

TRUST BOARD
26th May 2016

AGENDA NUMBER	ITEM	5.4
TITLE OF PAPER	eMR Project Update	
Confidential	YES/NO	
Suitable for public access	YES/NO	
PLEASE DETAIL BELOW THE OTHER SUB-COMMITTEE(S), MEETINGS THIS PAPER HAS BEEN VIEWED		
A similar document has been presented to TEC, but this Trust Board document focuses only on the eMR project, whereas the document for TEC related to all Health Informatics initiatives. This document for Trust Board contains more detail.		
<u>STRATEGIC OBJECTIVE(S):</u>		
Best outcomes	✓	By having immediate, simultaneous access to the Medical Record, patient safety will be improved. Benchmarking of safety concerns arising from unavailability of the medical record has taken place to monitor this benefit.
Excellent experience	✓	The patient will experience care in a modern technical environment. Benchmarking of patient satisfaction and overall experience has taken place to monitor this benefit.
Skilled & motivated teams	✓	Many staff are looking forward to the implementation of the Evolve solution and it is an opportunity to bring staff together via the eMR Club initiative. Extra classes on basic IT skills have been run to upskill staff who require more focused preparation, and together with the VitalPac project, we are seeing an overall picture of staff at ease with using technical devices. Benchmarking of staff satisfaction has taken place to monitor this benefit.
Top productivity	✓	A significant reduction in footfall in order to locate the physical medical record is expected, for both administrative and clinical staff. This benefit is being monitored via Time and Motion studies.
EXECUTIVE SUMMARY		
This paper gives an update of the eMR Project to date. Key points: <ul style="list-style-type: none"> • Milestone 3.1 (User Acceptance Testing) approval was delayed due to technical issue, now resolved and Milestone Achievement Certificate issued. • Milestone 3.2 (Readiness for Go-live) was recommended to TEC and approved on 19/05/2016 and Milestone Achievement Certificate issued. 		

	<ul style="list-style-type: none"> • The go-live implementation plan takes a three-stepped approach following the Early Adopter phase. • Approval was given after careful consideration of key documents presented to the project board • Risks and issues are monitored and mitigation is in place. No red risks.
RECOMMENDATION:	To note this update and receive assurance that Milestones 3.1 and 3.2 have been achieved and that the project is ready to proceed to the Early Adopter phase.
SPECIFIC ISSUES CHECKLIST:.	
Quality and safety	<p>The eMR project is a key service transformation project designed to improve quality and patient safety. The risk to patient safety is that a clinician may not be able to access the medical record. The system is actually designed to reduce the current risk of unavailable records due to there being only one set of paper notes available. Should the Evolve system be unavailable, staff will still be able to view clinic letters, diagnostics and discharge summaries in the source systems. Should the network fail, there are downtime procedures in place to revert to recording on paper, but the patient history will not be available until the system is restored.</p> <p>From a quality perspective, there is a risk that initially clinic times may be longer than currently as clinicians take time to become familiar with the system. To facilitate, the Project Board has ensured that the amount of <u>change</u> is minimal, so that initially clinicians are required only to view medical records on the system, and continue as normal with recording on paper, which is subsequently scanned. Over time, electronic forms will be introduced in a controlled manner.</p>
Patient impact	Patients may be anxious that their medical record is now on-line and available to all members of staff to view. From an information governance perspective, the system is fully auditable by user access. Staff are reminded to access records only where a legitimate or business relationship exists.
Employee	
Other stakeholder	Virgin Care staff currently file their paper-based clinical notes in the ASPH Medical Record. Discussions are underway in this regard, but a short-term agreement is in place to ensure continuity of patient care.
Equality & diversity	
Finance	
Legal	
Link to Board Assurance Framework Principle Risk	
AUTHOR NAME/ROLE	Laura Ellis-Philip, Head of Informatics Programme (please contact for further

	information)
PRESENTED BY DIRECTOR NAME/ROLE	Simon Marshall, Director of Finance and Information, and Senior Responsible Owner of the eMR Project
DATE	26th May 2016
BOARD ACTION	Receive

Electronic Medical Record (eMR) Project Update

Further to the conditions set by Trust Board on 31/03/2016 regarding the sign off of Milestone 3.1 from a payment perspective, the Director of Finance did not at that point sign off the Testing Outcome Report; there were ongoing issues with the Evolve module for iPads. These issues are now resolved and the team have continued to rigorously test. Although delaying payment, the project has not stalled; the various workstreams have worked hard to catch up with the project plan. M3.1 is now signed off by.

