



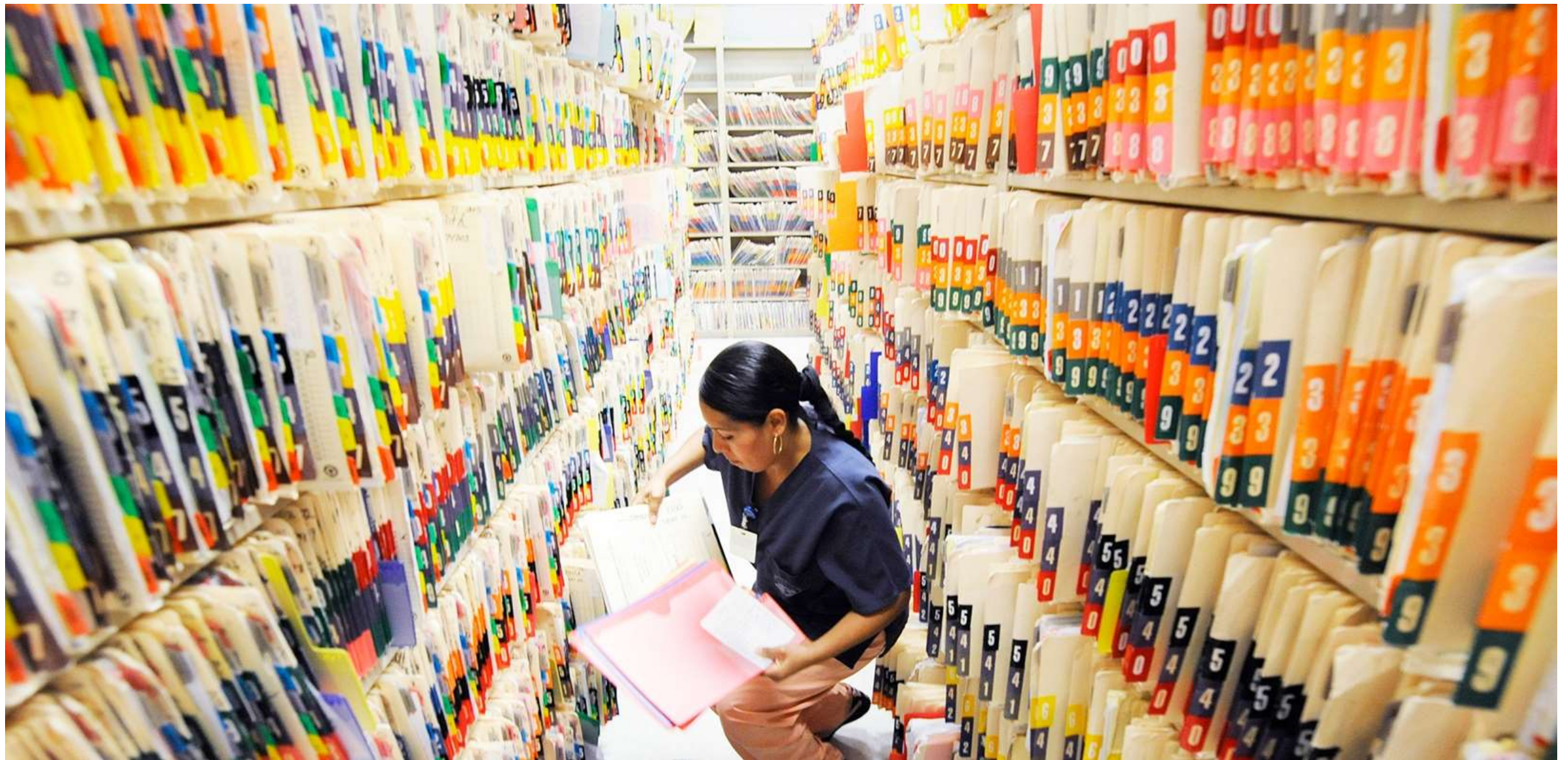
Royal Devon
University Healthcare
NHS Foundation Trust

Our Epic EPR in practice

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What is the EPR?

