

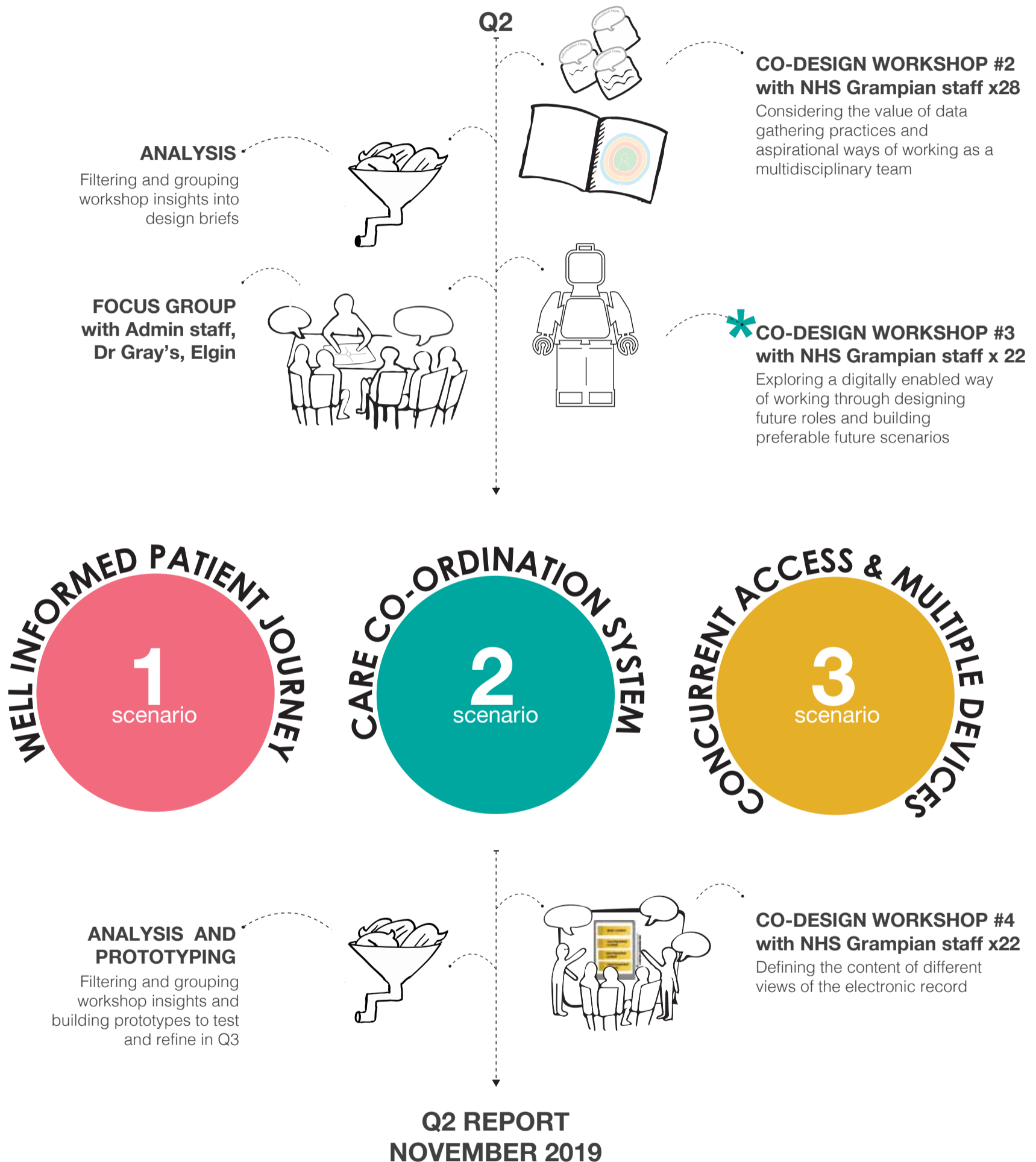
PERSON-CENTRED RECORDS

EXPLORING THE POTENTIAL OF IN-PATIENT ELECTRONIC WORKING IN NHS GRAMPIAN

'Person-centred Records' is a collaboration between Scotland's Digital Health & Care Institute (DHI) and NHS Grampian, running from April 2019 until April 2020. The DHI Design Team is working with hospital staff across all disciplines to design a single, person-centred, electronic, multi-disciplinary record that will follow the patient on their journey from admission to discharge.

In the 2nd quarter of our research project activity a series of three workshops were undertaken with NHSG staff to co-design ideas for a future electronic record

keeping system for person-centred in-patient care. Through the use of bespoke tools staff were asked to collaboratively evaluate the current systems and information collected in terms of its value to patient care and in-patient staff; to discuss their aspirational ways of working together; and consider the role an innovative digital record could play in supporting this. Each workshop built on the insights from the previous sessions in order to further develop ideas and understanding.



