



From recovery to a five year roadmap

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Sunrise EPR

Our digital
journey >>>

Altera
DIGITAL HEALTH

In 2018 we had...



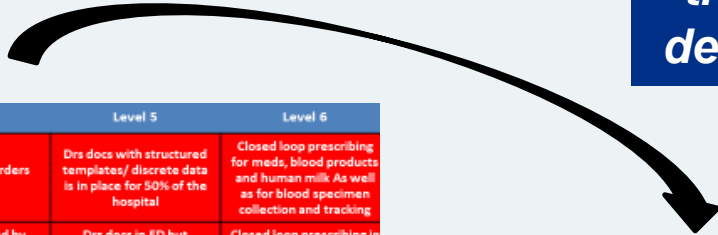
- 300,000 data-quality issues
- £16m worth of lost money
- No patient waiting list data
- No 18 weeks RTT
- Disgruntled and disengaged clinicians
- National and local scrutiny

- Investment in cyber security
- Network replacement
- Investment in skills and staff
- Improving IT reputation with staff and partners
- Convincing the board

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Our goal

“The lowest digital maturity for an NHS trust of its size and demographic” (2018)



HIMSS 0.2 to Level 6 in five years

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
PAS	Single Clinical Data Repository/ EPR	Pharmacy Management System	50% of medical orders digital	Drs docs with structured templates/ discrete data is in place for 50% of the hospital	Closed loop prescribing for meds, blood products and human milk As well as for blood specimen collection and tracking
Radiology Information System	Clinical Decision Support within the CDR	Electronic Meds Admin	Orders supported by clinical decision support	Drs docs in ED but excluded from 50% rule	Closed loop prescribing in 50% of the hospital
Cardiology Information System	VNA/ Document Management System Linked to CDR	50% of Nursing & AHPS documentation in EPR	Orders in ED (but doesn't have to be 50%)	Timeliness of order completion trackable	Closed loop capability in ED but excluded from 50% rule
Labs Management System	Oncology Management Software	EPR Used in ED	90% of Nursing & AHPS documentation in EPR (excluding ED)	Intrusion Prevention system in place	EPMA integrated with Orders and labs to maximise safe point of care processes
Radiology and Cardiology PACs	Access to 95% of Lab Results through EPR	Role based access in place in EPR	Access to regional database eg SCR/ JUYI	Hospital owned portable devices are authorised and can be wiped remotely if lost/ stolen	5 rights of medication CDS in place
VNA - Storage and access to Non-DICOM images	Access to 95% of Radiology Imaging reports in EPR	Storage of protected patient data on local devices is prevented	EPR downtime access to allergies, problem lists, medications & lab results		At least one example of advanced CDS eg Sepsis risk assessment triggers protocol
	Access to 95% of Cardiology Imaging reports in EPR		Intrusion Detection System in place		Mobile/ portable device policy and practices applied to user own devices (BYOD)
	IT security Policies: Physical access/ acceptable use/ data destruction		CDS in nursing documentation (eg risk assessment triggers care)		Annual security risk assessments completed and reported to appropriate hospital forum
	EPR available remotely				
	EPR new user training policy & existing user security reviews				

June 2019

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Our digital vision

- Clear and visible digital leadership.
- Recovered systems and reassured demotivated staff.
- Board buy-in for continuous improvement built on assurance and safety.
- Clinical wrap around existing PAS and sophisticated integration.
- Deliverable strategy supporting organisation's vision.
- Strong foundations through stable infrastructure.
- Long term improvement and optimisation.
- Prioritised communication, engagement and continuous feedback from clinicians and operational teams.

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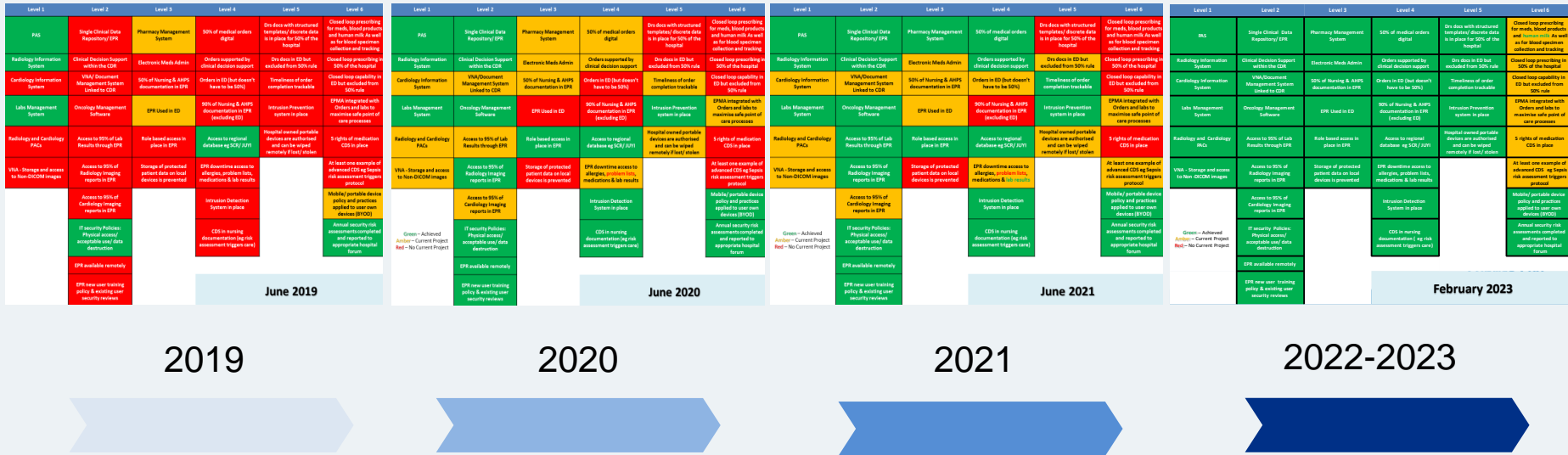
One bite at a time



- Transformation to suit your organisation
- Broad brush strokes of digital functionality
- Improve safety and reliability of care
- Focus on where paper is being used

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2019 - 2022



2019

2020

2021

2022-2023

Harnessing power of EPR

- EPR to predict risk of long stay – AI tool
- EPR dashboards to support county-wide system flow
- EPR to release beds and support early discharges – thanks to ePMA & site dashboards

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Download our case study:

How Gloucestershire Hospitals NHS Foundation Trust managed its ED EPR go-live with minimal disruption.



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Gloucestershire Hospitals
NHS Foundation Trust

Questions?

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**Our digital
journey** >>>