

digitalhealth

REWIRED

LONDON

14-15 MARCH 2023

Headline Sponsors:



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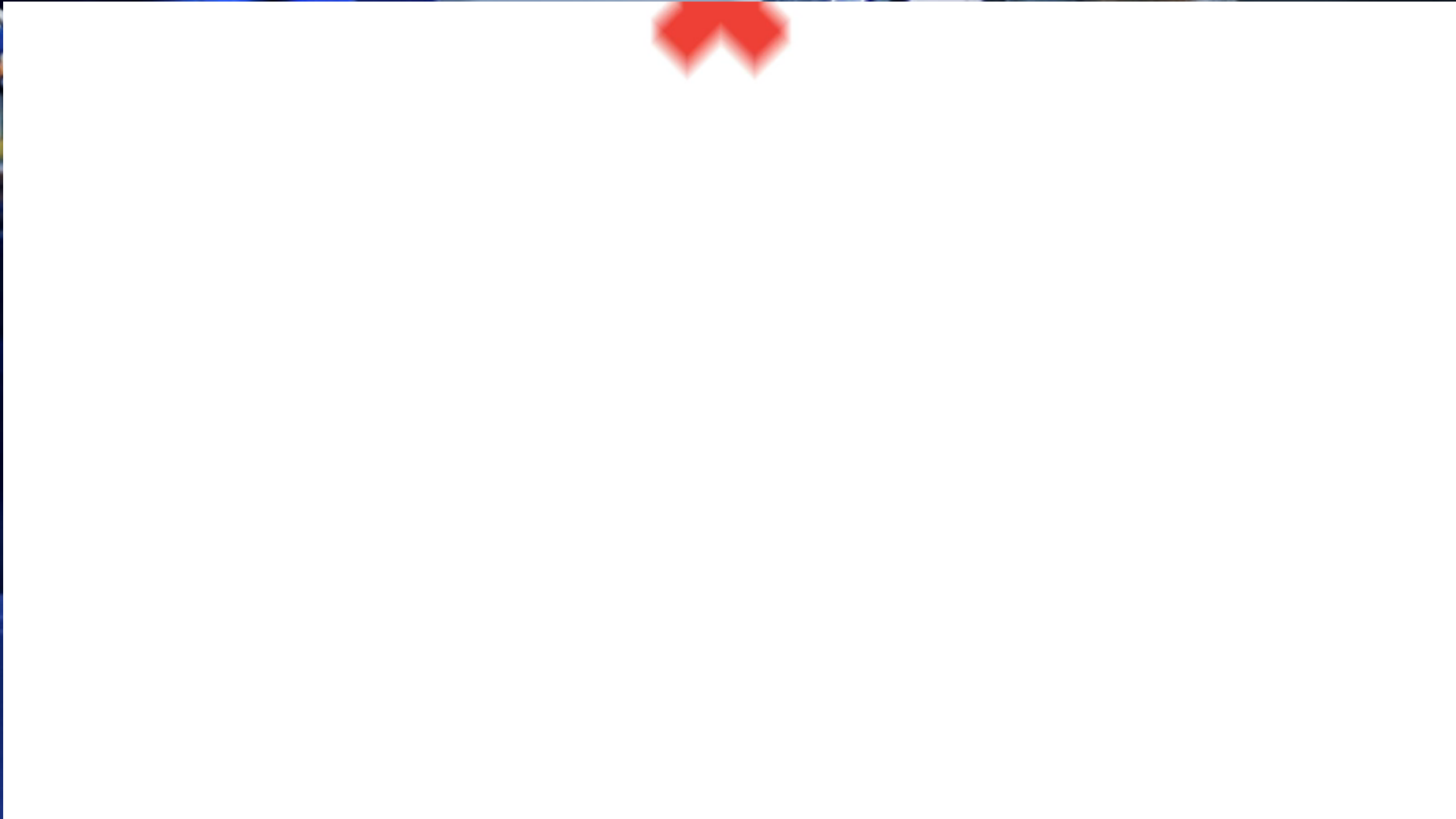
Best Practice Session: Start with why?

