

Electronic Patient Record (EPR) Stakeholder Event

Sir David Sloman, RFL CEO

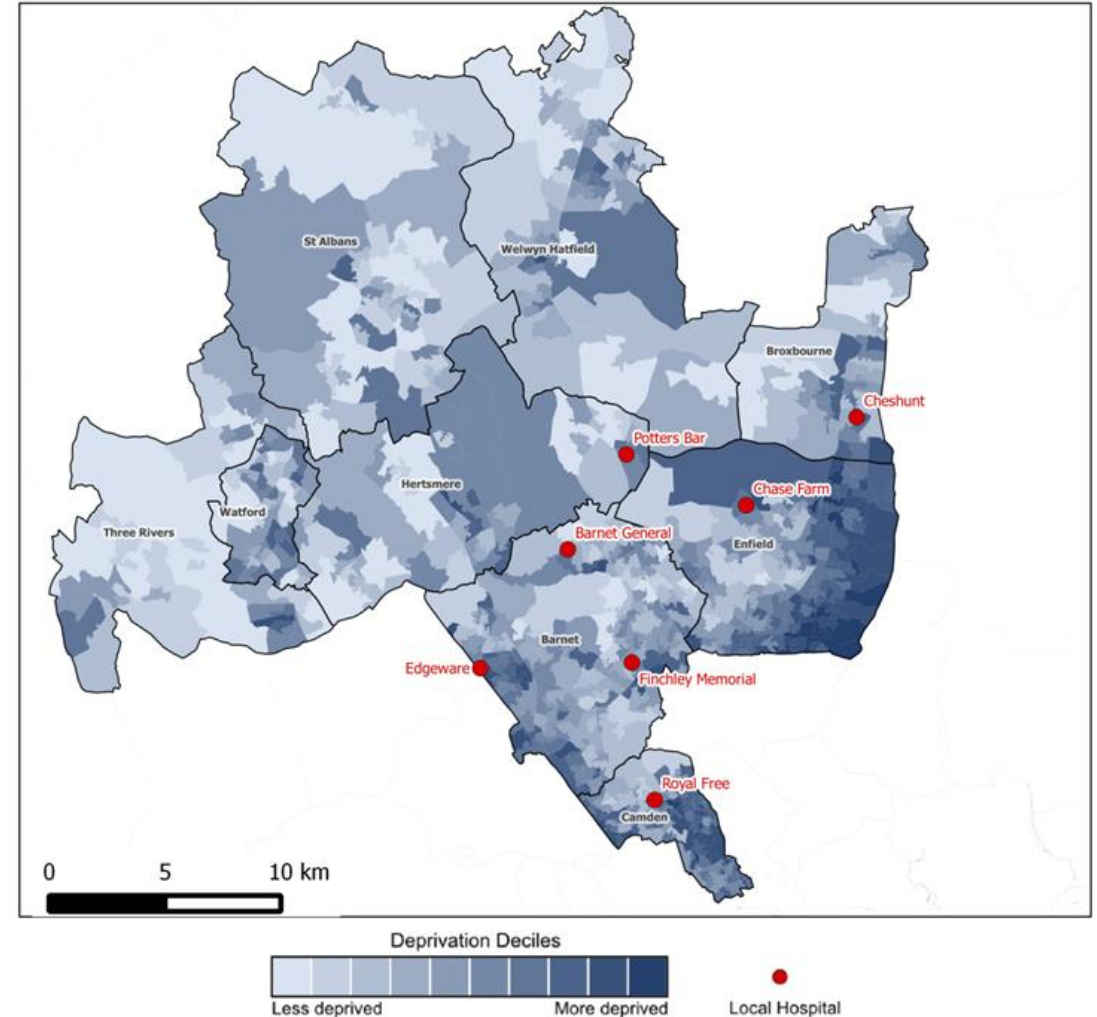
Chris Streater, RFL CMO/CCIO

Glenn Winteringham, RFL CIO

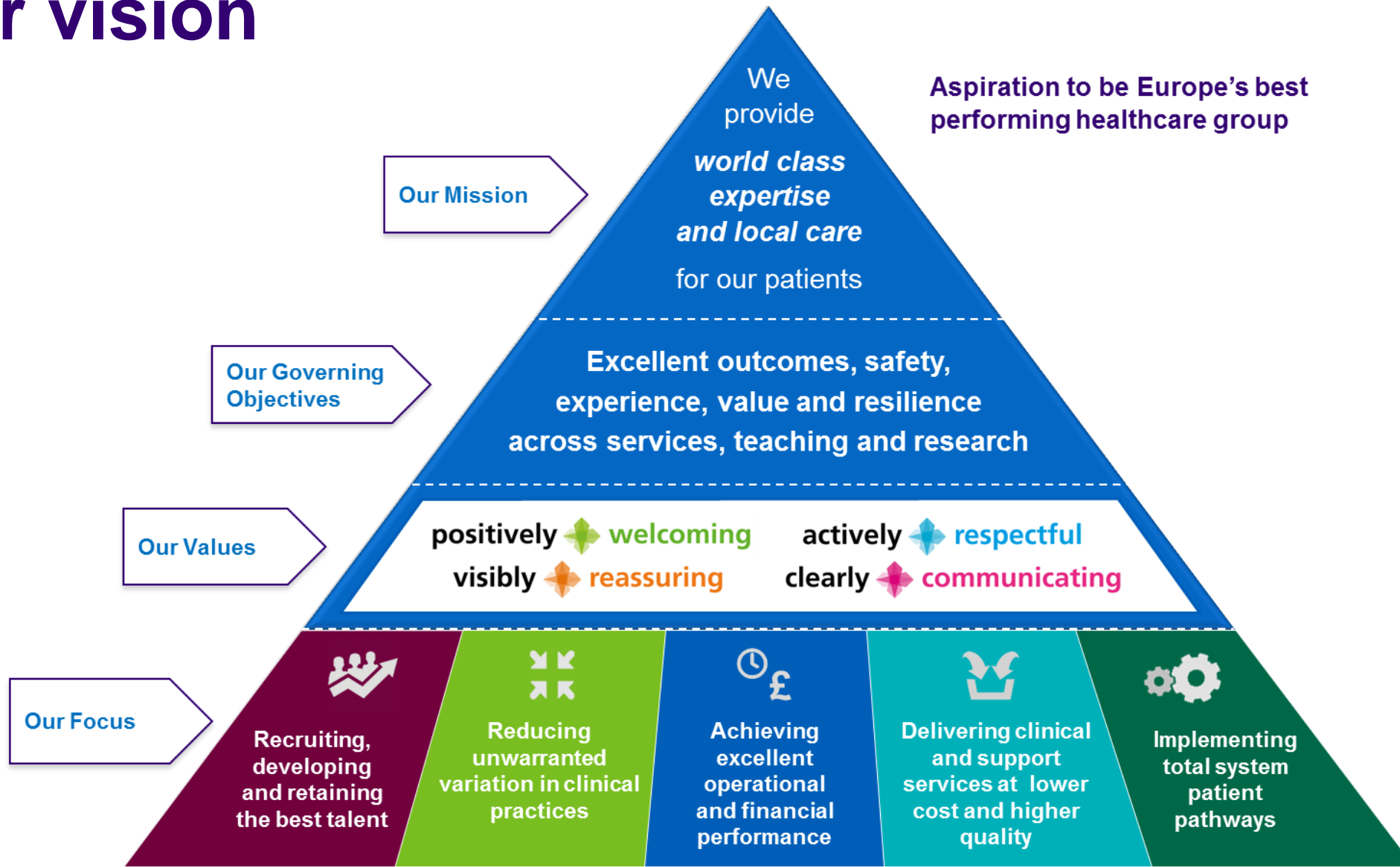
- 1. Royal Free London context**
- 2. Clinical practice groups (CPGs)**
- 3. Global Digital Exemplar (GDE)**
- 4. GDE innovation**