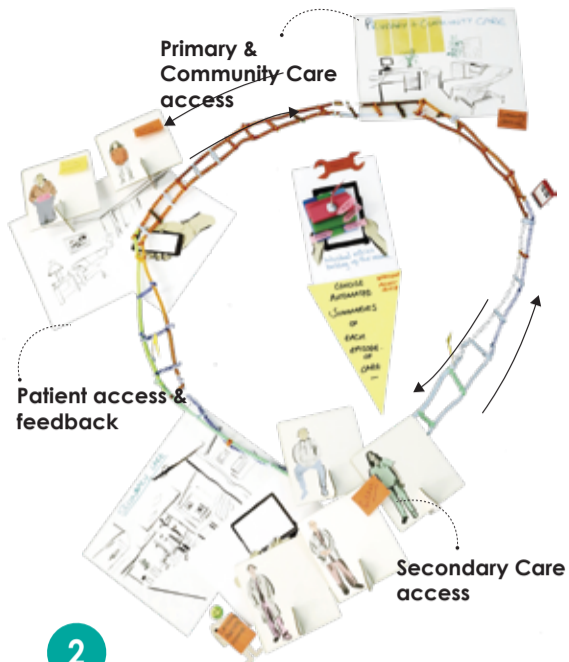
FUTURE SYSTEM SCENARIOS TO SUPPORT * PREFERRED MDT WORKING



1

Co-ordinating the patient journey and experience to enable patient to be well informed, aware of timelines and to provide feedback.

Two-way communication throughout their journey to help in preparing for admission/discharge, creating awareness and understanding of options to enable well informed decision making and recording feedback on their experience.



2

Care co-ordinator system that provides information relevant to role, summarises individual entries and episodes of care.

Goal oriented care made visible and supported by system that enables two-way communication across sectors, summarises information, notifies team of updates and acts as a repository for all information.



3

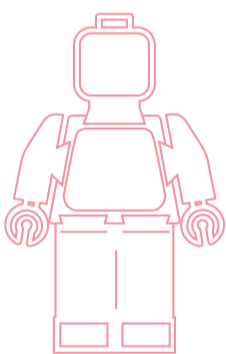
One digital record with concurrent multiple access on staff hand-held devices.

Viewing and populating record simultaneously as close to real-time as possible on staff devices. Staff would be able to access record concurrently with login access via name badge.

“Would we want a system that would co-ordinate everything so it’s not person-dependent?”

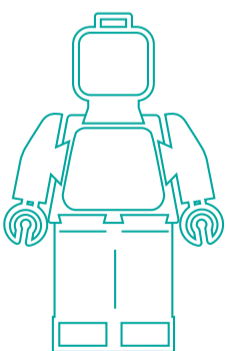
- Participant, Workshop #3

FUTURE WORKFORCE REQUIRED TO IMPLEMENT NEW PROCESSES FOR MDT WORKING



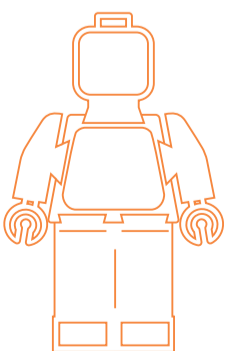
Continuous

A MDT with constant and holistic in-patient presence to empower the in-patient to self manage and set goals and promote clinical, person-centred care with inter-professional roles and responsibilities such as assessing the patient; discovering needs; recording care; diagnosing and treating, and planning discharge.



Co-ordinator

The co-ordinator will involve managing and facilitating the MDT through understanding the patient pathway and in-patient MDT common goals; referring and liaising with 'as-required' team and care services to co-ordinate and support an efficient and appropriate patient journey.



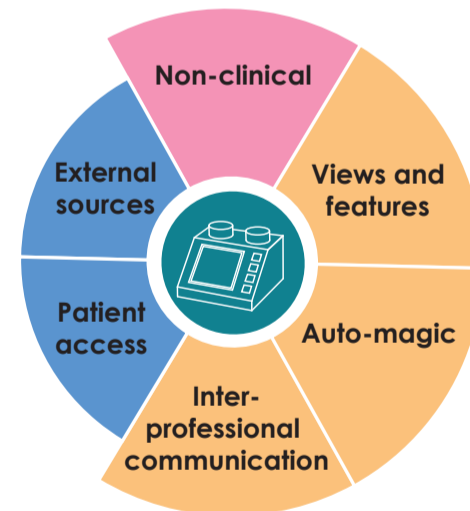
Specialist

An off-ward MDT to enhance clinical care at request of the on-ward MDT. Including providing: education for in-patient and in-patient staff; specialist skills and knowledge (e.g. surgery, medication); problem solving (e.g. knowledge of care services); links to off-ward services and specialist knowledge and skills.

SYSTEM EXPECTATIONS AND PARTIAL REQUIREMENTS

Non-clinical requirements

Some expected features are non-clinical (i.e. could be found in most modern applications): filter and search functionality for previously captured information such as previous admissions, or profession specific information; a single interface that is user friendly and easy to use; access through any common device with concurrent multi-user access; 24/7 IT support; a visual timeline of activity and; automatic data collection where possible.



Unique requirements

Views and features specifically to support the desired multidisciplinary way of working such as profession specific areas but all can access; pre-populated views and forms with existing information where possible; unique identifier for access to appropriate level; and links to clinical guidance and best practice. Support for inter-professional communication between in-patient staff such as a notifications and alerts system e.g. documents due, appointments, investigations, outstanding clinical tasks, etc. There are also supporting features such as automatically generated summaries of a required type.

Currently out of scope

Subjects out of this project's scope but still of interest to the participants such as interfacing with primary care and local authority provided care systems and, equitable access for the patient.

To keep up-to-date with the project please visit:
futurehealthandwellbeing.org/personcentredrecords

DHI is a collaboration between:

THE GLASGOW SCHOOL OF ARTS

University of **Strathclyde** Glasgow