How to effectively transition
from a paper to a digital
medical records services.

Patients.
Not Paperwork.



What do we do?



Start with why...

Patients

Dr Tim Ferris, NHS Director
Transformation

"...in this day and age in 2022 it's not okay to be personally witnessing mistakes being made on paper"



Staff

Speed, accuracy, and a positive
working environment for our team



Community

Assist the agenda to connect our hospitals to work together

- To digitise legacy and day-forward paper records so they are easier to share and enable quick, easy access to health records at point of care

- Reduce cost of managing the health records of our citizens






- To lower our carbon footprint

- Release valuable storage space or the cost of off-site storage

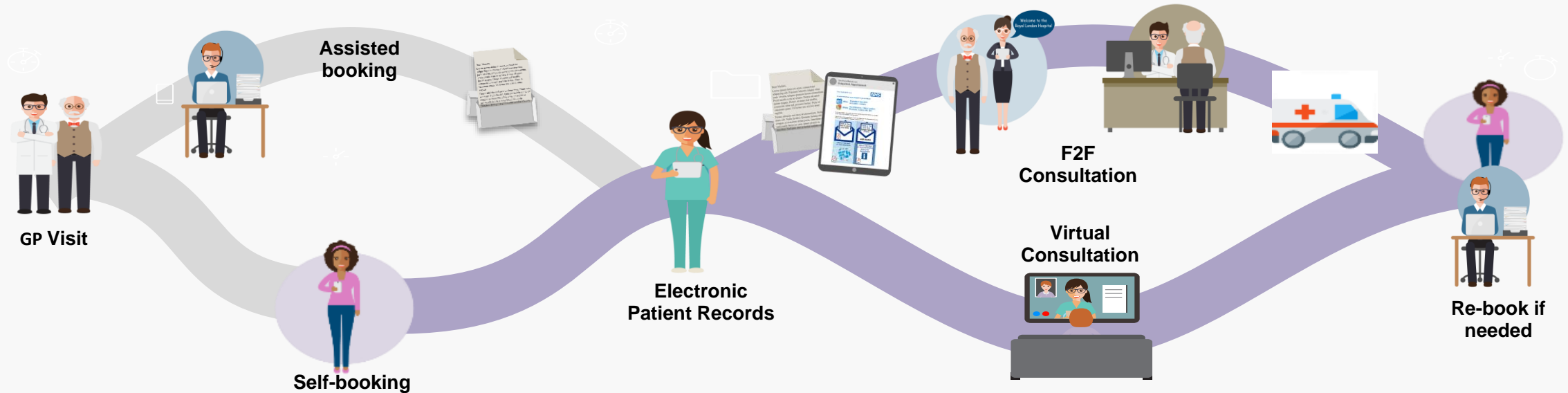
To support the ePR plans for a common system to enable patients to move around the NHS

Transforming and sharing our medical records operation across our ICS is a primary lever to decrease clinical risk and our backlogs; increase productivity and staff wellbeing, and we will lower our operating costs by doing so.

Funding the EPR transition

What?		Reduction
	Reduction in headcount associated with the previous paper centric process	50 to 70%
	Reduction in Trust floorspace (space then made available for clinical purpose)	Entire building
	Reduction in offsite storage costs	100%
	Clinical risk elimination (error & missing rates)	4% to 0.4%
	Carbon accounting	2.8 billion pages or 1000 tonnes+ CO2
Example total for a 1500 bed hospital	£9.75m or £2m p/a	NHS England Audit Of NHS Imperial

Medical record transformation in context:



Removing the slowest moving object is key to realising benefit

Implementation of an EPR

Background



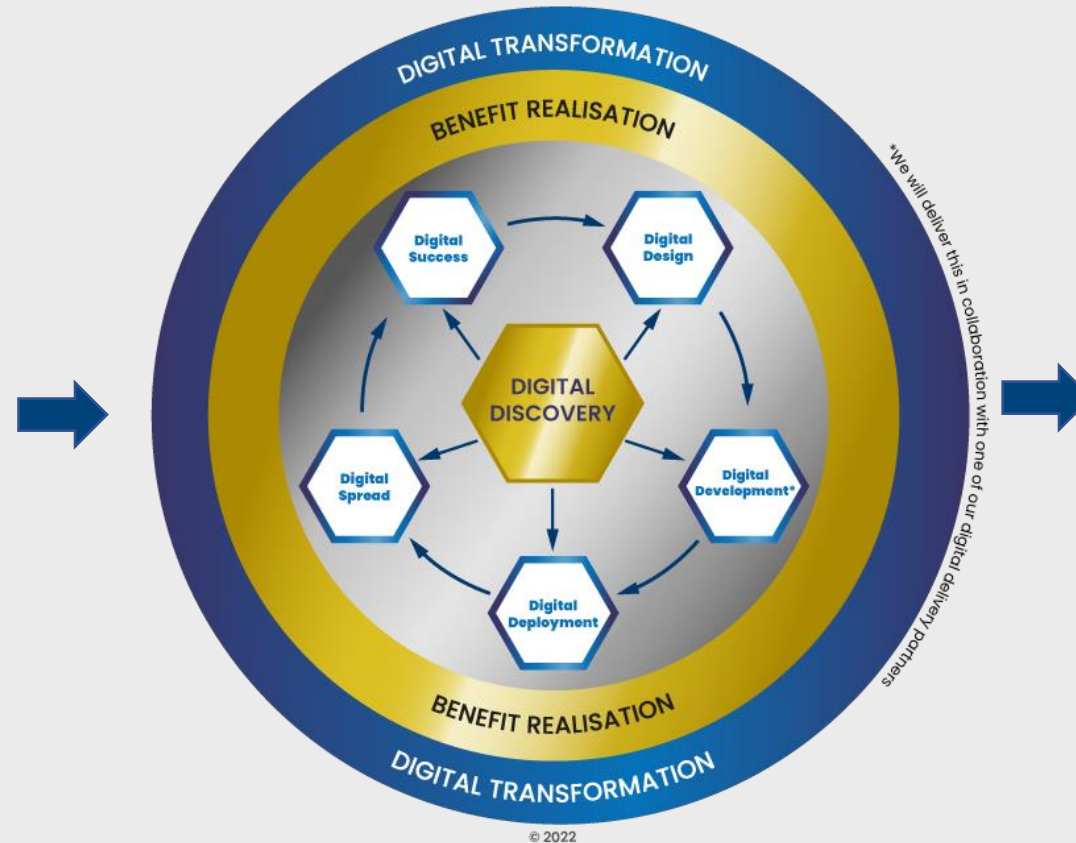
Consists of 3 NHS Trusts:

- Cambridge University Hospitals Trust (**CUHFT**)
- Royal Papworth NHS FT (**RPFT**)
- North-West Anglia Foundation Trust (**NWAFT**)

All in different stages of their EPR journey...

- CUHFT** have one of the best EPRs, they don't want to change
- RPFT** have an EPR but the contract is up
- NWAFT** need an EPR

What role is HIC playing?



By applying the HIC Delivery Model

Outcome

Stage 1 - complete



- ✓ Stakeholder interviews and Summary Report
- ✓ EPR Landscape Review

Stage 2 - complete



- ✓ Detailed options appraisal to provide recommendations on the best next step
- ✓ Procurement design

Stage 3 - pending



- Training and Education
- Change Management
- Risk Management

Stage 4 - pending



- Understanding the barriers and challenges to current adoption
- Engagement, Strategy and Planning