The Royal Free London NHS Foundation Trust

- 6th largest NHS Trust - £1bn+ turnover
- Manage 3 acute hospitals in north London
- 10,500+ staff
- 1.6m patient visits a year
- 2.5m catchment population
- Member of UCLP Academic Health Network
- NHS Vanguard for Acute Care Collaboration
- NHS Global Digital Exemplar



Our vision



Group benefits



Reduce variation in clinical processes

Standardise approach to non-clinical processes



Consolidate clinical services to drive quality and value

Consolidate clinical support services across the group

Centralise non-clinical activity



Effective leadership and workforce development

Better use of resources across the group

Effective performance management of members



Delivering system wide benefits through whole pathway re-design



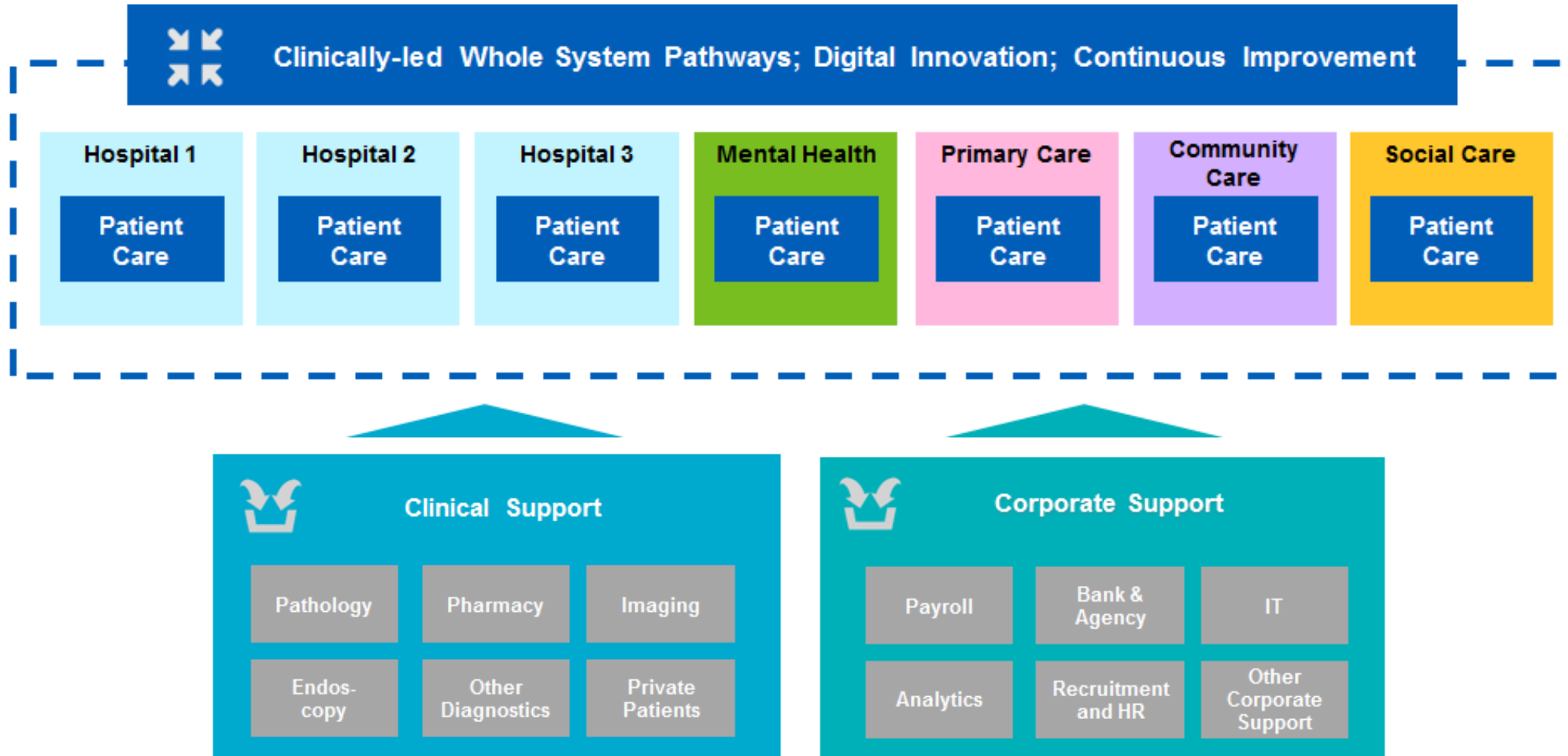
Key Benefits

Patient Benefits
Improved Safety, Efficacy and Experience of Care

Staff Benefits
Better Career Progression, Professionalism, L&D

System Benefits
Lower Unit and System Costs

The new model we are creating with our partners



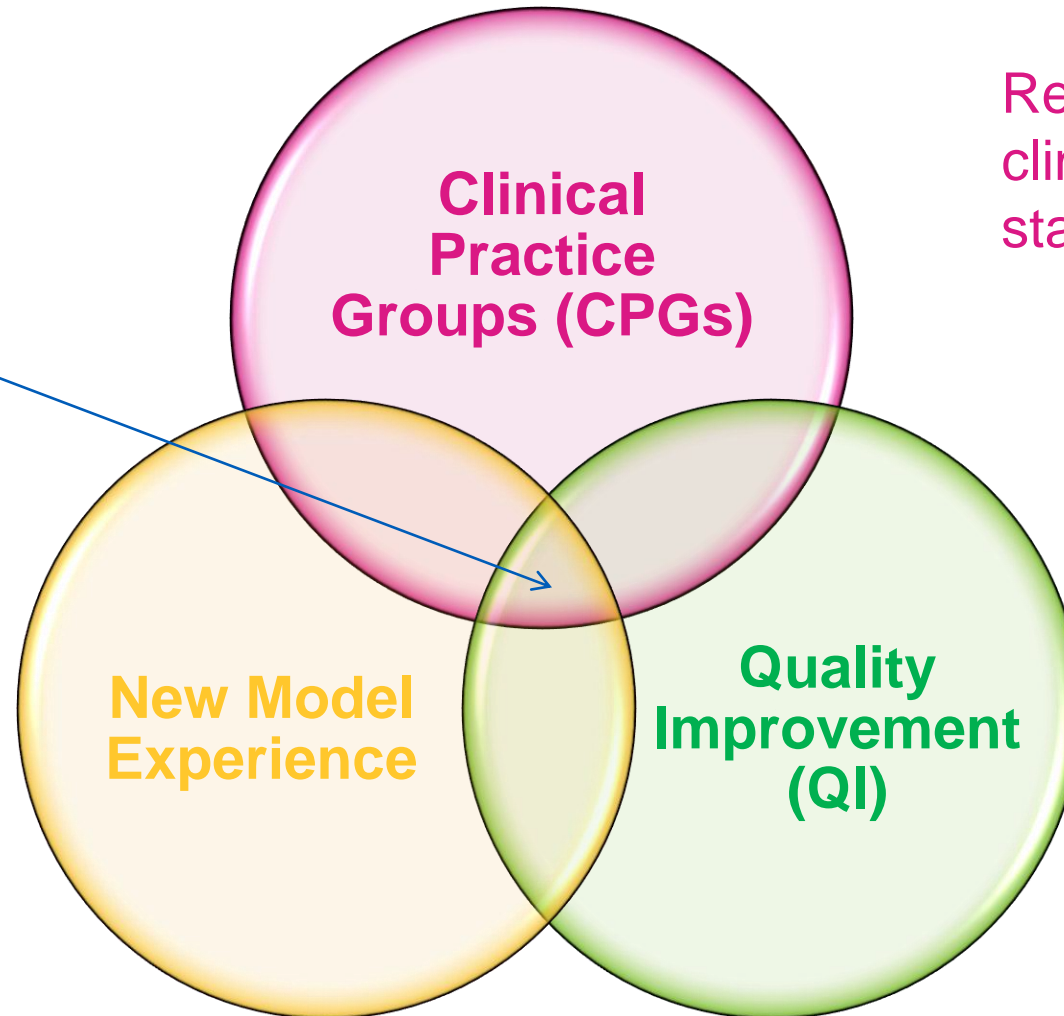
Single provider system able to be commissioned and funded on a population health basis

