

digitalhealth

REWIRED

BIRMINGHAM 12-13 MARCH 2024

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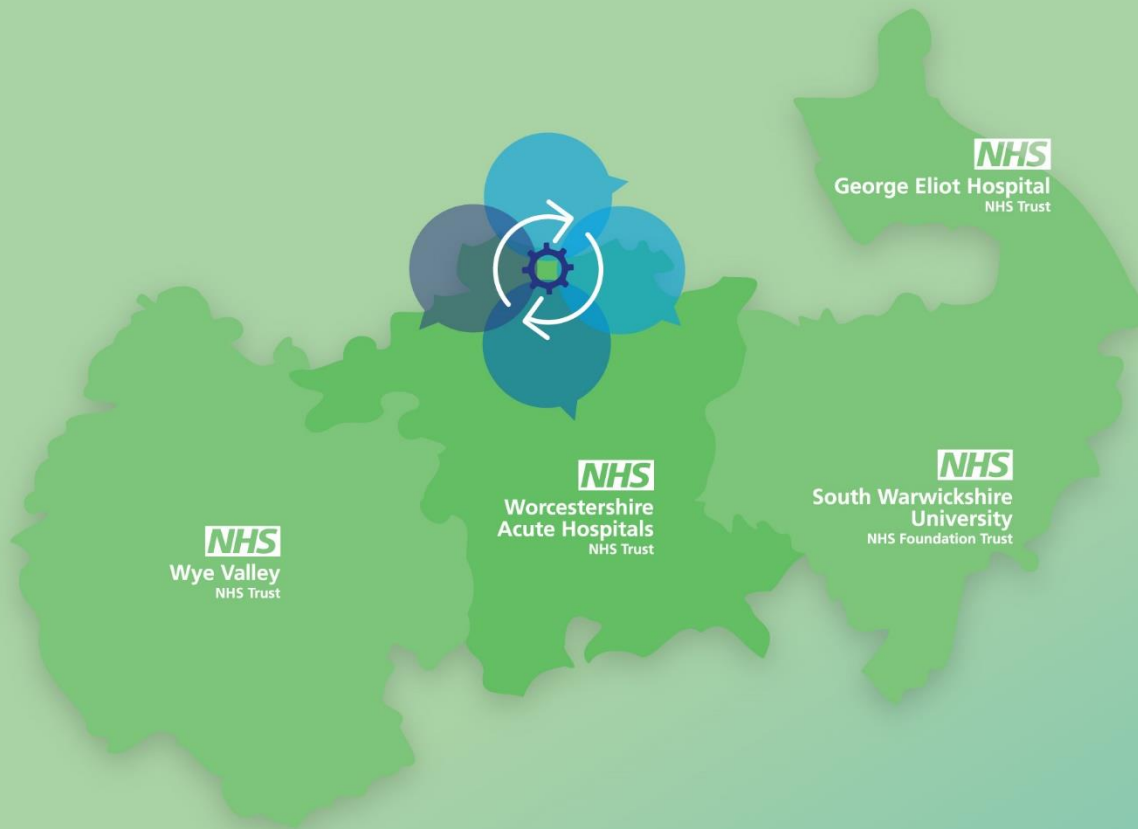
EPR PROGRAMME DIRECTOR
WORCESTERSHIRE ACUTE HOSPITALS
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Unlocking Digital Maturity in Healthcare EPR Foundations

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Trust Overview and EPR Aspirations

Altera
DIGITAL HEALTH



- Worcestershire Acute Hospitals NHS Trust (WAHT)
 - Large Acute provider, Worcestershire Place and one of the largest employers in the county
 - 800+ G&A beds, Maternity, Oncology, Paeds, OP and specialist services
 - Plus Virtual Wards (growing in volume)
 - 3 Main sites
 - Worcestershire Royal Hospital (WRH)
 - Alexandra Hospital Redditch (AGH)
 - Kidderminster Treatment Centre (KTC)
 - Newest member of the South Midlands Foundation Group (August 2023)
- Our Sunrise EPR Journey started in 2019 – aim is to deliver a clinically focussed, safe EPR
- Group Zero Frontline Digitisation Trust – EPR would allow us to accelerate digital maturity
- Deployment was due to commence April 2020 but then..... Covid
- Deployment commenced in earnest June 2022
 - Phase One Scope (Adult IP Documentation, e-Obs, internal referrals and access to Sunrise across the Trust) – Go live Jan 23 and we have just celebrated our 1st birthday....



