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# eHospital

Technology transforming health and care



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## KEY OBJECTIVES

eHospital will improve:

- quality of care
- patient safety
- productivity
- efficiency
- patient experience
- staff experience
- the translational research capabilities of the Cambridge Academic Health Science centre

## eHospital: Vision

Cambridge University Hospitals (CUH) and Papworth Hospital share a vision to create a comprehensive electronic patient record which we have called eHospital.

CUH and Papworth Hospital have always been at the forefront of using new and innovative technologies in patient treatments and we now need to bring our information and patient management systems up

to the same standards of excellence. While other sectors have undergone a decade of radical transformation because of the 'information revolution', much of the way patients receive healthcare in the UK remains unchanged. The vast majority of communication still takes place over a desk rather than a desktop, often supported by paper records with handwritten prescriptions and referral

letters.

Any radical transformation of productivity in the NHS is going to have to have information technology at its heart. Our vision for our future is one where computers are part and parcel of every day work for everyone: doctors, nurses, technicians, administrators and the patient. This will make our healthcare more efficient, effective, safe, accessible and reliable. We could save money and improve patient care.



## eHospital: Objectives

In anticipation of Papworth's move to the Cambridge Biomedical Campus site in 2015, the two organisations have already committed to combine their IT departments and are looking to share resources and a common IT platform. Both Trusts are currently operating with legacy systems and, for CUH, the current Hospital Information Support System (HISS) is nearing the end of its supported life. We want to use this opportunity as a catalyst for innovation and

transform how we deliver healthcare in the 21st century. Current IT infrastructure cannot meet the growing demands of patients and staff and it is unacceptable that information cannot be shared between the two Trusts when they are on the same site.

*Our vision for the future eHospital is one in which every member of our staff will have access to the information they need, when they need it, without having to look for a piece of paper, wait to use a computer or ask the patient yet again.*

Staff will be able to see a unified view of the patient – whether it is clinical, administrative or management information they are looking for. They will be able to use whatever technology is the best for them and the task in hand. We plan to harness the best of stable and proven technology – be it wireless networks, laptops, hand-held devices, voice recognition systems, barcodes or conventional desktop computing. It will be fast, relevant, flexible and easy to use.

# eHospital: The case for change



*“no decision about me, without me”*

Our technology is old, unstable and slow – causing considerable staff frustration. Our clinicians tell us that it is difficult to get a single view of the patient from current computer systems. Our applications and processes are unnecessarily complex having evolved in a piecemeal fashion. We need to replace many of the existing IT systems now, particularly at CUH where for example our HISS contract expires in 2014. The 2020 vision for CUH, Papworth and their partners is to become a leading 21<sup>st</sup> Century biomedical research and treatment centre. As part

of this 2020 vision Papworth Hospital will move into a new building on the Cambridge Biomedical Campus in 2015 (New Papworth Hospital). We have already agreed a joint strategy to provide unified clinical IT systems and a combined IT department prior to the move.

In addition, the Government has set out a challenging agenda for reform. There is a policy drive toward shared decision-making with patients, encapsulated as - ‘no decision about me, without me’. (Department of Health (2010) Equity and excellence: liberating the NHS)

The conjunction of all of these compelling events provides the strategic imperative for us to act now:

- Legacy systems coming to the end of their supported life;
- The New Papworth Hospital;
- NHS system reform with greater emphasis on patient outcomes;
- Low likelihood of national system;
- Widespread mobile technology a reality and affordable;
- Using technology to drive efficiency and savings in our services.



## eHospital: What it means for you

Electronic patient record (EPR) deployments are not about technology.

There are three components in a successful implementation: **People, Process and Technology**. The people are the most important!

**We want doctors, nurses, therapists, clerks, secretaries or managers to be able to access all the information about a patient that is relevant to the task they are doing in a single place.**

This doesn't necessarily mean a single computer system. Mainstream technology these days allows clever use of web and networks to pull together information from different sources. Mobile and wireless technology is no longer considered cutting-edge and the variety of user-friendly gadgets: touch screens;

tablets and iPads; voice recognition; barcodes and radio frequency ID systems – mean that it will be possible to provide staff with a multitude of access points to the right information, which is such a limitation in our current systems.

The eHospital also includes clinical decision support – giving clinicians access to pertinent information on best practice and prompting them to follow clinical guidelines, including complex treatment and prescribing pathways. This would give us the

ability to audit and demonstrate our adherence to best practices, with the consequent improvements in patient safety, clinical quality as well as financial performance.

The eHospital would also support the research community, using systems to identify patients who could qualify for clinical trials. It would maintain the stringent ethical and information governance standards associated with such activity. Access to a clinical database for audit and research would remove the need for local departmental databases.

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