How CPGs, QI and Digital interrelate

Transform patient care,
safety and outcomes

Reduce unwarranted
clinical variation using
standardised pathways

Implement a Group wide
EPR to digitise CPGs



Develop a continuous
improvement culture

Old Chase Farm Hospital



New Chase Farm Hospital



New Chase Farm Hospital

- Digital hospital - HIMSS 7
- Paperless at the point of care
- Enhanced patient navigation
- Integrated medical devices
- Innovative digital solutions
- New IT infrastructure



Royal Free London group animation

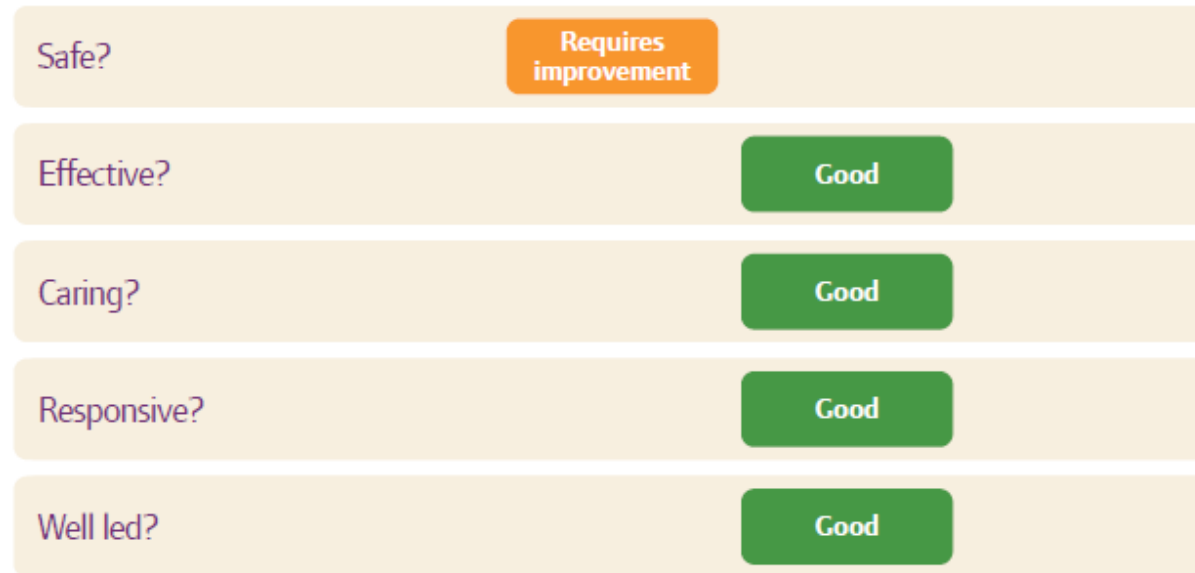


[Play the animation](#)

RFL Care Quality Commission rating



Are services



What's our rating? Barnet Hospital



	Safe	Effective	Caring	Responsive	Well led	Overall
Medical care (including older people's care)	Good	Good	Good	Good	Good	Good
Urgent and emergency services (A&E)	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Intensive/critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and gynaecology	Good	Good	Good	Good	Good	Good
Services for children & young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good

What's our rating? Chase Farm Hospital



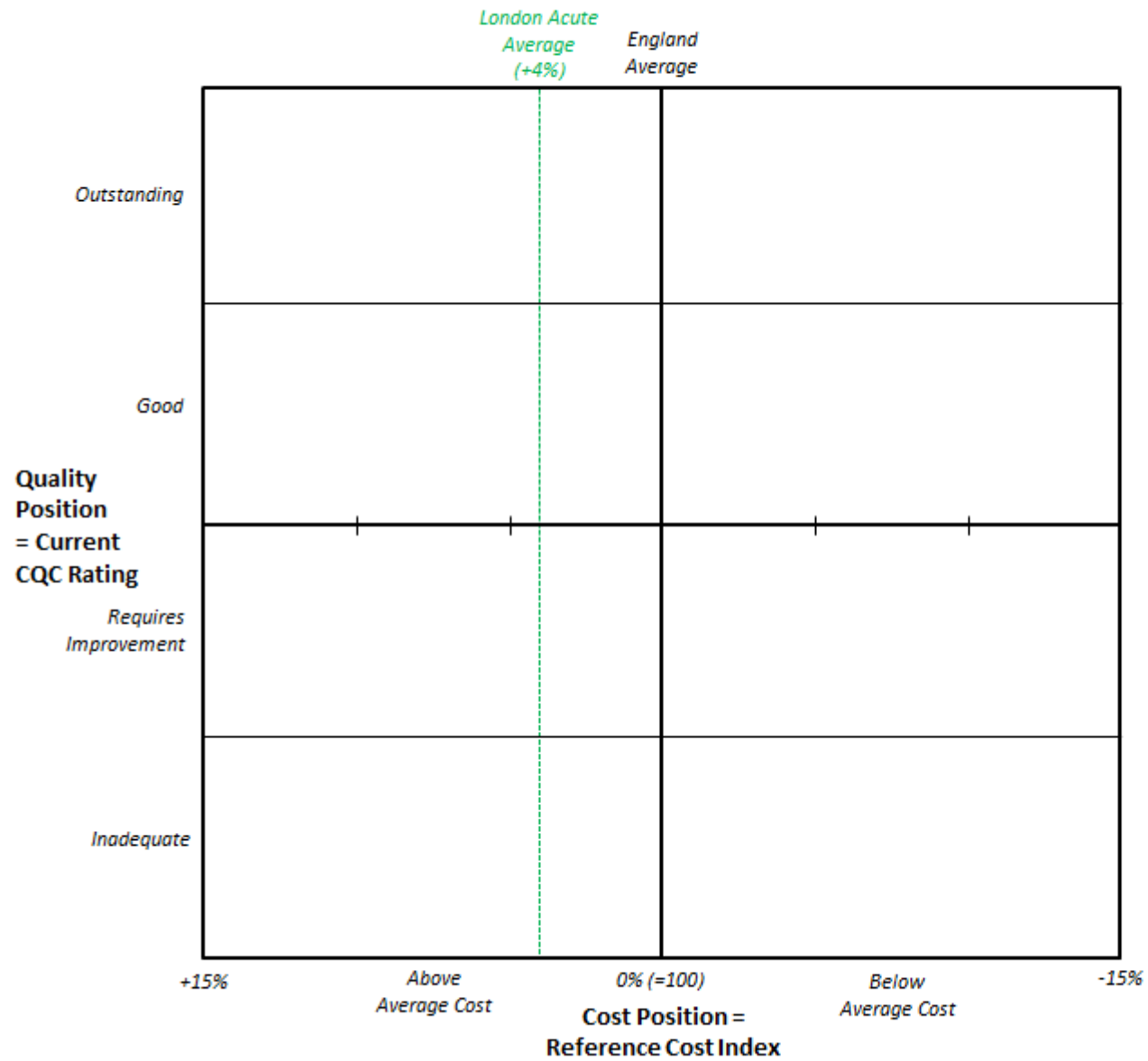
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What's our rating? Royal Free Hospital

