

Making the most of your EPR:

how to get your board on board.









Practice director - human centred design

PeopleDotCom

Maslow's hierarchy of needs





"An EPR is just the cost of doing business"

Jim Ritchie CCIO Northern Care Alliance

(HETT North panel)

Making the most of your electronic patient record system (NHS Providers, January 2023)

public digital





Usability is...



- Patient safety issue
- Patient experience issue
- Clinical safety issue
- Staff satisfaction issue

73% of organizations have two physicians of the same specialty using the same EPR in which:

- One physician strongly disagrees that the EPR enables them to deliver high quality healthcare.
- One strongly agrees that the EPR enables them to deliver high quality healthcare.

Stakeholder Impact on Net EHR Experience Score[†]

Percent of variation in satisfaction that is attributable to each EHR stakeholder; all Collaborative respondents



User

experience

Overall, the nursing workforce has a high level of digital literacy - the **poor user experience** reported frequently appears to be around **design and function** rather than a lack of literacy or enthusiasm for technology. The workforce also has an appetite for high functioning technology and can see the potential of new applications,

Lack of involvement

Nurses often stated that technology, particularly that which schedules work, is **deployed without consultation, user experience trials** or impact assessments.

Connectivity

Systems were felt to be **impersonal** and **not well designed**, acting as a barrier to interacting with patients. Work was intensified by repetition with dual entry on paper and into platforms required, often because of poor connectivity or design.

Usability issues

Systems are **slow**, with 74% reporting connectivity issues; issues with power, for example battery life; the suitability of both hardware and software, using **old heavy laptops**, authentication challenges, multiple platforms, little integration and repetition of data entry. "The doctors actually gives us a printout of everything she wants us to do for the patient. So extra tests and forms and questionnaires."

"Everyone needs their own computer, it is frustrating to have to log on every time"

"I had to teach myself to use the systems by error"

"We do not have time for the wheel of death"

"It takes more than 10 minutes to log in."

"With all the hardware problems and infrastructure, an EPR would destroy us"

How to make your board care about the EPR

Create a Paradigm shift

- Create a paradigm shift from the EPR as a technology product to a **sociotechnical endeavour** talk about it in this way and shift the dial on how it is perceived
- Set out how the EPR contributes to the overall goals of the system so the relationships and contribution are evident to everyone
- Devise a seat of **meaningful benefits** related to the EPR's contribution to the wider system as a whole

How to organise your EPR optimisation

Resourcing & organising EPR optimisation

- Put in place the right capabilities and capacity for the **social change** aspects of the EPR over time
- Seek to understand problems & design with end users so you are meeting their needs and goals
- Use **data** from the EPR to learn about what is working and not working - don't rely on the most senior person or with the loudest voice
- Create a relationship between the EPR team and the system(s) so you get **regular feedback from users** - go to them rather than expecting them to come to you

Case study:

SystmOne optimisation





What I learnt...



- EPRs hold the promise of saving time, improving patient experience and staff satisfaction.
- A non-optimised EPR compounds the very problems it is supposed to alleviate.
- EPR optimisation is a sociotechnical endeavour that requires investment in human factors and systems, as well as infrastructure.



Thank you

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