- A replacement for our paper notes
- A combination of multiple systems used for monitoring patient vital signs, prescribing, ordering tests and looking at results
- A way of having a single view of all information held by the Trust about a patient, visible from almost anywhere
- A tool to increase patient engagement and empowerment in their own healthcare
- A powerful tool for research



Improvements in Patient Safety

- Electronic prescribing and medication administration
 - A seamless process in one system
 - Barcode scanning to match patient ID with their prescribed medications
 - Built in safety features to prevent medication errors or interactions
- Clinical Decision Support tools to support clinicians with best practice – e.g. sepsis treatment
- Improved real-time communication amongst care team providing your care
- Instantaneous visibility of clinical information remotely required for the delivery of care across settings and geographical locations – including clinical images
- And no more.....

~~Handwritten cursive text, mostly obscured by the central text.~~

Illegible Notes!

Access to information – for staff



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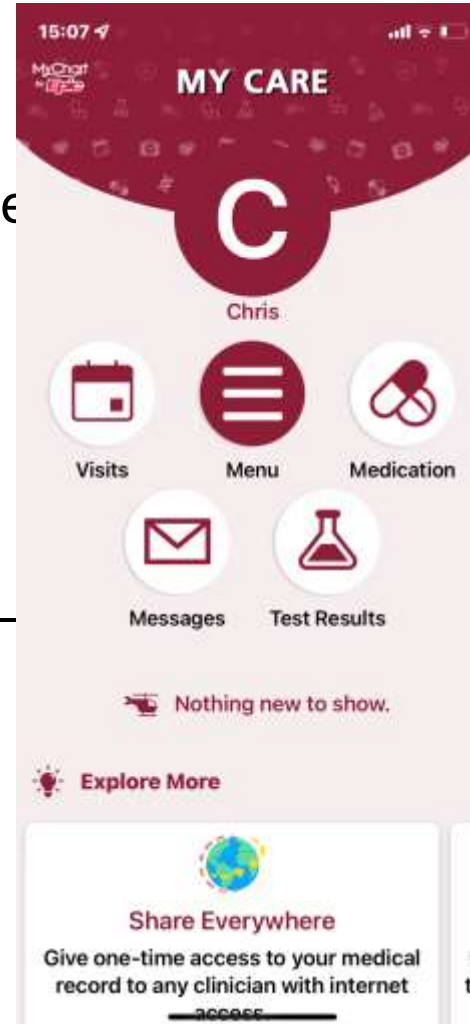
- Managing through Covid pandemic
 - The EPR made continuing with services possible during winter 2020-21 and beyond
 - Staff able to rapidly support telephone and video consultations from anywhere, keeping patients safe at home during lockdowns and beyond
 - Remote clinics undertaken by staff needing to isolate due to household contacts

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- Managing through Covid pandemic
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 - Staff able to rapidly support telephone and video consultations from anywhere, keeping patients safe at home during lockdowns and beyond
 - Remote clinics undertaken by staff needing to isolate due to household contacts
- Ongoing opportunity for outpatient service transformation
 - Only see patients who need to be seen
 - Save time by gathering as much information in advance as possible
 - Continue hybrid approach to types of OP consultation

Access to information – for patients

- MY CARE – the Patient Portal
 - Access through home computer or mobile device
 - Visibility of most test results and scans
 - Visibility of letters and future appointments
 - Ability to update medications and allergies, and check accuracy
 - Opportunity to complete questionnaires – pre-op or pre-clinic
 - Information then goes straight into the EPR

A screenshot of a "Pre-operative Anaesthetic and Symptom Questionnaire". It is titled "Pre-operative Anaesthetic and Symptom Questionnaire" and is "Attached to a message from Russell O'Brien, Consultant received 25/5/2022". The instructions say: "Please complete these questions, so we can identify important issues about your symptoms, conditions and treatments to consider before your anaesthetic and operation." The form contains several questions with "Yes" and "No" radio buttons:

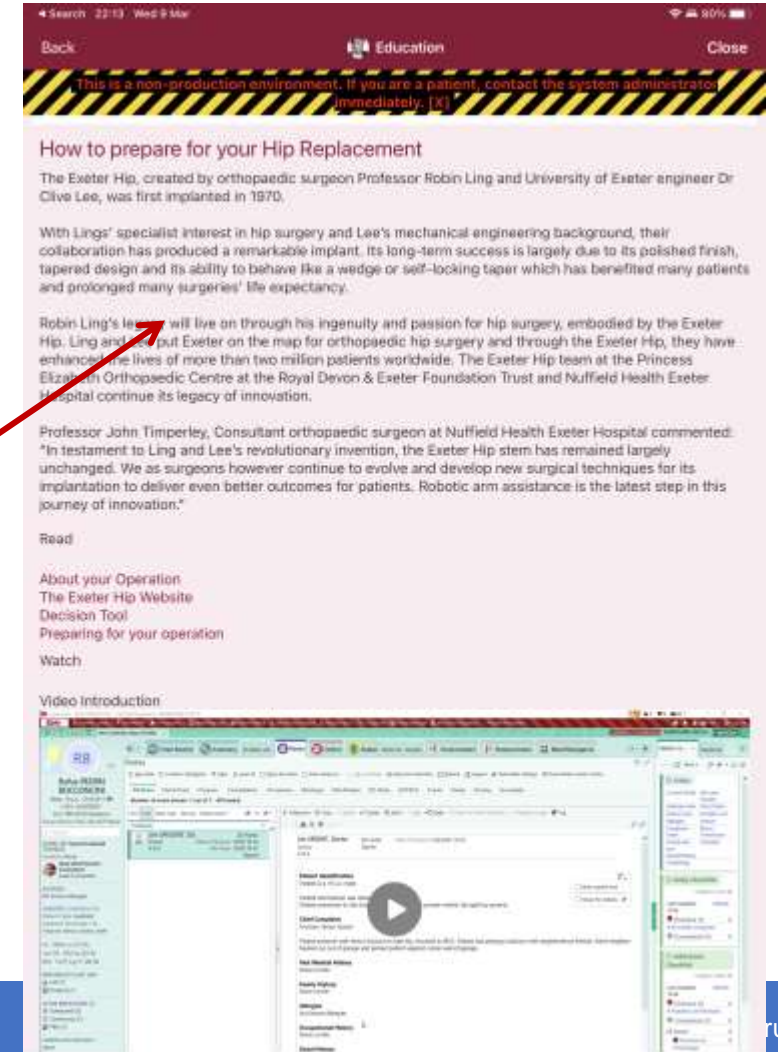
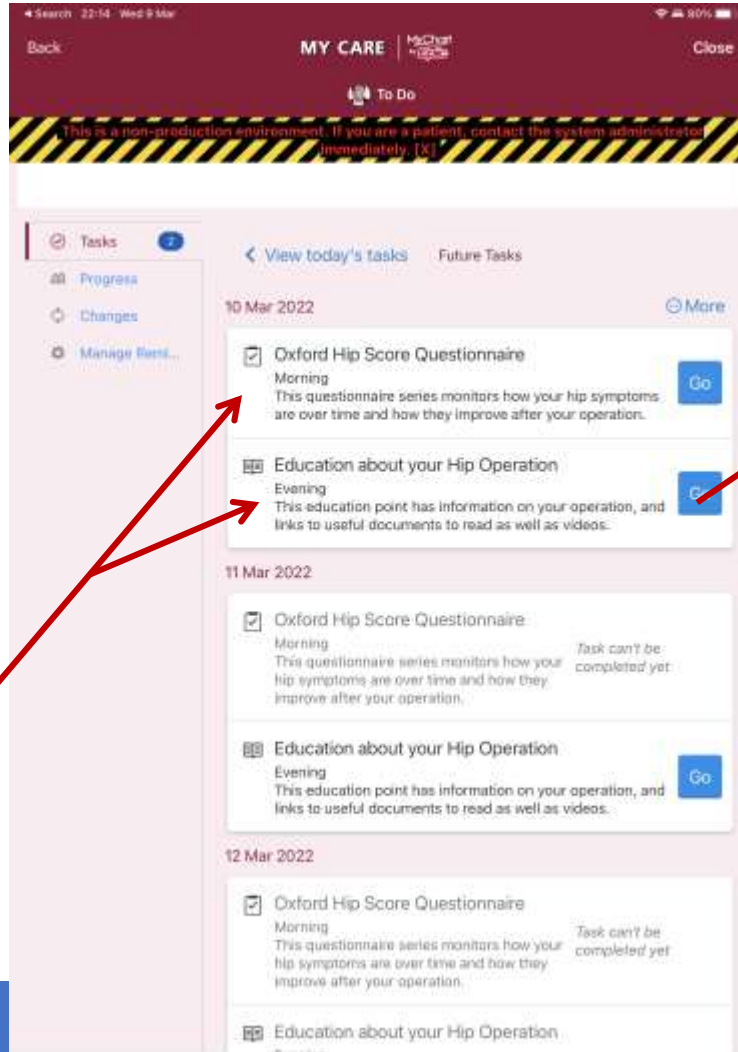
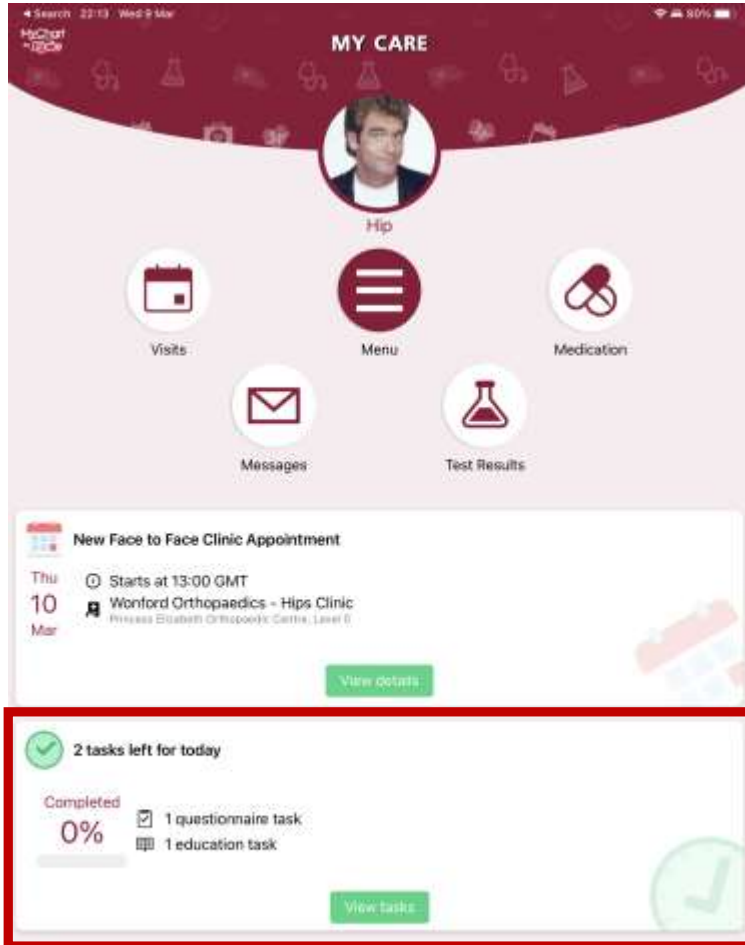
- Previous Anaesthetics: "Have you ever had a general anaesthetic (GA)? A general anaesthetic is one where you were put to sleep for the whole procedure (not just sedation)." (Yes/No)
- "Did you have any complications from your general anaesthetic?" (Yes/No) with a text box for "Document any complications here".
- "Do you have a history of a difficult airway?" (Yes/No)
- "Have you had a spinal or epidural anaesthetic? Spinal and epidural anaesthesia are forms of local anaesthetic where a needle is placed in the back and anaesthetic added." (Yes/No)
- "Have you ever had sickness after an anaesthetic?" (Yes/No)
- "Has anyone in your family had problems during/after a general anaesthetic?" (Yes/No)