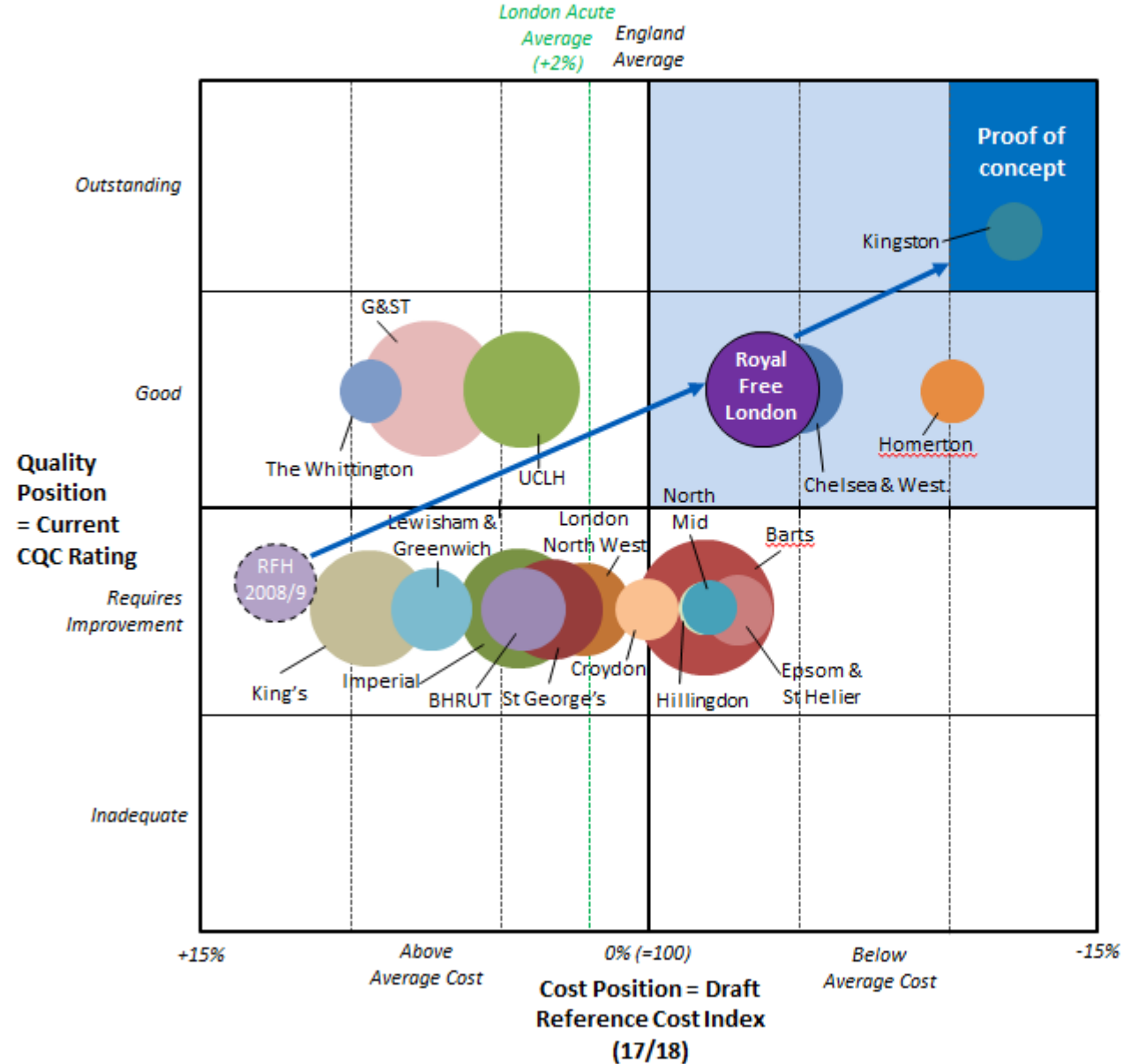


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Quality vs Reference Costs



Quality vs Reference Costs 2017/18



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Clinically-led digital transformation

CCIO



CMIOs



Pharmacy



CNIO



Maternity



What are clinical practice groups (CPGs) ?



Permanent multi-professional teams which oversee clinical strategy



Clinically led to drive redesign of care delivery



Agree evidence base and develop standardised care pathways

Clinical practice groups (CPGs)

What we are trying to achieve:

*Reducing unwarranted variation ;
increasing warranted variation*

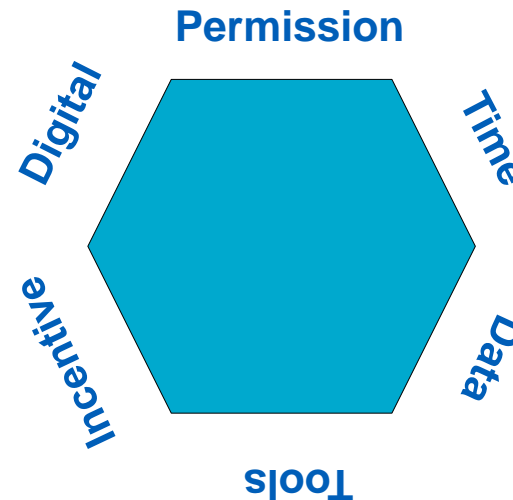
Initially within the hospital system;

then with partners across the health system;

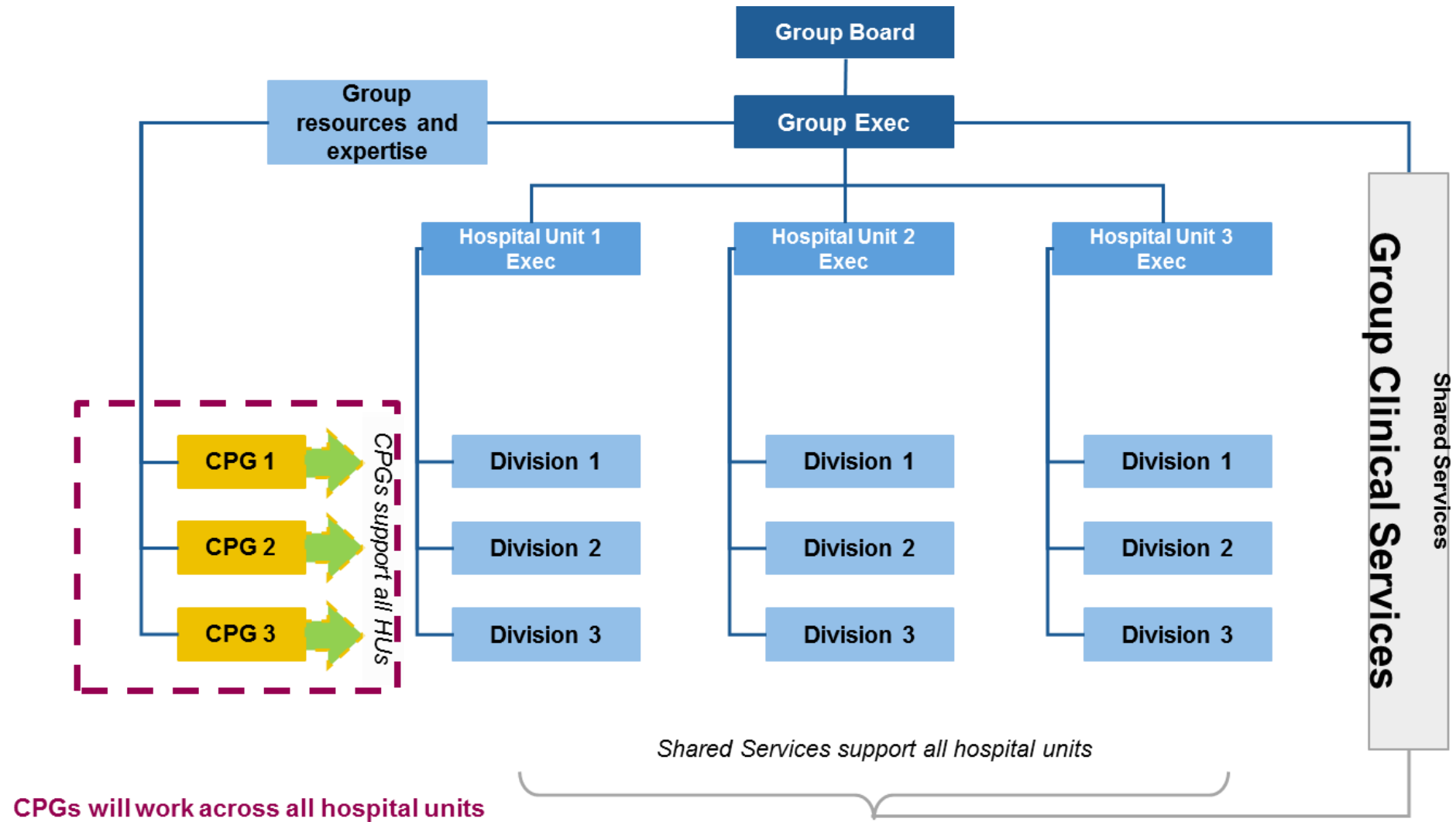
then across health and social care systems