Milestone 3.2 was due on 16th May and the eMR Project Board recommended to Trust Executive Committee that the Trust sign off this milestone. Taking a softly softly approach, the solution is available in the live production environment from 17th May, with ingestion of finalised documents from source systems starting from this point onwards. This means that as clinicians finalise documents such as clinic letters, they will be available to view in both the source system and in Evolve. Historic letters will not be migrated into Evolve as this would incur significant duplication.

Source system documents include:

- Clinic letters from Dictate IT
- Discharge summaries from Bluespier and IPL
- Radiology reports from CRIS
- Pathology reports from Ward Enquiry
- A&E summaries

From week commencing 23rd May, clinical staff will be encouraged to use the system to access Evolve so that they can see the information coming from source systems. This relaxed approach to the launch will enable clinicians to familiarise themselves with the system ahead of having to use it in earnest.

The Training/Change Programme for clinical and administrative staff has commenced with over 400 staff having already accessed training. In addition, the eMR team are “gatecrashing” meetings across the Trust to hijack the first five minutes to give an eMR update and encourage staff to access training. These updates are generally very well-received.

In an attempt to target all learning types, the traditional classroom-based approach is supplemented by an eLearning package which has been developed in-house by the IT Training team using specialised software. As well as being on TrustNet, it is also available at this external website: http://www.gpresourcecentre.org.uk/eMR_Evolve/story.html

Implementation Plan

Miles tone	Phase	Description	1 st Pull of Medical Record	Launch Date
n/a	Early Adopter	Soft launch: system is available, with finalised documents starting to filter	N/A	Tuesday 17th May

		across from source systems (e.g. Dictate IT, IPL, Pathology, Radiology)		
M4	Early Adopter	Breast Clinics	Friday 13 th May	Tuesday 31 st May 2016
n/a	Inpatient Discharge Scan	Wards – patient medical records are sent for scanning as patient is discharged (includes Day Surgery)	N/A	Tuesday 28 th June 2016
M5	Phase 1: Hop	1 st ASH Prep Team Clinics & 1 st SPH Prep Team Clinics	Tuesday 12 th July 2016	Tuesday 9 th August 2016
n/a	Phase 2: Skip	2 nd ASH Prep Team Clinics & 2 nd SPH Prep Team Clinics & T&O	Tuesday 6 th September	Tuesday 4 th October
M6	Phase 3: Jump	Remainder of clinics (e.g. Paediatrics, Maternity, Pre-Assessment)	Tuesday 11 th October	Tuesday 8 th November

For Assurance

The eMR Project Board met on 11th May to agree its recommendation to Trust Executive Committee for sign off of M3.1 and M3.2. The recommendation was taken to the Trust Executive Committee for approval by Simon Marshall (eMR SRO) on 12th May.

This recommendation from the Project Board was reached following review and approval of the following documents:

- **eMR Deployment Approach** – detail describing the Early Adopter and Hop, Skip and Jump approach
- **Project Log** – includes:
 - **Risk Log**
 - **Issue Log**
 - **Lessons Learned Log**
 - **Project Board Attendance Log**
- **Clinical Safety Checklist** – a Trust pro-forma ensuring the key clinical risks are identified with mitigation plans in place
- **Test Outcome Report** (resulting from the successful execution of the Testing Strategy and Testing Plan). The report is based on the success criteria of user acceptance testing as detailed in the Kainos contract.
- **Business Continuity Plan** – focuses on both continuity from an infrastructure perspective and downtime procedures from an end user perspective

- **Cutover Plan** – a detailed task list in preparation for ensuring all workstreams are on track – each task is owned and updated at weekly review meeting
- **High Availability Assurance** – a technical document assuring the availability of Evolve, describing the infrastructure and back-up arrangements
- **Privacy Impact Assessment** – in line with data protection guidelines
- **Medical Records Standard Operating Procedures**
- **Evolve End user Standard Operating Procedures**

Risks and Issues

There are 84 recorded risks on the Project Risk Log with 48 holding an open status. Of these none are red, 15 are amber and the remainder are green. There is mitigation in place for each risk. The main concerns at the moment are making sure the go-live is safe as we know that patients move from specialty to specialty and so a clinician may be taken by surprise – floor walkers are in place to support. There is significant risk of a bottleneck of medical record flow within the medical records department as staff get to grips with a completely new way of working. A team of additional staff is being drafted in, in readiness for the Hop stage on 9th August.

To date, ten risks have become issues, of which one remains open. It is with regard to back office IT skills and is being managed internally within the department.

Recommendation:

The Board is asked to note the update and receive assurance that Milestones 3.1 and 3.2 have been achieved and that the project is ready to proceed to the Early Adopter phase.