At the bottom, there are "Continue", "Finish later", and "Cancel" buttons. A thank you message at the very bottom says: "Thanks for taking the time to complete this questionnaire, which will be automatically uploaded to your patient record immediately."

Access to information – for patients

- Direct Messaging through MY CARE - the Patient Portal
 - Clinical staff can send a result message or advice direct to patients
 - Patients can (in a growing number of specialties) send a message to a care team looking after them – e.g. Rheumatology Clinical Nurse Specialists
 - Saves time and ensures patient communication is kept in the EPR
- Care Companion
 - Our next step in developing the Patient Portal
 - Supports task and goal-driven care planning and management
 - Suitable for chronic disease management or post-op recovery plans

Access to information – shared care



Monitoring patients on a virtual ward

- Epic EPR has allowed us to build upon our Acute Hospital at Home service
- Supports national drive for virtual ward capacity
- Tools now allow early identification – keeps people out of hospital
- Monitoring using wearables and MY CARE patient portal
- Information visible to team on acute site – allow prioritisation of who needs support

Patient	NHS Number & SPIN	Consultant & Specialty	Primary Problem	AHAM Monitor (MyChart 48hr)	Vital Statistics (MyChart 48hr)	Comorbidity Statistics (MyChart 48hr)	AHAM Equipment (Set)	Exp. Disc. Date	Last Wf Note	Frailty Score
ACUTE, Arnold 78 y.o. / M	Missing 2A2500395	STOTT, M General Ma.	Chronic obstructive pulmonary disease (Additional Hospital Problems)		Min: --- Max: --- Mean: ---	Min: --- Max: --- Mean: ---	Equipment: BP cuff, Zio Info: --- Dur: 28/4/2022	03/03/2022		6
AVE-CHI, Cui Cui 67 y.o. / F	Missing K001679	O'BRIEN, R General Ma.	Burning due to contamination in church as cause of accidental injury (Principal Problem)	Breathless	Min: 122 Max: 132 Mean: 127	Min: 91 Max: 92 Mean: 92	Equipment: --- Info: --- Dur: ---			
BAKER, Jill 53 y.o. / M	Missing 284276	CHAMPION, P General Ma.	Asthma (Principal Hospital Problem)		Min: --- Max: --- Mean: ---	Min: --- Max: --- Mean: ---	Equipment: None Apple Info: --- Dur: 28/12/2021	28/03/2021		7
BEATLES, Sadie 88 y.o. / F	Missing 284801	CHAMPION, P General Sur.	CAP (community acquired pneumonia) (Principal Hospital Problem)		Min: --- Max: --- Mean: ---	Min: --- Max: --- Mean: ---	Equipment: Returned Info: --- Dur: 23/5/2022	28/10/2022		8
ISAREALBOY, Pinocchio 20 y.o. / M	Missing 285296	MULGREW, C Healthcare I.	Stage 3 acute kidney injury (Principal Hospital Problem)		Min: --- Max: --- Mean: ---	Min: --- Max: --- Mean: ---	Equipment: --- Info: --- Dur: 28/10/2021			
MEDVALFIVE, Willow 47 y.o. / F	Missing 284601	ALLERGY, P Cardiology	Abdominal pain (Principal Hospital Problem)		Min: --- Max: --- Mean: ---	Min: --- Max: --- Mean: ---	Equipment: Kardia BP c. Info: aryt Dur: 27/4/2022	27/03/2022	95.4	6
NEWDTA, Teatthre 62 y.o. / F	Missing 285277	O'BRIEN, R General Ma.	Pneumonia (Admission Diagnosis)		Min: --- Max: --- Mean: ---	Min: --- Max: --- Mean: ---	Equipment: Zio Info: --- Dur: 18/3/2022			
OSCOPE, Orlin 38 y.o. / M	Missing 285105	DAVIDSON, M Critical Care	NCF (fracture neck of femur) (Principal Hospital Problem)		Min: --- Max: --- Mean: ---	Min: --- Max: --- Mean: ---	Equipment: Returned Info: --- Dur: 25/4/2022	28/4/2022		
PATTER, General Missing	Missing	O'BRIEN, R	Left ventricular failure		Min: --- Max: --- Mean: ---	Min: --- Max: --- Mean: ---	Equipment: Zio Info: --- Dur: ---			

Summary data for all patients in the virtual ward so they prioritise calls to those requesting calls, and those with the most abnormal physiology



The Royal Devon Vision for Outpatient Service

Giving patients more control ▶

Keeping Devon green ▶

More convenient care ▶

Safer, quicker access to care ▶

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Giving patients more control



250,000 people will use the convenience of MY CARE to schedule and manage their appointments.



500,000 appointments a year will be booked by patients directly via the MY CARE app.



Patient Initiated Follow-Up will result in **30,000 fewer outpatient appointments** being required.

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Keeping Devon green



1 million letters sent to GPs will be delivered electronically, **saving us over £0.5m to invest in patient care** and meaning 200 fewer trees will be cut down, every year.



Combined with the **reduction in driving to appointments**, this will save the amount of energy produced by around 300 homes in Devon.

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Giving patients more control



Keeping Devon green



More convenient care



Safer, quicker access to care



More convenient care



350,000 appointments will be delivered virtually every year.



Saving 3.5 million driving miles, which will save our patients over £0.5m in fuel.



Less parking hassles too, and a further **saving of around £600,000 on parking tickets.**



The Royal Devon Vision for Outpatient Service

Giving patients more control ▶

Keeping Devon green ▶

More convenient care ▶

Safer, quicker access to care ▶

Safer, quicker access to care



30,000 currently lost **appointments cancelled last minute** will be digitally released to patients.



1,000 unnecessary hospital admissions will be avoided, **saving £1.5m.**



Patients will be able to **message their clinical teams directly.**