How we are trying to achieve it:

*“Bringing clinicians around the data
and giving them the opportunity to improve”*



A clinically-led approach



What impact will CPGs have?

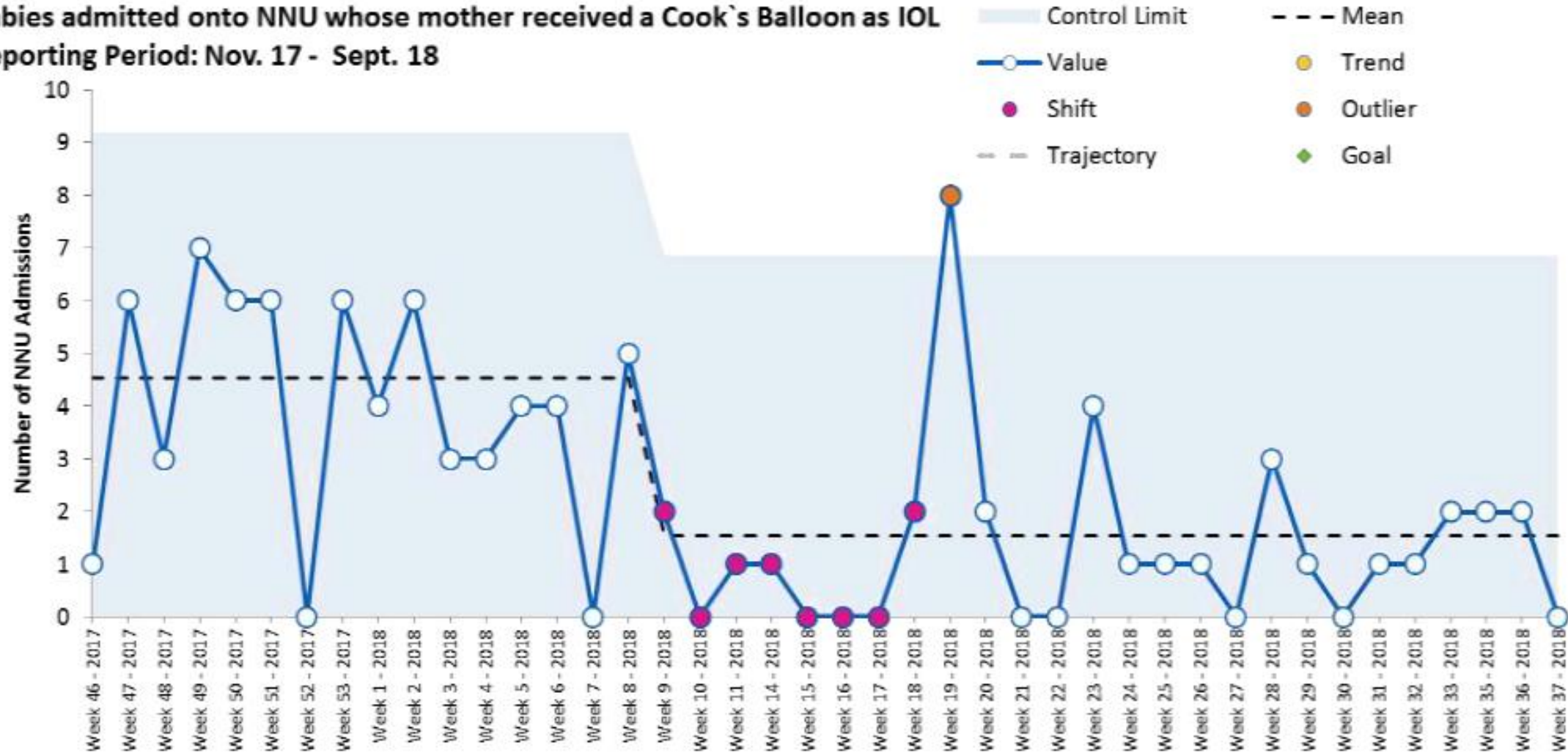
Ensure excellent clinical performance across all hospitals in the group

- Patient co-design
- Agree standardised pathways
- Clinically led redesign of care delivery
- Reduce unwarranted variation
- Deliver high quality safe care for all
- Monitor clinical outcomes
- Drive innovation and improvement
- Drive excellence in clinical research

Deliver highest value care

Keeping mums and babies together

Babies admitted onto NNU whose mother received a Cook's Balloon as IOL
Reporting Period: Nov. 17 - Sept. 18



Elective joint replacement pathway

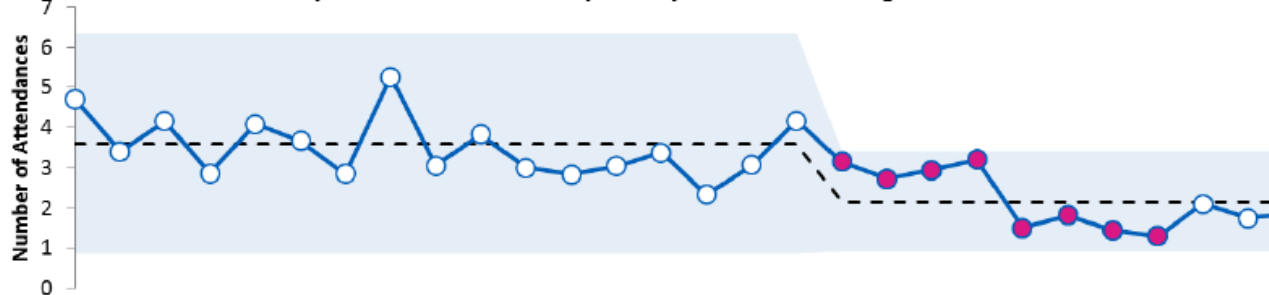
Mean number of outpatient attendances from referral to operation



