Patient Record (EPR) Progress Report - March 2012

Introduction

1. On 3 December 2011, the Trust implemented a new Electronic Patient Record (EPR). The implementation of EPR has been one of the biggest operational change projects Oxford University Hospitals has ever undertaken. The project, which forms part of the National Programme for IT, represents the culmination of a considerable degree of planning and detailed preparation. The project forms an important component of the Trust's strategy by supporting significant improvements to the quality of patient care and the efficient utilisation of resources.
2. The implementation represents a major change affecting all the core patient administration activities across the John Radcliffe, Churchill and Horton General Hospitals. (The system was already in operation at the NOC.)
3. This affects all appointments, all reporting, all inpatient and waiting list activity. In addition, the system has been clinically implemented in both the maternity service and the Emergency Department both at the John Radcliffe and the Horton. The implementation also involved merging the NOC data with the data from the other three hospitals within the Trust.
4. Inevitably, with the scale of this change there have been some problems but these problems were significantly less than in many other implementations. Some Trust staff taking time to familiarise themselves with the new system and the new workflows are taking time to bed in. Some of these temporary issues have impacted on patient experience.
5. The new EPR is critical to take the trust forward to improve patient care and safety and to enable the most to be made of opportunities to improving efficiency, develop new services and underpin clinical research. These objectives will only be fully realised when the clinical implementation has been completed during 2013.

EPR Implementation

6. The EPR Implementation has been a significant technical achievement, which has been the result of the hard work of very many staff from the trust and its supplier partners – BT and Cerner.

Project Scope and Complexity

7. This has been a complicated project and the following statistics illustrate this:

Data Migration Statistics

- Over 1.5m patient records were migrated with a 99.6% success rate
- Over 114,000 future appointments were migrated with a 99.7% success rate
- Over 30,000 referrals were migrated with 99.9% success
- The merger with the NOC index has occurred successfully with over 200,000 patients merged successfully

Training and other implementation statistics

- Over 3,500 staff were trained
- 10,000 smart cards have been issued with more than 3,500 new accounts being set up
- Additional training for some hundreds of staff has been provided since go live

Technical Statistics

- 900 new PCs have been installed
- 300 re-cycled workstations have been put in
- 80 computers on wheels have been deployed to support the Emergency Department and Maternity
- Over 400 specialist label printers have been put in
- Nearly 6,000 EPR application support calls have been handled since go live and over 1,000 configurations calls have been completed
- In January 281,000 inbound messages were sent in to the system with 1.3m outbound messages
- 36,000 lab requests were generated in January and 9,500 radiology requests

Operational Issues

8. As part of the implementation, monitoring processes were put in place to assess any adverse impacts on the level of service received by the Trust's patients.
9. There have been a number of areas where there has been some difficulty which is to be expected given the scale of change. The area that affected patient most was in the Patient Contact Centre where the new processes took longer than expected to handle and there were consequent delays in responding to patients because of the volume of work. This has been resolved with the introduction of some additional resource and calls are now being handled in a timely fashion with minimal backlog. Some patients also experienced delays in outpatient clinics as new systems have taken time to bed in.
10. Some data quality issues are arising with the new system. Many of these relate to training and understanding the new workflows. A programme of supplementary training for key staff on how to manage workflows in the new system has started and this will be followed up by additional refresher training targeting data quality.
11. A consolidation process is being progressed to identify and prioritise outstanding issues within each service to allow an action plan to be developed for the resolution of outstanding issues.

Service review

12. In parallel with the current work to ensure the system is operating properly a service review is being undertaken to optimise the use of the new system. In order to migrate data properly it was essential to map the way the old system worked to the new system. As part of the consolidation process a service review is planned with

each service over the next few months to optimise the build and ensure that the workflows between clinicians and administrative staff are made as effective as possible for each service thereby improving the patient experience.

Clinical Rollout

13. Alongside the work being undertaken to maximise the effectiveness of the new system, plans are in place to roll out the clinical components of the new system. This will be undertaken area by area and the old systems will be withdrawn as the new system is introduced. This new clinical functionality will include the electronic requesting and reporting of diagnostic tests and improved clinical documentation and communication. Plans are in place to have an exemplar area (Respiratory Medicine) which will be brought on line in early May. This will be followed by a roll out across the whole trust over the next year.
14. A new integrated clinical theatre system is also being brought in to replace the current system. This will support scheduling of cases and the delivery of much improved clinical information as well as supplying an integrated clinical record.
15. A detailed timetable for the next phases of the project is currently being drawn up. The roll out will also include the tracking of the project's benefits realisation plan.

Recommendation

16. The Trust Board is asked to note this report.

Andrew Stevens
Director of Planning and Information

John Skinner
Director of Oxford Health Informatics Service and EPR Programme Director