# Supporting the sustainability of the NHS

*Making a difference beyond the hospital walls*

Mark Hutchinson, VP Healthcare Strategy, Transformation & Sales

16.11.23

# A leading provider of electronic patient records (EPRs) in the UK

**Core Solutions:**

- Electronic Patient Record (EPR)
- Patient Administration System (PAS)
- Patient Flow
- Surgery
- Anaesthetics
- Mobile

**2700**
Hospitals

**+ 13K**
Extended care organisations around the world

In the UK, we support care of

**8M**

**2M**
Logins by clinicians each week in the UK.

**NHS** Bolton NHS Foundation Trust

**NHS** East Sussex Healthcare NHS Trust

**NHS** Gloucestershire Hospitals NHS Foundation Trust

**NHS** The Dudley Group NHS Foundation Trust

**NHS** East Kent Hospitals University NHS Foundation Trust

**NHS** Liverpool Heart and Chest NHS Foundation Trust

**NHS** Maidstone and Tunbridge Wells NHS Trust

**NHS** Medway NHS Foundation Trust

**NHS** Northern Care Alliance NHS Foundation Trust

**NHS** Wrightington, Wigan and Leigh NHS Foundation Trust

**NHS** Worcestershire Acute Hospitals NHS Trust

# Session outline

- What is sustainability?
- The current reality
- The need for action
- How technology can improve patient flow and drive efficiency
- The Gloucester story
- Future steps

# What is sustainability?

- Sustainability in healthcare extends beyond environmental concerns;
  - Financial viability and long-term effectiveness.

- As healthcare demands increase, it is crucial to implement solutions that can adapt to evolving needs without compromising patient care. EPRs have the potential to transform healthcare delivery by:
  - streamlining processes, reducing errors and improving decision-making.

- However, it is imperative to implement EPRs in a sustainable manner that ensures greater success and optimal return on investment.

# Current reality

*"Patients have been left waiting up to 65 hours for an ambulance in England - while one patient waited in the back of an ambulance for 40 hours outside A&E."*

### Lengthy waits
Ambulances queuing outside hospitals

### Resources
Widespread strain on resources

### Delays
Discharging patients

### Poor visibility
of available capacity
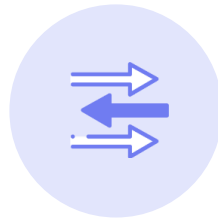
### Poor visibility
of patients ready for discharge

### Patient care
Significant impact on patient care/outcomes

# The need for action .......

Better visibility of capacity and patient information can:

Improve patient flow

Prevent admission
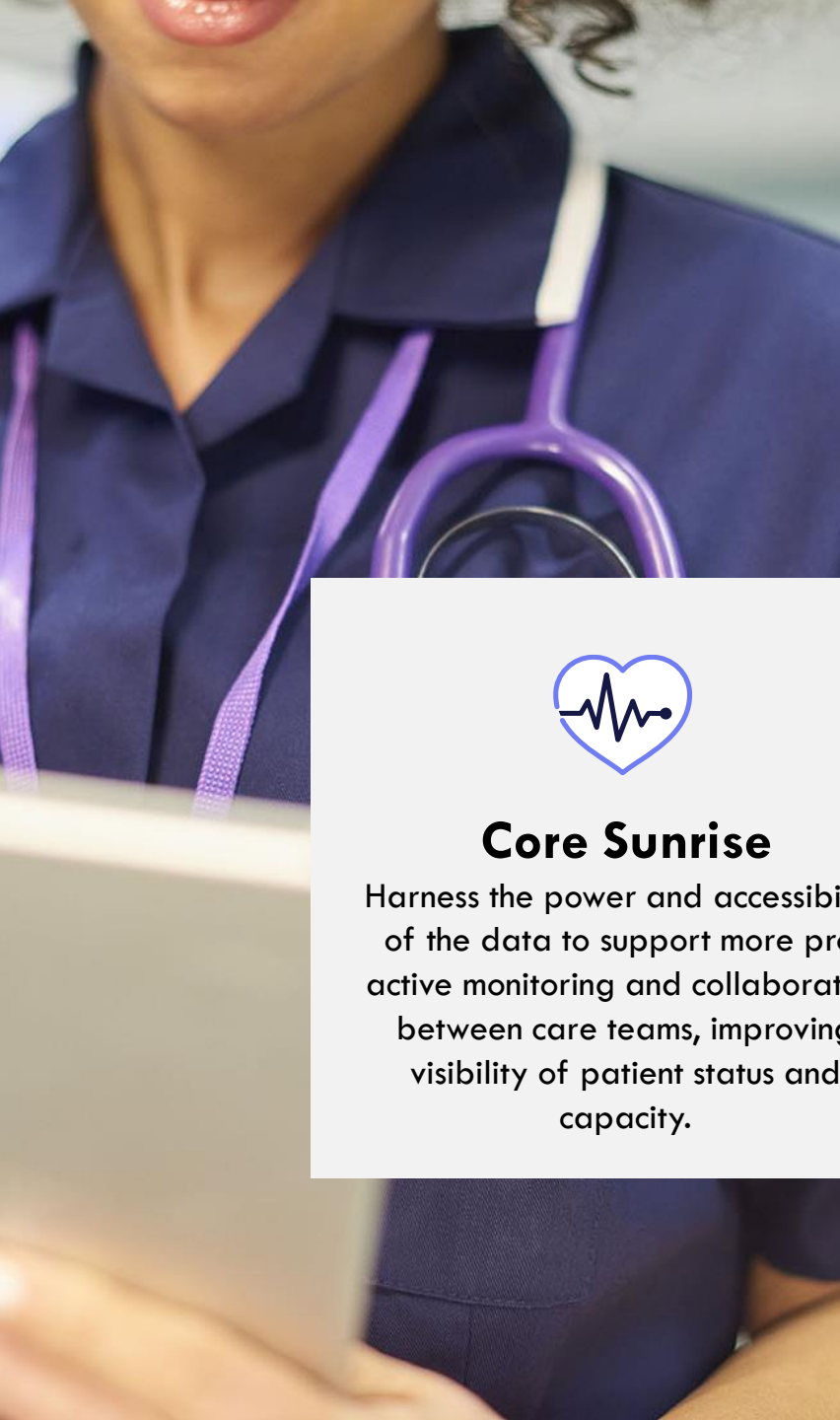
Reduce waiting times

Improve resource allocation

Facilitate timely discharge

Drive efficiencies

**Calls for flexible, interoperable solutions, supporting seamless data sharing and communication within an ICS**
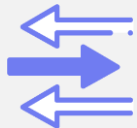
# How can technology can improve efficiency?

Here are some key areas where technology can make a positive impact:

### Core Sunrise

Harness the power and accessibility of the data to support more pro-active monitoring and collaboration between care teams, improving visibility of patient status and capacity.

### Patient Flow

Improve visibility of wards and capacity with real time updates, supported by solutions for housekeeping and portering, increasing overall efficiency and resource utilisation.

### Virtual Wards

Support remote monitoring and management of patients feeding data into the Sunrise EPR, enabling patients to remain in their own home or facilitate early discharge.

# The future

Creating a more sustainable NHS requires innovative approaches to EPR implementations that prioritise:

**Cost-effectiveness**
Only replace what you need. Produce the most value by implementing the clinical modules in your strategy as steadily and efficiently as needed.

**Speed to value**
Our Sunrise blueprint provides a launchpad for trusts to accelerate their configuration journey.

**Usability**
Clinicians work in conjunction with Human-Centred Design principles drive the development of our solutions.

**Deploying quickly**
We have proven that an EPR can be implemented efficiently in months, not years, without any compromise on quality, safety or usability.

*"How do you generate the greatest clinical benefit from the least time and money? PAS replacement would have been a lot of work and a lot of risk, with no clinical benefits… Sunrise gave us obvious clinical benefits… [It is] a beautifully simple, ready-made system. It's everything you need, and nothing you don't."*

*—Dr Martin Farrier, CCIO, Wrightington, Wigan and Leigh NHS Foundation Trust*

# Sunrise delivers EPR benefits at unprecedented pace

**Gloucestershire Hospitals NHS Foundation Trust achieved first go-live in less than 5 months**

- Simplified, fast deployment

- Reliable methodology and results with proven blueprint

- Fewer resources

- Controlled expenses and cost savings

"This is not an IT project; it is a safety and reliability of care project. **Two weeks into go live** we were already seeing results. Nursing staff spending **more time at the bedside** inputting into mobile laptops, means that the **number of falls reduced** on one ward from two every week, to zero since go live."

- **Mark Hutchinson, CIO,** Gloucestershire Hospitals NHS Foundation Trust

NHS
**Gloucestershire Hospitals**
NHS Foundation Trust

# Case Study: Gloucestershire Hospitals NHS Foundation Trust

How Sunrise EPR is unifying data to create a single source of truth.

**NHS**
**Gloucestershire Hospitals**
NHS Foundation Trust

## Operating in silos
Many ICS providers operating in 'silos' using a range of data logging processes and storage, from SQL servers to spreadsheets and notepads.