Mean number of outpatient attendances post-op before discharge -Elective Hip



Mean number of outpatient attendances post-op before discharge -Elective Knee



International partner : Intermountain Healthcare

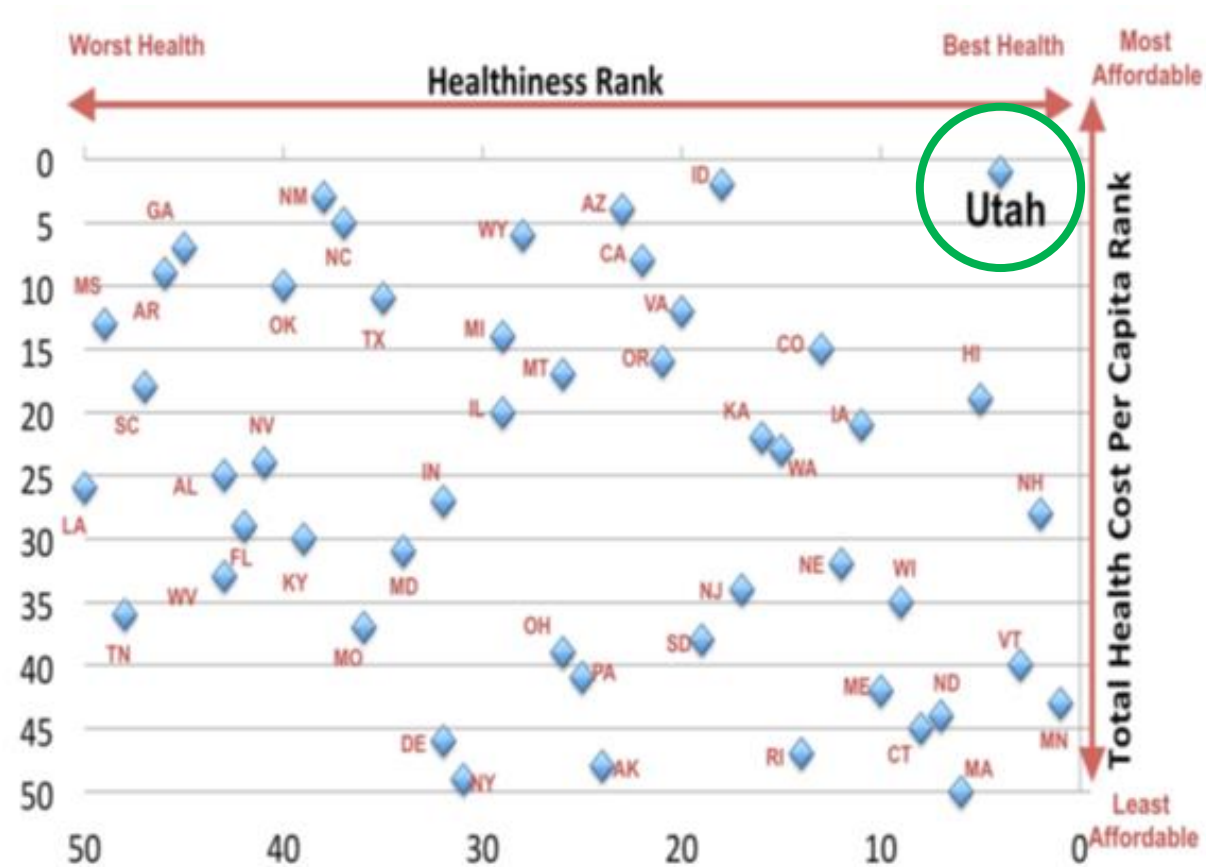


In developing our approach to reducing unwarranted clinical variation we have worked with Intermountain Healthcare



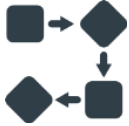
Why Intermountain Healthcare ?

- Deliver high quality, cost effective care across 232 hospitals in Utah
- 30 year history of standardising care process models (CPMs)
- Partnered with Cerner to digitise CPMs in Millennium EPR



1. Royal Free London Context
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- 3. Global Digital Exemplar (GDE)**
4. GDE innovation

What is our Global Digital Exemplar (GDE) ?



Reduce unwarranted clinical variation through digitisation of clinical pathways



Open the most digitally advanced hospital in the NHS at Chase Farm hospital in 2018

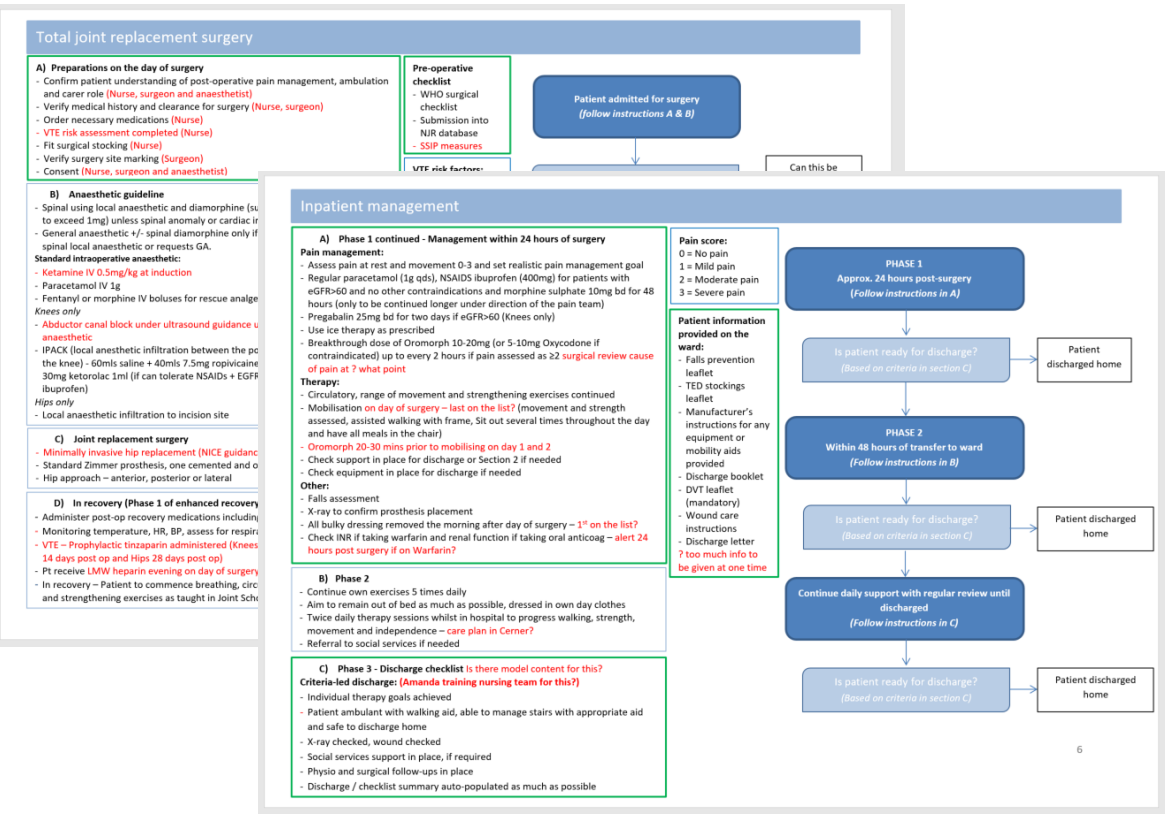


Implement population health management across NCL STP



Innovation and interoperability *e.g. DeepMind Streams*

Digitising 20 clinical pathways in EPR



JONES, MRS SARAH

Age: 68 years
DOB: 10/Jan/1950
Resus: Full Resuscitation

NHS: MRN: 10173
Sex: Female

Loc: Outpatient (22/Mar/2018 15:14:00 GMT)
HealthLife: No
FIN: 0100431
Consultant: Barton Dr, Clinton

Treatment Assessment / Treatment Options

Show Reference Text

Laterality

Laterality: Left Right

Diagnosics (L)

Plain Films: Y N

MRI: Y N

CT: Y N

Non Operative Treatment (L)

Appropriate Non Operative Measures Completed?: Y N

Treatment (L)

Does the Patient Consent to Proceed with Surgery?: Y N

Is the patient suitable for surgery?: Y N

Surgery (L)

Type of Surgery: Total Knee

Recommended Treatment Options

Total Knee Replacement - L Last Ordered: 22/03/18

Implementing New HIMSS 7 Model Content EPR



- Barnet and Chase Farm Hospitals
– November 2018
- Royal Free
– Summer 2019
- West Herts (potential Fast Follower)
– Summer 2020/21

Women's Health	Anaesthesia	Critical Care
Clinical Documentation	Theatres	Emergency Department
Medications Management	Orders Management	Patient Administration System (PAS)
Advanced Decision Support	Interfaces	Interoperability
Medical Record Printing	Locations, Security and Users	Historic Results
Operational Reporting	Financial Reporting	Data Migration
Pathology	Radiology	Theatre Supply Chain
Networks	Infrastructure (servers and storage)	End User Technology

What is going live and where ?