Building Block 1: Clinical Engagement

Ambition

- To deliver a clinically focussed EPR to support our patients and clinicians

“A system designed for patients by clinicians”

- Shared vision throughout the Trust, from Board to Ward....
- Clinical engagement throughout but do not forget core principles

Why is Engagement Important?

- Seismic change in approach / mindset!
- Trust values!
- Culture!
- Do what we said we'd do!

Approach

- Clinical Transformation Team (CNIO / CCIO led, clinical change and service specific resource)
- Clinically led meetings
- Digital Champions network and Super Users
- Launch events / ward walks / pop-up stands
- EPR Branding / Team Orange
- Defined comms and engagement plan
- Clinical engagement throughout the design stages



- Assess the IT Infrastructure requirements
 - Data Centre / Cloud requirement
 - Network and Wi-Fi Infrastructure
 - End User Compute requirements
 - Software licensing
 - Medical device integration
- Clear Infrastructure strategy and investment plan
- Data migration requirements (if any)
- Interoperability
 - Internal legacy solutions
 - External for sharing data across healthcare settings
- Resilience and Business Continuity Planning



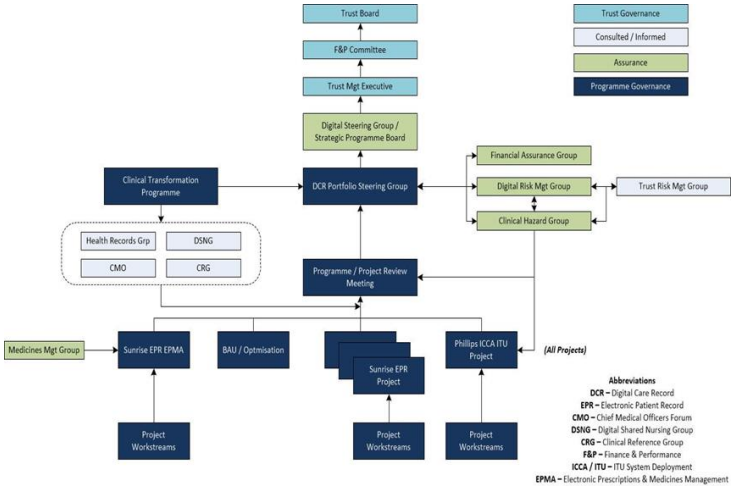
- Define clearly the objectives and functionality you require from an EPR or Phase
- Links to benefits
- Wide range of objectives and could include
 - Improving patient flow
 - Improving patient care and safety
 - Enhanced efficiency – “Time to Care” released
 - Regulatory compliance
 - Financial savings / cost avoidance
 - Benefits management and realisation
- Clearly defined and tangible methodology e.g. MoSCoW

MoSCoW Prioritization



Building Block 4: Governance

- Develop effective governance structures
 - Agile but enable robust and appropriate decision making
- Ensure right representation – decision makers where required
- Quoracy to be maintained throughout
- Ability to escalate quickly issues they may impact on deployment
- Quality Assurance to monitor performance
 - Clinical Transformation
 - Clinical Safety oversight
 - Financial assurance / resource management
 - Public Patient Involvement
- Management of deliverables, deployment, risk and issues, ownership of output / benefits

