

UCLH

UCLH Transformation Event

People, Process, Technology

20th September 2017



University College London Hospitals NHS Foundation Trust UCLH Transformation Event September 2017

Introduction

On Wednesday 20th September 2017, the Trust held an Event from 5:30pm until 7:30pm. The focus of the Event was to raise awareness of the transformation projects that are happening across UCLH, and to gain interest from patients who wish to be more involved in these projects.

The Event was introduced by Chief Medical Information Officer, Stephen Cone, and facilitated by Head of Patient Experience, Lisa Anderton.

Twenty-six patients and members attended the Event, and heard from staff representatives of three transformation projects that are currently taking place across the Trust. The project representatives gave brief presentations on the Access and Patient Administration Programme, Electronic Health Record System and Coordination Centre Programme. The remainder of the session was held in World Café style, with nominated staff members rotating around tables to discuss the programmes, answer questions and address issues raised. The agenda for the evening can be found in Appendix 1.

Access and Patient Administration Programme

The Access and Patient Administration (APA) Programme was presented by Programme Lead, Naser Turabi.

Patient administration refers to the patient facing, but non-clinical element of patient care. UCLH recognises that the administration service needs improvement. The APA programme will create a holistic model of patient administration, with goals of improving patient experience; support to clinicians; and operational efficiency.

Naser and his colleague Stefan McLaren, Project Manager, explained more about the programme during the World Café discussions. The key issues discussed are highlighted below.

Transformation Process

Standardisation and transparency of process are the main ways the programme will achieve its goals, and all UCLH sites will have Trust standard operating procedures as a result. We have taken learning from colleagues who have worked in other trusts, and used feedback from staff and patients to inform guidance on best practice.

For example, manual administrative procedures mean that there are many steps to producing and sending patient letters (dictated by the clinician), and

therefore many opportunities for error. The APA programme will reduce the need for manual intervention, decreasing the margin for error and reducing queues along the way, whilst saving the Trust time and money.

Implementation of a new system for generating these letters will start in December 2017 and continue until the end of April 2018. The turnaround time for letters is currently 20 days on average – we hope to reduce this to five days. The programme is also looking at improving text message reminders and feedback requests, booking procedures and clinic cancellations.

The APA programme provides a foundation for the Electronic Health Record System to be launched in 2019, at which time the upgraded system will be able to support automatic electronic generation of letters with the option for email rather than postal delivery.

Staff Training and Support

Our clinical divisions currently operate with significant autonomy, which can be very advantageous but Trust-wide problems often persist. This can result in poor staff and patient experience. We are amending and reducing the number of job descriptions to fewer than 20 Trust-wide; this means we can train staff properly, and support their career progression.

There was concern that administration staff can be left behind as the focus is usually on clinical service delivery. There is also a risk of losing 'good people' through the process of change. It was acknowledged that the poor attitude of some administration staff results from staff shortages, inadequacies of the current system and a lack of guidance and process. Financial constraints mean that often we do more work with fewer staff, or with temporary staff who haven't been adequately trained.

The need to use a training model of best practice was highlighted, and the Macmillan Cancer Centre was cited as a good example of this. We will be developing a Trust-wide learning and development strategy for patient administration staff, and £160,000 has been awarded from the UCLH Charity to support the programme. Training is to take place from December 2017 to September 2018 and will be compulsory for receptionists, medical secretaries, pathway co-ordinators and ward clerks. There are 900 administration staff, including nearly 200 temporary staff. We plan to reduce our reliance on temporary staff as we make processes more efficient – this is better as we can invest more in training permanent staff. Attendees highlighted the need to engage patients for feedback on whether the training is effective, and to contribute to training development and standards.

Patient Experience

It was acknowledged that communication between patients, administration staff and third party service providers, specifically the interpreting service Language Line and transport provider G4S, is inefficient and unreliable. The transformation programmes will allow patients ownership of their

appointments and arrangements, empowering patients and giving back control and choice.

Attendees queried accessibility for those who are not computer literate; going paperless will not be compulsory and communication preferences will be recorded on the system, although it was advised that confidential information will be more safely stored electronically than on paper.

Electronic Health Record System

Director of EHRS and Informatics, David Kwo presented information on the Electronic Health Record System (EHRS).

An EHRS is an integrated digital health record, updated in real time. It will allow us to streamline our services and communicate effectively with patients and healthcare partners. The system includes a Patient Portal, providing patients access to information about their condition and the option to book or reschedule appointments.

David and his colleague Lin Horley, Programme Manager, addressed queries raised about the system. These are presented below.

Access

UCLH will be able to exchange standard datasets with other hospitals such as the Royal Free Hospital, and with General Practitioners (GPs), so that information can be communicated between healthcare providers. This new system will make it easier for patients to transfer to a different hospital if needed.