Chase Farm	Barnet	Royal Free
Maternity*	Maternity	Maternity
Anaesthesia	Anaesthesia	
Theatres	Theatres	
Clinical Documentation ⁺	Clinical Documentation	
E-Prescribing & Meds Admin	E-Prescribing & Meds Admin	
Medical Device Integration	Medical Device Integration	
Clinical Practice Groups	Clinical Practice Groups	




* = including foetal monitoring + = physician, surgical, nursing & therapy documentation

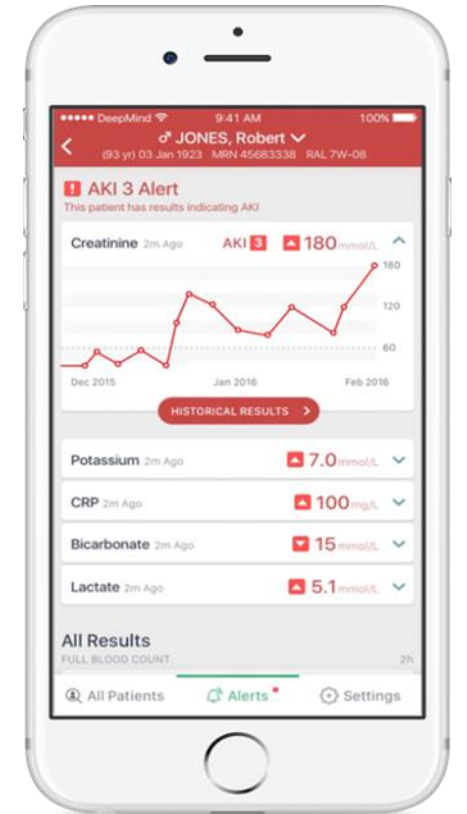
When is go-live ?

- New EPR is scheduled to go-live w/e **17-19 November**

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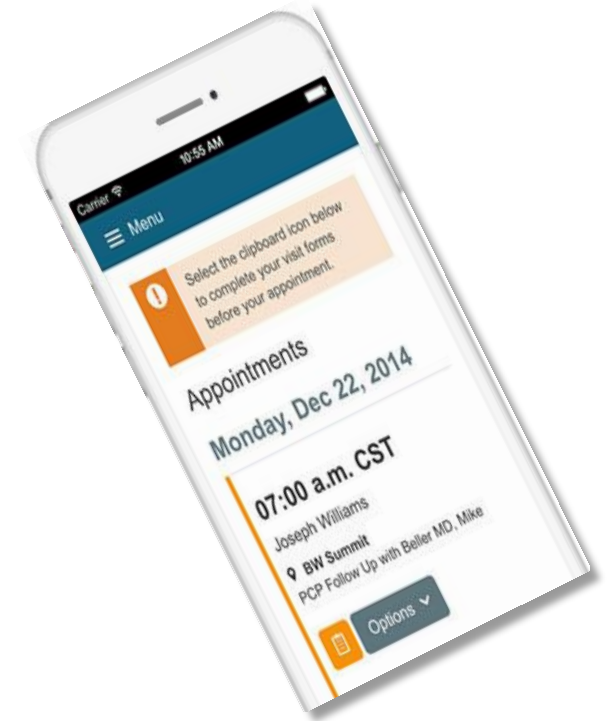
Digital innovation

- Mobile clinical alerts -  DeepMind
- Nurse Call System - **ascom**
- Speech recognition data entry -  NUANCE
- Self check-in and wayfinding - **intouch**
- Single sign-on/session persistence -  imprivata®



Patient portal

- View past and future activity
- Message clinical teams for non urgent medical advice
- Approved and finalised results
- Discharge summaries and letters
- Medication history and compliance
- Medical, social and family history
- Update allergies
- Add self care measurements (blood pressure, blood sugar, weight etc)
- Send alerts, educational material, surveys and questionnaires



Health Information Exchange (HIE)

- Real time, two way, secure view of patient information from different providers
- View within patient context from your local EPR solution *e.g. EMIS, Cerner*
- Will improve patient care, safety, outcomes and experience *e.g. ED see all medications, GPs see hospital episodes*
- Will reduce delays and release clinical time back into direct patient care

Jordan, Mrs Sarah - 60207661 Opened by Siator, Nigel

Task Edit View Patient Record Links Navigation Help

Message Centre Patient List Multi-Patient Task List EPR Discharge Planning - Hospital View EPR Discharge Planning - Ward View Social Services Outstanding Ward VTEs BMJ BNF

Tear Off Attach Change Suspend Exit AdHoc Communicate

Jordan, Mrs Sa... x

Jordan, Mrs Sarah 21/08/1922, 95 years, Female MRN: 60207661 Encounter Loc: NHS: 485-337-9371 Encounter Doc: N/A Additional Info scroll down...

Menu

- Flowsheet
- Patient Information
- GP Details
- Orders
- Clinical Notes
- Form Browser
- Task List
- EPR Discharge Planning
- EPR Discharge Planning ...
- Training Vids
- Community View

Community View

Loading...

JORDAN, SARAH Gender Female DOB 21/08/1922 Age 95 years NHS No 485 337 9371 Source MRNs (4)

HIE ID 0000005000 Phone 0127-622-2333

Disclaimer This is an aggregate summary of medical information obtained from multiple participating healthcare providers. This clinical summary is intended to support optimal patient care. It is not intended to replace the patient's medical record nor is it guaranteed to encompass all historical information on this patient. It is provided to you in conformance with patient privacy requirements. Hide

Loading data for partners 100%

New MIG test server Finished

Search Also in Reports Timeframe: Results: View option: Sources: Encounters:

All Records All Records Automatic All Sources All Encounters

Reset

GP Reports (10) Summary

Report Name	Performed by	Date Completed	Source
Medications		23/05/2018	M
Examinations		23/05/2018	M
Investigations		23/05/2018	M
Problems		23/05/2018	M
Diagnosis		23/05/2018	M
Summary		23/05/2018	M
Events		23/05/2018	M
Procedures		23/05/2018	M
Risks/Warnings		23/05/2018	M
Patient Details		23/05/2018	M

Lab results (115) Result Sets/Orders

Order Name	Date Resulted	Source
Biochemistry	14/09/2016 00:00:00 GMT	4
Physiology	14/09/2016 00:00:00 GMT	4
Haematology	14/09/2016 00:00:00 GMT	4
Biochemistry	10/11/2006 00:00:00 GMT	4
Haematology	13/10/2006 00:00:00 GMT	4
Urinalysis	01/09/2006 00:00:00 GMT	4
Biochemistry	21/08/2006 00:00:00 GMT	4
Urinalysis	27/07/2006 00:00:00 GMT	4
Biochemistry	02/09/2005 00:00:00 GMT	4
Biochemistry	12/11/2004 00:00:00 GMT	4

