Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 120

Organisation name: iSOFT

Type of response: Document
Introducing innovation through Total Perioperative Automation (TPA) and Enterprise Scheduling

The current economic climate means that healthcare organisations face inevitable financial cuts and budgets restraints, yet demands on the NHS and social care systems continue to rise. It is therefore essential that the NHS ‘delivers more with less’.

High quality healthcare delivery is a data driven world, frequently consisting of complex and fragmented patient care journeys that can include appointments at GP surgeries and multiple hospital departments, community care/social care assessments, referrals, appointments, diagnoses, and in many cases, long term care for chronic disease management.

With each element of the patient care pathway, managed by different departments and organisations, the majority operate their own disparate systems and work in silos. Unsurprisingly, iSOFT has found that lack of information sharing can lead to duplicated testing/appointments and data entry, medication contraindications and other issues that compromise patient safety and outcomes, while irritating patients and staff and wasting valuable resources.

iSOFT believes that effective IT systems will help the NHS achieve true innovation by enabling more effective information sharing between healthcare providers and encouraging a more joined up approach, which will reduce waste, mitigate risk, rationalise processes and – most importantly – result in better patient outcomes. At the same time, innovation must minimise disruption and expense through integrating systems rather than ‘ripping and replacing’.

Perioperative and scheduling technologies are just two key areas where iSOFT is demonstrating that innovation through system integration and new, modular software products that can simply be plugged into existing systems, result in greater efficiency while delivering the very best patient care.

Perioperative innovation

Surgery is one of the most resource-intensive areas within most hospitals. Surgery-related care is also where the highest incidence of medical errors occur and nursing shortages exist, yet theatre management is often disjointed, with pre operative assessment, nursing, surgery, anaesthesia and post operative intensive care and recovery units often working autonomously, using paperbased systems to record and report on information that is already available in a digital
format. This lack of information integration severely limits the ability to share and electronically harness critical information.

Total Perioperative Automation (TPA) is a relatively new concept for the NHS, but it is already providing an integrated view of a patient's perioperative journey, bringing together and sharing clinical and administrative information with relevant hospital systems and helping to address 'danger points', for example, when a patient care moves from ward to theatre to PACU or intensive care unit.

**TPA in action - South Devon Healthcare NHS Foundation Trust**

Trusts that have embraced TPA are already benefiting in areas such as clinical safety, operational efficiency, clinical outcomes and patient experience. Torbay Hospital's pioneering day surgery unit, led by director Mary Stocker, uses integrated systems from iSOFT and Picis, which have enabled the trust to expand its range of available day surgery.

By integrating iSOFT's Galaxy theatre system with Picis Anaesthesia Manager and Preop Manager, the unit can ensure patients are fully prepared for admission to hospital and that relevant testing is completed and reviewed prior to scheduled procedures. Electronic preoperative assessment documentation lets clinicians view their patients’ medical details remotely in advance. In addition, relating information on patient demographics to procedures and outcomes has also allowed the day surgery unit to safely expand its selection criteria for day surgery, and importantly, the ability to complete detailed audits is helping to improve standards of care and patient outcomes.

**Doing more with less - Frimley Park Hospital**

Frimley Park Hospital in Surrey has seen similar improvements in its ICU. Prior to the integration of its iSOFT Patient Administration System (PAS) and Picis solutions, requests for paper medical records for theatres, intensive care units and anaesthesia were often slow being delivered, then followed by further delays of several hours spent analysing the relevant data. Now, this is available and ready for data mining immediately. The review process is much quicker, easier and helps drive day to day continuous performance improvements and enabling the department to ‘do more with less’.

As Dr Bill Jewsbury, Consultant Anaesthetist and Lead Clinician for Critical Care says; ‘traditionally NHS management has always worked with data as much as three months in arrears.'
We’ve always been reactive. In terms of data capture we’re now streets ahead of anything we’ve ever had before. Now we’re starting to see this great body of data as an asset which is helping us to run a more efficient organisation. It’s very powerful for clinicians.”

The site has reported significant increases in operating theatre utilisation and nursing productivity with improvements to patient service delivery and care.

**Enterprise Scheduling**

iSOFT’s enterprise scheduling solution UltraGenda, also offers the potential for trust healthcare innovation. Already used in many key sites across Europe, UltraGenda is now gaining momentum in the UK. Waste and poor resource planning is common across western healthcare systems, and the NHS can no longer cope with such inefficiency indefinitely. The use of enterprise scheduling and planning across the NHS can ensure better use of capacity and resources, which will be key to ‘doing more with less’ and dealing with ever increasing demand. With many other industries, such as retail, manufacturing and financial services, benefiting from this innovation, NHS implementation could see similar gains across healthcare delivery.

**Enterprise Scheduling at Trafford Healthcare NHS Trust**

For Trafford Healthcare NHS Trust, UltraGenda is playing a key role in its drive to become paper-light. Already PAS-less, UltraGenda is at the heart of its EPR, driving the bed management and theatre management and carrying out all coding, through integration with the trust’s electronic patient record system.

The UltraGenda system allows both GPs and secondary care clinicians to view areas of the EPR. In addition, by working closely with the PCT and GP consortium Trafford Primary Health, data is being extracted from GP patient records and made available in the EPR as well as GP referrals being sent to outpatients via Choose and Book. For added security, all local GPs can access the system, but can only view the records of patients from their own practice. Within the GP record is a synopsis of the information being extracted – including A&E summary, allergies and current medications, enabling staff to make the right clinical decisions.

The shared record demonstrates true innovation and a commitment to delivering an integrated healthcare environment for the trust, primary care and community providers, enabling relevant staff access to appropriate information to improve care and prevent readmissions.
Conclusion: accelerating the adoption and spread of innovation in healthcare

Innovation requires change which is perceived to be notoriously uncomfortable, risky and expensive, particularly in healthcare. iSOFT believes that innovation needs high levels of executive sponsorship on a continuing basis, adequate funding to enable innovations to take place and to sponsor the evaluation, dissemination of new innovations, including new technologies and working processes, all of which contribute to smooth management of change.

iSOFT strongly believes that the innovation agenda should be reinforced across the NHS and built into every group’s and every individual’s responsibilities, with associated recognition and rewards.

For significant innovations to succeed, mechanisms must be put in place to foster the introduction, incubation and, most importantly, deployment of new ideas, working practices and technologies. In many cases these may come from small companies without the funding to take on the long sales and development cycles in healthcare so fast track routes must be devised enabling internally developed ideas and new entrants to innovate and deploy. Such programmes have been devised elsewhere so good practices can be readily researched and adapted for the NHS and across the whole health and social care eco system.

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