## Time wasted
Significant time wasted on the phone confirming the status of patients as no joined-up approach was in place for transferring people between organisations.
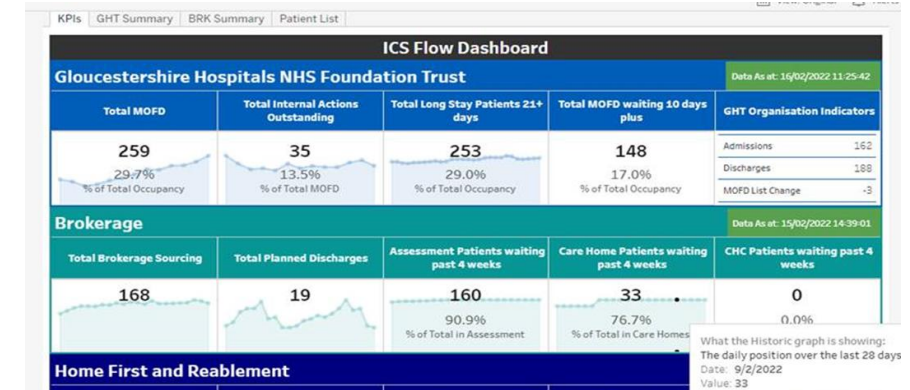
## Lack of data visibility
led to delays in patient discharges and contributed to additional clinical interventions triggered as a result of acquiring healthcare associated infections or suffering falls because of lengthy inpatient stays

# System Wide Flow Dashboard

- ## Solution:

  - Implemented system-wide patient flow dashboard underpinned by Sunrise EPR

- ## Outcomes:

  - Faster coordination of patient discharges across the care providers within One Gloucestershire ICS

  - A single source of truth – ICS wide oversight of patients awaiting discharge from GHFT and the next stage of their pathway with real-time feed

  - Identify where potential bottlenecks are occurring and ensure GHFT have the right resources in place to help people transition safely and efficiently from hospital to being cared for at home, or in a community setting.

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 | Level 6 |
|---------|---------|---------|---------|---------|---------|
| PAS | Single Clinical Data Repository/ EPR | Pharmacy Management System | 50% of medical orders digital | Doctors Documentation with structured templates for 50% of the hospital | Closed loop prescribing for meds, blood products and human milk |
| Radiology Information System | Clinical Decision Support within the CDR | Electronic Meds Admin | Orders supported by clinical decision support | Doctors Documentation in ED (excluded from 50%) | Closed loop blood specimen collection |
| Cardiology Information System | VNA/ Document Management System Linked to CDR | 50% of Nursing & AHPS documentation in EPR | Orders in ED (but doesn't have to be 50%) | Timeliness of order completion trackable | Closed loop prescribing in 50% of the hospital |
| Labs Management System | Oncology Management Software | EPR Used in ED | 90% of Nursing & AHPS documentation in EPR (excluding ED) | Intrusion Prevention system in place | Closed loop capability in ED but excluded from 50% rule |
| Radiology and Cardiology PACs | Access to 95% of Lab Results through EPR | Role based access in place in EPR | Access to regional database eg SCR/ JUYI | Hospital owned portable devices are authorised and can be wiped remotely | EPMA integrated with Orders and Labs to maximise safe processes |
| VNA - Storage and access to Non-DICOM images | Access to 95% of Radiology Imaging reports in EPR | Storage of protected patient data on local devices is prevented | EPR downtime access to allergies, problem lists, medications & lab results | | 5 rights of medication CDS in place |
| | Access to 95% of Cardiology Imaging reports in EPR | | Intrusion Detection System in place | | At least one example of advanced CDS eg Sepsis triggers protocol |
| | IT security Policies: Physical access/ acceptable use/ data destruction | | CDS in nursing documentation (eg risk assessment triggers care) | | Mobile & portable device policy for user owned devices (BYOD) |
| | EPR available remotely | | | | Annual security risk assessments completed and reported to Execs |
| | EPR new user training policy & existing user security reviews | | | | |

# June 2019

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**April 2022**

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# February 2023

# Key takeaways

- ICS engagement

- Don't wait for perfect

- See the potential

- Harness the power of the data

- Foundation to drive conversations about change

- Don't over complicate

# Future steps

- Embracing solutions like Sunrise EPR and Altera Patient Flow contributes to a more resilient and future-proof healthcare system

- Actionable steps for healthcare institutions to make a difference beyond hospital walls:

  - Adopt integrated solutions for data sharing
  - Collaborate with partners and Altera
    - Prevent avoidable admissions
    - Facilitate timely discharge
    - Improve visibility of capacity
  - Embrace a holistic approach to patient care and resource management

ASCENDING TO NEW HEIGHTS IN HEALTHCARE