Attendees queried whether there will be areas of the EHRS not available to patients; some felt that being open and transparent was the best approach to ensure patient safety, whilst others were concerned that the record would display information that they would rather not have access to. It was noted that consideration must be given to the age of consent and proxy authority for parents and carers. Access to the EHRS via an app on a tablet or smart phone was acknowledged as not necessarily suitable for all patients. David advised that his team would like patient input to develop and agree the access policy.

Confidentiality

Concern was raised about who might be able to view confidential clinical data and what they may do with it. Attendees were anxious about the transfer and usage of information, and worried that it may be shared too widely – particularly as some processes will be outsourced.

Information governance and data protection are of paramount importance to the Trust. Patients must give consent for their information to be shared, and can opt-out if they choose. The system will display warnings to indicate when a patient has not consented and when there are different levels of consent

available, to ensure safe and appropriate use of information. The suggestion of having voice recognition was made. Attendees were reassured that there is no intention for patient information to be shared with drugs companies.

Accuracy

There was concern that medical notes may not have been recorded accurately in the first instance, resulting in any mistakes being transferred to the EHRS during data migration. Attendees asked whether there will be a section on the portal to highlight mistakes or note disputes.

An EHRS provides a sizable summary of the patient's health record, including visits to the GP and hospital. The amount of information transferred is something we would like patient input on, however it may vary by specialty. UCLH's Chief Executive Officer, Marcel Levi has given guidance to transfer as little as possible because clinicians tend not to need a lot of detail from the past. Attendees suggested learning from Islington's Clinical Commissioning Group's experience.

System Performance

An app for EHRS already exists and will be configured for our system. The app is called 'My Chart', and is highly rated by current users. In America, 70% of patients already use EHRS.

Attendees noted that there is a lot to do before 2019, and that EHRS is reliant on the APA programme paving the way; David agreed and stated that it took Cambridge University Hospitals NHS Foundation Trust 17 months to integrate their EHRS successfully. The learning from Cambridge will inform our process to ensure smooth running and make sure that the people involved are attended to as much as the technology.

Concerns over the cost were raised; benefits will be seen within 10 years as processes will be more efficient, saving both time and money. Attendees were reassured that over-booking will not be an issue in the EHRS system, and were advised that the option to conduct appointments via Skype will be available depending upon specialty.

Coordination Centre

Information about the Coordination Centre was presented by Head of Operations and Performance, Alison Clements and Matron, Sally Beyzade.

The key aims of the Centre are to improve patient flow and reduce delays and cancellations. Touch-screen white boards and patient wristbands will provide real time visibility of patient status; improve porter response time; track the location of mobile clinical equipment and ultimately enable better patient care.

Alison and Sally both wore a wristband as a demonstration to attendees, and answered any questions that were raised. The main areas discussed are highlighted below.

Patient Experience

It was acknowledged that the Coordination Centre is part of a holistic approach to patient care and not just about the technology involved. The Centre will provide rich data and real time information that will help to monitor patient demand and bed capacity in University College Hospital, The Elizabeth Garrett Anderson Wing and at the National Hospital for Neurology and Neurosurgery; as well as locate tagged mobile equipment, including wheelchairs. The Coordination Centre will act like 'air traffic control' in relation to inpatient admissions, transfers and discharges and will improve visibility of patient status in relation to their discharge plans, and steps that need to happen to ensure no delays occur. The outcome of this will help to reduce length of stay and waiting times; make full use of available beds; and maximise the time nursing staff can spend caring for patients, making for a better patient and staff experience.

The Centre was described as a 'means to an end' which may be of little concern to patients except for the outcome; if it works well, no one will notice it or know about it as all will run smoothly. The concept received a hugely positive response; a 'good idea' that 'has been needed for a long time'.

A dedicated team of senior nurses will staff the Centre and, from May 2018, will be able to see in real time where a patient is on their journey through theatres or procedural areas, and use this to update relatives accordingly. Attendees asked whether the Centre will be linked to the provision of services by 'tracking' key personnel, for example interpreters or staff with British Sign Language or D/deaf awareness training, so that they can support specific patients when needed. It was noted that this would be particularly useful in the Accident and Emergency Department, where there is little or no support for those who are hard of hearing. The Royal Wolverhampton NHS Trust have also implemented a Coordination Centre; their staff wear location badges as a safety measure, and this would be an easy add-on for UCLH to make at a later date.

Staff Involvement

Attendees were curious to know whether there has been any staff and union engagement. Nurses are reportedly in favour of the system, especially the auto-discharge process and equipment tracking devices.

At Wolverhampton, the introduction of the new system has meant that extra beds are now not needed. Their winter pressure ward has not been required for the last two years and there have been fewer admissions overall, with more patients being seen in the community as a result of the efficiency of the

new technology. A query was raised as to how we will measure outcomes in efficiency and performance.

