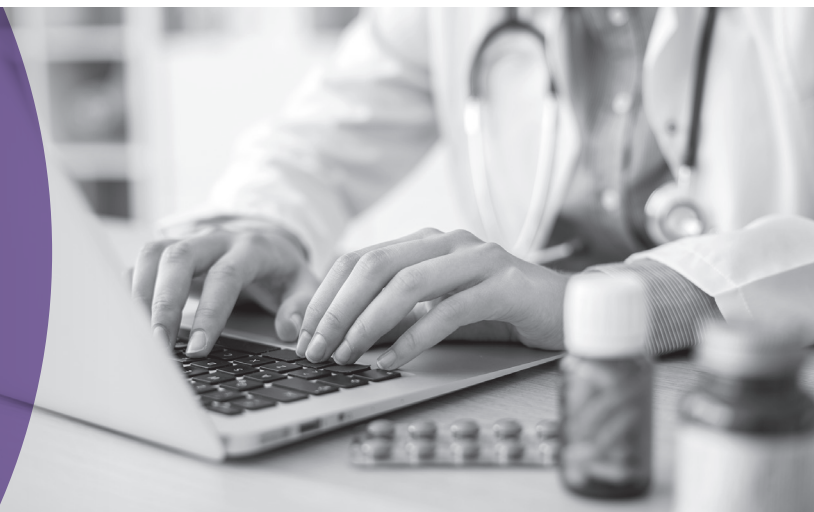


North Tees & Hartlepool NHS Foundation Trust realises clinical and efficiency benefits



North Tees and Hartlepool NHS Foundation Trust procured InterSystems TrakCare as its new Electronic Patient Record (EPR); phase one go-live was in October 2015.

Since then, the Trust has been using TrakCare to help it achieve its digital health ambitions. Having built on these firm foundations, the Global Digital Exemplar 'Fast Follower' Trust is starting to realise the multiple clinical and efficiency benefits that come with digital transformation. InterSystems has continued to work with the Trust's Digital Programme Team to implement additional modules of TrakCare across the Trust. Phase two of the programme saw the implementation of TrakCare's Electronic Prescribing and Medicines Administration (ePMA) functionality, removing the use of the paper Kardex.

Background

North Tees and Hartlepool NHS Foundation Trust is an integrated hospital and community services healthcare organisation serving around 400,000 people in Hartlepool, Stockton and parts of County Durham.

TrakCare from InterSystems facilitates streamlined, shared workflows across care settings and provides a unified record for each patient across hospital departments, primary and community care settings, and laboratories.

The use of FDB CDS within TrakCare provides consistency of prescribing across the Trust, reducing prescribing errors due to checking on drug interactions, duplicate therapy, drug-disease contraindications, dose and allergies.

The industry-leading medication clinical decision support is provided by FDB's in-house team of expert clinicians.

InterSystems has been working with FDB Multilex since 2010, integrating its Multilex CDS due to its industry status. Gary Mooney, Product Manager, InterSystems says: "We chose to work with FDB as Multilex is the 'gold standard' of clinical decision support."

"We chose to work with FDB as Multilex is the 'gold standard' of clinical decision support."

GARY MOONEY
Product Manager, InterSystems



“The huge benefit of TrakCare is that if you have a doctor in one area of the hospital, and you want to check something with them, it can be the case of a simple phone call and they can check patient details from anywhere, this works particularly well out of hours.”

MARIE GRAHAM *Project Manager, ePMA Project Lead*

Problem

The Trust wanted to move from a paper-based system to an electronic system, and after an extensive consultation period, chose to use InterSystems’ TrakCare. The Trust has recently completed the roll out of a new electronic prescribing and medications administration (ePMA) module to all inpatient and emergency wards, marking the next stage in its ambitious digital journey.

Marie Graham, Project Manager leading on the ePMA project at the Trust says: “The issues with a paper-based system are that the paper Kardex could be illegible or go missing resulting in delayed administration of medications. Having all medicines prescribed and administration recorded on TrakCare ePMA means the information is readily available to all those involved in our patient’s care.”

Successful Roll Out

The implementation went really well. Following a phased ward-by-ward roll out, **TrakCare ePMA is now live across all 28 inpatient wards and emergency areas**, starting with inpatients and finishing with A&E.

Before the roll out, the hospital team carried out a wide range of communications and set up ongoing board meetings and working groups to encourage the clinical teams to get on board, which has been key to the success.



Benefits

ELIMINATION OF ERRORS/INCIDENTS



Reduction of incidents in relation to illegible, lost or incomplete patient Kardex

Incidents in relation to illegible, lost or incomplete patient Kardex were predicted to reduce 50% in the first year. The Trust actually reported a reduction of 70% in incidents and predict 100% in year two with the paper record being completely removed from use on the IP wards.

IMPROVED PATIENT SAFETY



Reduction of missed and/or omitted dose incidents

Missed and/or omitted dose incidents have reduced by 20% within the first year of implementation, with an overall expected improvement of 80% before the end of year two.

REDUCTION IN TIME



Hours saved per annum

Nursing staff have been able to reduce the time taken to complete the inpatient drugs rounds. From this financial year and with ePMA being fully imbedded in these areas, the time saved per annum is 19,345 hours which is to be reinvested into direct patient care and supporting the Trust’s Alternative Workforce Model initiative.

REDUCING THE TRUST’S SECONDARY CARBON FOOTPRINT



Reduction of CO2e emissions to date

The Trust is reducing the secondary carbon footprint by 6.70 tonnes of CO2e per annum in relation to digitisation of the patient medicines record (23.3 tonnes of CO2e saved to date).

Dr Jayesh Vasani, Consultant Physician in Medicine, says: "The main benefits [of the solution] are that patient medication is visible for everyone to see. It means that if you are on your rounds and you are near a computer, you can see what medication a patient is taking. If patients are readmitted, you can quickly review what they are on, which helps with the prescribing process."

Claire Ranson, Senior Clinical Matron says: "The system reduces the time needed to do medication rounds, as patient information is readily available. While nurses are doing medication rounds, other team members can see the patient prescription chart. This is so much better for patient safety and quality, and the nurses here have readily embraced the system and found it easy to pick up."

Before integrating the system, patients would have medications prescribed on paper in A&E, then on transfer, the paper record would be photocopied and sent with the patient to the admissions unit. The whole process was longwinded and difficult."

Marie Graham says: "The FDB clinical decision support saves time on the necessary checks. When prescribing, clinicians can use formulary or non-formulary drugs. There are also a lot of order sets rules within TrakCare, so clinicians can prescribe a group of drugs, which is a great time saver."

Next Steps

Future plans for the programme of work are to remove all other remaining paper charts and implementing 'Injectables' functionality. In terms of new technologies, the Trust is aiming to achieve HIMMS Level 6, closed loop prescribing and patient scanning.

Conclusion

The project was delivered to plan in October 2018, which is an extraordinary testament to the team involved. Gary Mooney concludes: "We are so pleased with the success of the implementation and the reaction from the Trust. This is a first of type, leading edge solution and it really does demonstrate the benefits of partnership working."



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