Putting Patients First
4ward

NHS
Worcestershire
Acute Hospitals
NHS Trust

Worcestershire Acute Hospitals NHS Trust, Our Journey from Paper to Electronic Patient Records (EPR)

The executive team vision | How the project team understood it | What the clinical team wanted | How it was commissioned | How it was communicated
How the it was documented | What the operational team implemented | What our patients needed

Start with the Patient And work backwards
Roy Lilley
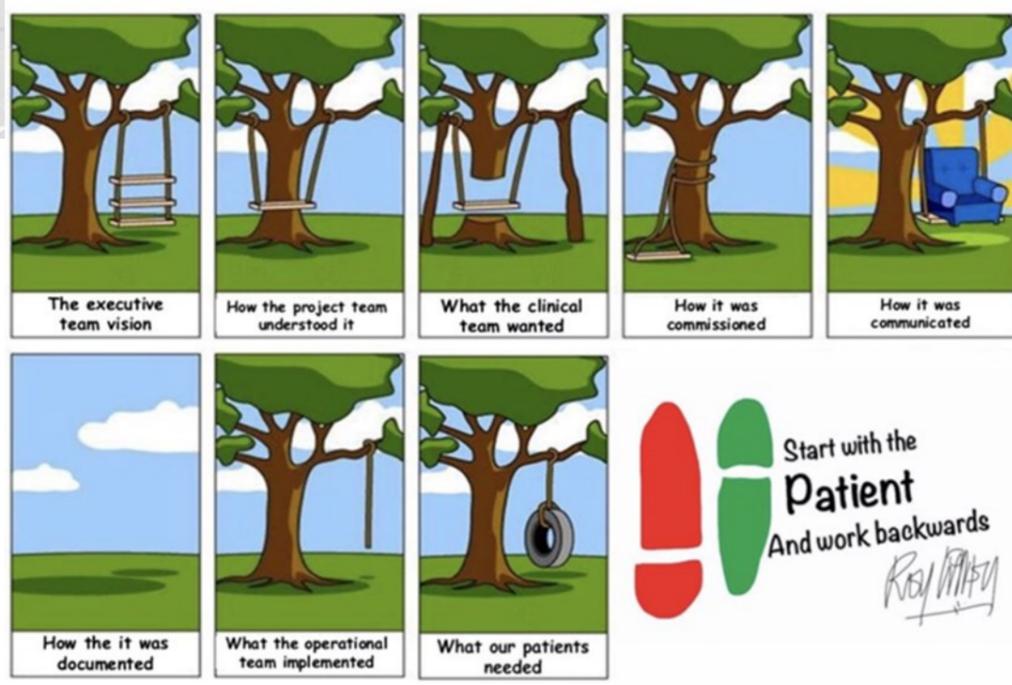
Worcestershire Acute NHS Trust *has rapidly deployed Altera Digital Health's Sunrise EPR solution across its three hospital sites; Worcestershire Royal, Kidderminster Hospital and Alexandra Hospital. This has enabled the trust to quickly embark upon its digital transformation journey, improving patient safety and streamlining clinical workflows.*

The system, which went live in January, has been successfully deployed across the trusts 56 inpatient wards. It is expected to improve patient safety, release time to care, and reduce length of stay.

Despite the recency of the go-live, benefits of the implementation are already being realised. Tracking boards are improving visibility of patients, enabling clinicians to prioritise patients based on their clinical need, and handwritten notes are now electronically inputted, eliminating the risk of illegible entries, saving time that was spent rewriting or interpreting notes.

Team
Chief Nurse Information Officer
EPR Director
Project managers
Testing teams
Config teams
Altera Health support
Clinical Change Analysts

The Trust opted for a phased approach when deploying Sunrise EPR. Initially piloting to three wards, the trust introduced it to all adult inpatient wards over 4 weeks. "It was important for us to take a phased approach to the go-live, It enabled us to learn along the way to make the transition as smooth as possible", as for many staff this is their first time working digitally. As a result, we have very quickly been able to improve the baseline of our digital maturity, with minimal disruption to patient care."

The deployment was led by a multidisciplinary EPR team, made up of technical, clinical, and operational staff, to ensure the solution was reflective of the trust's specific needs.

Putting Patients First
400+ requests received to optimise!
20k plus unique clinical documents created each day | Number of concurrent users regularly exceeds 250+ at peak times
450+ Super Users completed classroom based training | 3,523 users have completed the full EPR training suite | 82 Floorwalkers supported the organisation 24/7 for 5 weeks – The "Orange" Team
DELL | CISCO | Windows10 | DELL | ergotron |
Infrastructure and Wi-Fi upgrades to support clinical teams | End user device upgrades including desktops / laptops and Operating Systems | 221 WoWs deployed (51 dual screen & 170 single screen) | Team WAHT! Multi-disciplinary / Multi-channel approach

Scope
Adult Inpatient Nursing Documentation
Adult Inpatient Nursing Admission (MUST, Waterlow, Moving & Handing, Pain Assessment, Safeguarding)
SSKIN Bundle Assessment
Vital Signs Measurement - Adult (includes NEWS2)
Assessment & Cares – Inpatient
Nursing Risks Assessment
Intentional Rounding
Inpatient Discharge Planning
Patient Property
Intake and Output Fluid Balance Chart

Drs Documentation
Doctor's Ward Round & Progress Note
Clerking Note (including Rockwood)
Specialty Review Note

Process for delivery
1.Vision
Clinical Engagement
Document decomposition
Work with Clinical teams to understand documents and process
Standardize/rationalise
2. Current state
Map all current patient care processes
Baseline Benefits analysis
3. Gap analyses

Compare current state Maps/ Document to Sunrise UKB
4. Future state
Map all future state patient care processes
Review pathways and process
Standardise
Reduce waste
5. Build
Review
Test

Review
UAT
6. Readiness
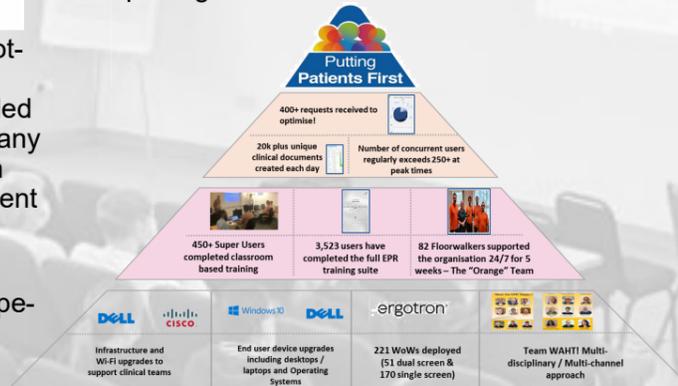Education/Training/ Engagement
Communications
7. Go-Live
Floorwalkers
Command Centre
8. Benefits capture
9. Lesson Learnt

Lessons learnt
Remember the patient
Think patient first
Don't just move Paper to Digital
Keep repeating your engagement. – staff leave
The blueprint in never enough, just localise is never enough
Test, Test, Test and Test
Don't underestimate the time required to fix after testing
UAT
Don't underestimate the time required to fix after UAT
If you don't engage the staff, you wont develop a system they will use

ELECTRONIC PATIENT RECORD SO FAR
3M documents loaded into the system
20k+ unique clinical documents created daily...the top 3 are:
1. intentional rounding
2. fluid balance
3. skin assessment flowsheet

With observations in one place, its easier to spot patients at risk/deteriorating
System averages 250+ concurrent users at peak times (10am to 12pm)
Positive feedback on time saved between finding physical documents and quick EPR searches