BUILD INSULATOR 23 May 2018 12:38

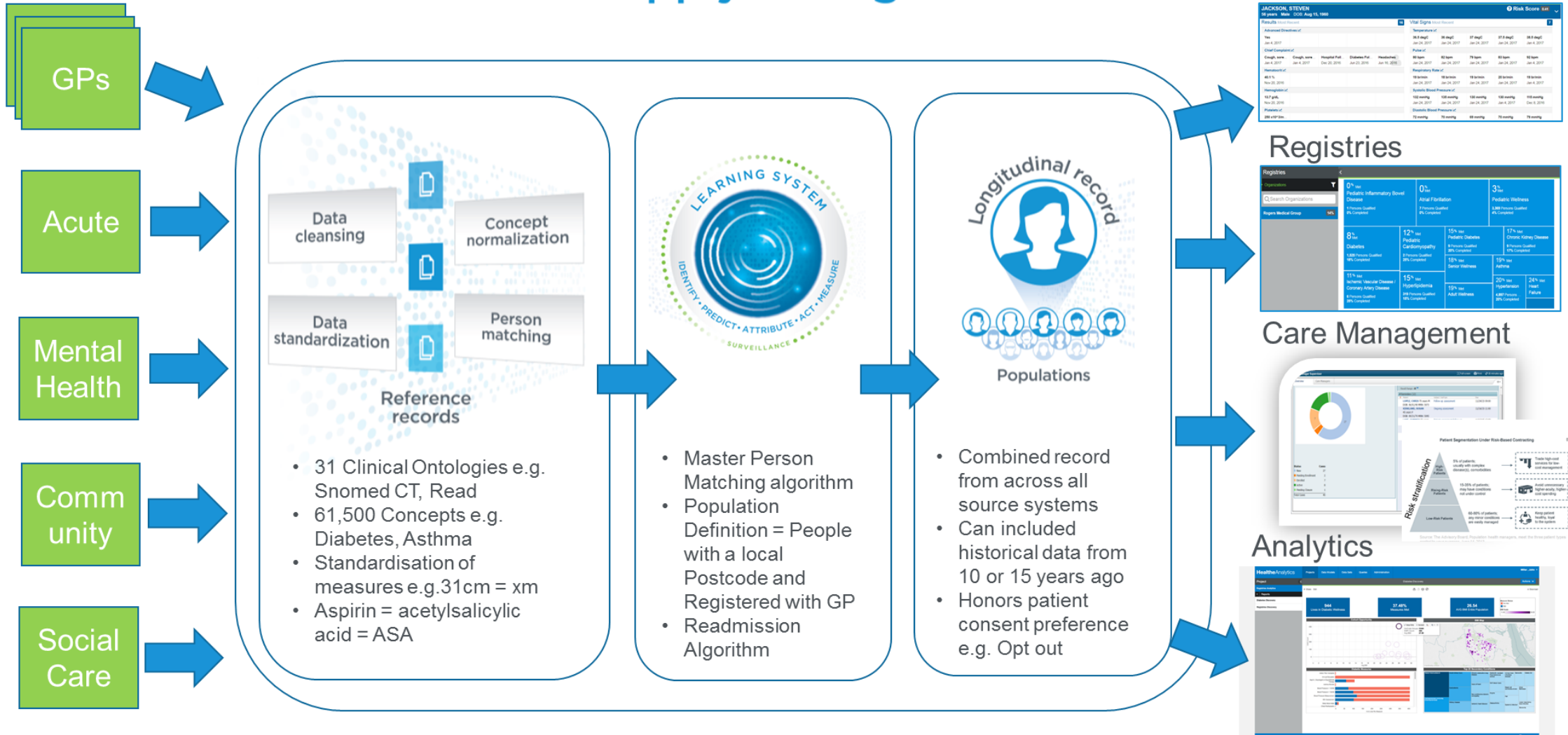
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Population health management

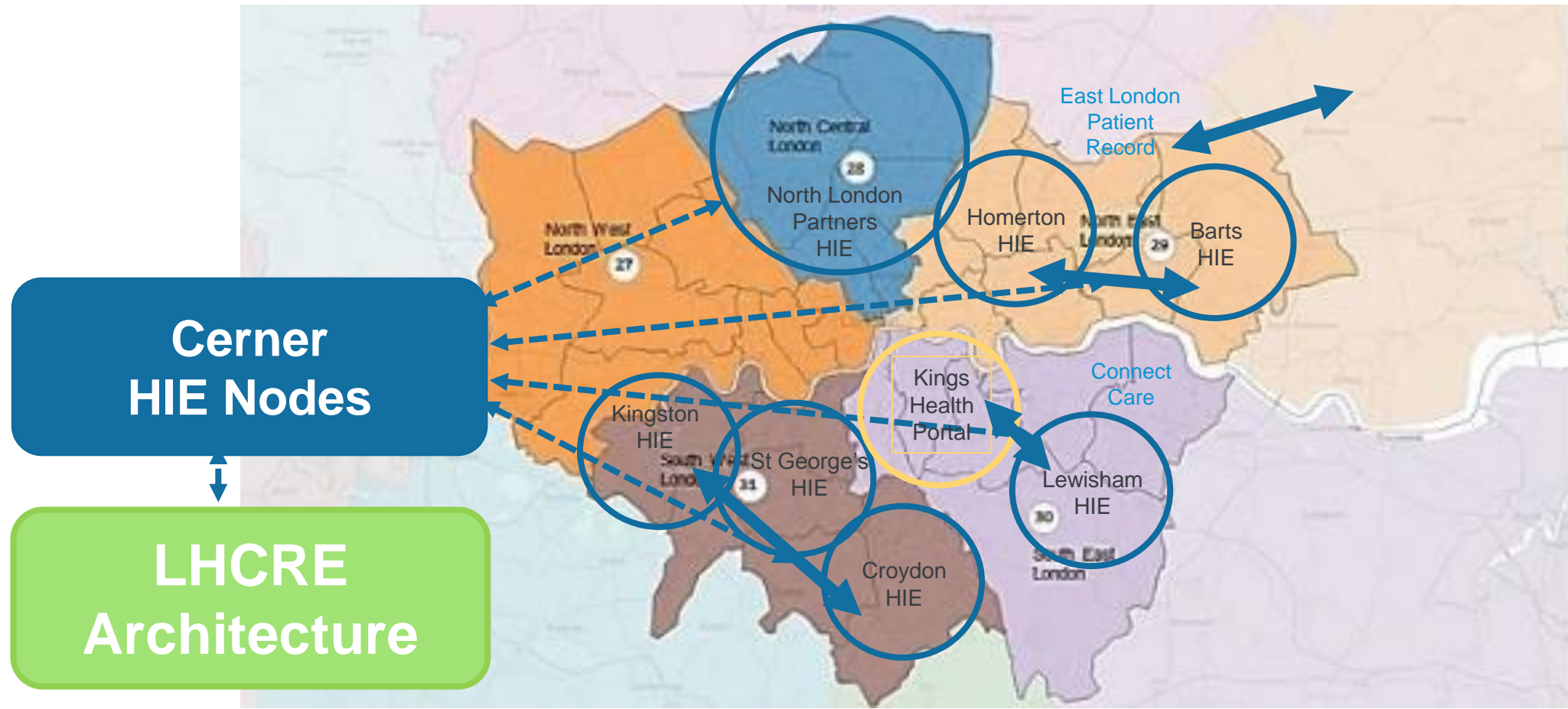
Aggregate and normalize

Create and apply intelligence

Act and measure



London Health Care Record Exemplar (LHCIE)



Innovation - DeepMind Streams



Can DeepMind help alert us earlier about life threatening acute kidney injuries?



Dr Chris Laing
Consultant Nephrologist
Royal Free London

Acute Kidney Injury (AKI)



25%

Contributes to a quarter of all hospital admissions

40,000

Deaths / Year in England

£1.2billion

Cost to the NHS

Any questions?

world class expertise  local care