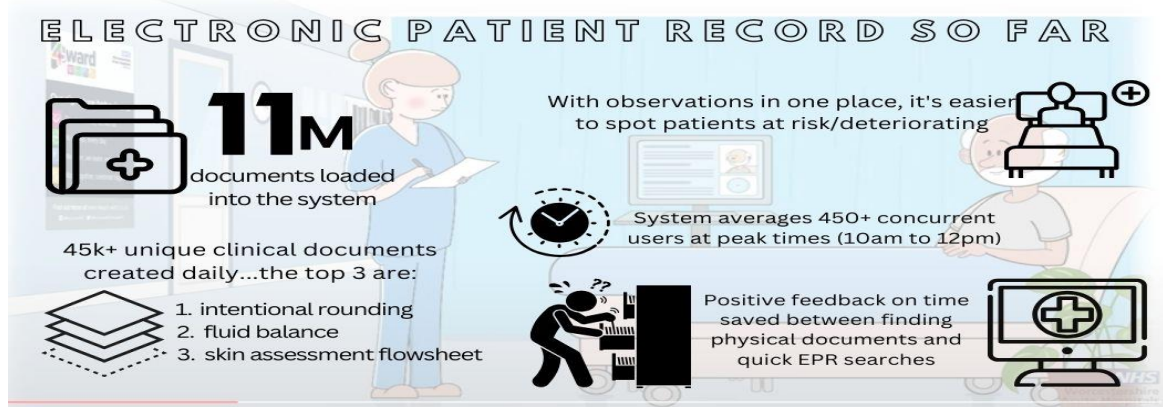


- EPRs are “living ecosystems”, cycle includes
 - Deploy, stabilise, optimise (repeat)
- Define continuous improvement and optimisation (prioritisation) approach
- Evaluation tools to maximise return on investment
- Benefits methodology / evaluation approach
 - E.g. Cranfield
- Incorporate user feedback, listening to users
- Prioritise issues
 - Patient Safety concerns
 - Statutory requirements
 - Local change
- Be ready for just about anything....
 - And try to future proof...



Sunrise @ 6 Months

ELECTRONIC PATIENT RECORD SO FAR



11M documents loaded into the system

45k+ unique clinical documents created daily...the top 3 are:

1. intentional rounding
2. fluid balance
3. skin assessment flowsheet

With observations in one place, it's easier to spot patients at risk/deteriorating

System averages 450+ concurrent users at peak times (10am to 12pm)

Positive feedback on time saved between finding physical documents and quick EPR searches

- Improved Wi-Fi and networking infrastructure
- Deployed 250 Workstations on Wheels to clinical areas
- 4,000 colleagues have now completed EPR training (and counting!)
- Continued support for industrial action “Team Orange”
- Multiple optimisation sprints delivered – enhancing clinical workflows
- Shortlisted for ‘Major Project Go-Live’ in the HTN Tech Awards 2023.

Early (assured) Benefits:

- Cash releasing –
 - printing cost reduction £60k first 6 months
 - Reduction in scanning costs £1m per annum
- Non-Cash releasing - £1m time to care (per annum)
 - Improved efficiency collecting NEWS2
 - Ward Admin time saved prepping paper notes for scanning

Case Studies:

- Ward Round efficiencies
- Tissue Viability – improved clinical documentation
- Audit and compliance



Download the Case Study



How Worcestershire Acute Hospitals NHS Trust achieved rapid benefits realisation through its fast implementation of Sunrise EPR

Worcestershire Acute Hospitals NHS Trust

Altera

Client Profile
 Worcestershire Acute Hospitals NHS Trust
 Worcester, England

OVERVIEW

- 3 hospitals
- 900,000 patient presentation
- 6,000 employees
- 800 local volunteers

SOLUTIONS

- Sunrise® EPR Suite

NEW STORY

CASE STUDY
How Worcestershire Acute Hospitals NHS Trust achieved rapid benefits realisation through its fast implementation of Sunrise EPR

Worcestershire Acute Hospitals NHS Trust provides hospital-based services from three main sites: the Alexandra Hospital, Kidderminster Hospital and Treatment Centre, and Worcestershire Royal Hospital. In 2022-23, these organisations provided care to more than 265,000 patients—equal to 40% of Worcestershire’s population.

The trust, which was categorised as ‘High’ in the Health Foundation’s Digital Maturity programme, has embarked on its digital transformation journey with the implementation of Altera Digital Health’s Sunrise EPR system in March 2022. This was a complex project for the trust, involving a highly configured and integrated system with a wide range of software and hardware, without losing sight of the patient.

Prior to implementation, clinical and operational teams conducted a series of workshops, which resulted in clinicians spending time with patients, reviewing their data in multiple places that was not only time consuming but also added risk. Recognising this, the decision was made to implement Altera Digital Health’s Sunrise EPR system. This was based on its interoperability with other systems, the speed of implementation and benefits realisation, support delivered from the Altera team and the high level of configurability of the technology.



Please scan the QR code!



Key Take Aways

- Consider these factors:
 - **Clinical Engagement, Infrastructure, Governance and plan to manage expectations**
- Support with robust / resourced plans to address and you will greatly enhance the chance of a successful deployment
- Improved take up – a system designed by clinicians for clinicians
- Enhanced patient safety and the desired improved outcomes for patients
- Reliable and robust access to the EPR at the point of care
- Continuous improvement, better never stops getting better
- Thank You And Any Questions

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