Porters will have access to the Coordination Centre information so that they can act faster without the need for a phone call from clinical colleagues; a request will be sent automatically through the system to the nearest porter when their services are required. Some porters were initially apprehensive about this new way of working but, once fully informed, felt happy with it.

The Wristband and Badge

Most attendees said they would be happy to wear a wristband, but felt that some patients may prefer to opt-out. The purpose and benefits of wearing a wristband will be explained so that each patient can make an informed decision about whether or not to wear it. A draft information leaflet was shared with attendees for comment, the final version of which will be given to patients on admission once the wristband is introduced in November 2017. A request was made for the production of a digital film or podcast with British Sign Language interpretation to explain the function of the wristband; this is currently underway.

Queries were made about data protection and what information will be available from the wristband. It will contain no patient information; the badge number is linked to the patient within the IT system and will be used to facilitate an automatic discharge and bed clean request, and provide location details of where the patient is, when in theatres and procedural areas. Patients will wear a regular ID-band, as well as the new wristband and badge. When the nurse drops the wristband in the drop box on discharge, the Coordination Centre is updated in real time and a request for bed cleaning is initiated automatically. Attendees commented that wristband tracking will be useful for patients who have dementia or who may be confused, but noted that some patients may leave the hospital whilst still wearing the wristband. The team are developing a process for patients to return their badge if this happens. The wristbands will not be used for tracking patients around the hospital sites but, from May 2018, they will help us see where patients are in theatres or procedural areas.

The wristbands do not affect other electrical devices, but must be removed during MRI scans. They are waterproof and can be worn in the shower or bath. Reusable wristbands are more cost-effective than disposable versions. Issues were raised over infection control; the cleaning process will use UV light in accordance with Health and Safety regulations and standards, and has been fully tested by the Trust's microbiology department.

Electronic Whiteboards

Attendees raised concern about private information being displayed on the electronic whiteboards. Only the patient's first and last name will be visible, and an alias can be used if needed. Symbols are used that only staff

members would be able to identify. The whiteboards are electronic versions of those currently in use on the wards and will be used during staff huddles, showing real time information. In the future they will be connected to the EHRS, so all staff will be aware of any specific requirements a patient may have. This will also improve the efficiency with which medications are ordered prior to discharge. The need for hospital transport will be highlighted on the electronic whiteboard, which will save staff time.

What happens if the system fails?

All patient information and data stored within the Coordination Centre will be accessible on computers and iPads. A back-up strategy will be built into staff training, so that there is a business continuity plan in place for the eventuality of a system failure. The plan is subject to the information governance process. Wolverhampton has not experienced any problems with the technology to date.

Summary and next steps

The Event allowed the Trust to inform patients and members of the transformation projects currently underway at UCLH and to seek initial feedback on the plans to date. We collected many useful comments and queries, which have given us plenty to think about and work on. The projects were well received, and many attendees were enthusiastic about working with us to develop them further.

There will be opportunities for further involvement in all three of the transformation projects presented at the Event. If you would like to find out more or be involved in the development any of these projects, please register your interest by contacting our Patient and Public Involvement team:

Email: PPI@uclh.nhs.uk

Call: 020 3447 2672

Holding further events

As previously mentioned, this was the second in a series of events. Further events will be arranged on specific topics of interest raised by attendees. Our aim is to hold an event every six months, therefore the next event will be held in spring 2018. The topic is yet to be confirmed.

Appendix 1

Event agenda

- 1) Chief Medical Information Officer Stephen Cone opened the Event, and introduced Head of Patient Experience Lisa Anderton as the Event facilitator. Lisa gave an overview of the structure and aims of the Event and introduced the first programme representative.
- 2) Staff representatives gave brief presentations on the Access and Patient Administration Programme, Electronic Health Record System and Coordination Centre Programme.
- 3) The remainder of the session was held in World Café style, with nominated staff members rotating around tables for three 20 minute sessions to discuss each of the programmes in turn and answer any questions.
- 4) Attendees were invited to feedback on the information presented to them, and those keen to be more involved with any or all of the programmes had the opportunity to express their interest.
- 5) Attendees were given hand-outs on each of the programmes, and contact details for finding out more information and registering interest in further involvement.
- 6) Lisa Anderton closed the Event by giving a brief summary of the evening's aims, discussions and next steps, and thanking all who attended.

Patient Experience
2nd Floor North
250 Euston Road
NW1 2PG
020 3447 2672
ppi@uclh.nhs.uk
www.uclh.nhs.uk/PandV/Getinvolved



We are committed to
delivering top-quality patient
care, excellent education
and world class research

Safety
Kindness
Teamwork
Improving