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‘CLINICAL IT MATURITY’: THE NHS’S NEXT BIG IDEA

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Going paperless means going far beyond simply enabling access to electronic records to setting up interlinked systems that allow clinicians to, for instance, order tests, see results, prescribe medications, get decision support, track patients and communicate with other staff. But, in a world where trusts have local autonomy over IT, how can they know whether they are on the right road to achieving such a transformation? The answer lies in a measure that may well soon become familiar in the NHS: the digital clinical maturity index. Page 6

WORKFORCE

Healthcare assistants now make up a third of the NHS workforce and are carrying out more complex roles, yet have few career options and receive much less training than the NHS professions. Now a new National Skills Academy for Health aims to support employers as they develop the skills of the band 1 to 4 workforce, with an emphasis on workplace learning. Page 2

CANDACE MILLER ON A NEW HEALTH ACADEMY

IN ASSOCIATION WITH THE NATIONAL SKILLS ACADEMY FOR HEALTH

The National Skills Academy HEALTH

September 2013 sees a new milestone in the education and training calendar, as we welcome the ministerial launch of the National Skills Academy for Health (NSA Health).

There's little doubt that the UK's healthcare support workforce has been under the media spotlight, not least with two high profile investigations, leading to the publication of the Francis Report and the Cavendish Review.

The appalling findings and the subsequent recommendations set a compelling backdrop for the introduction of this new academy.

By working with employers and learning providers across the sector, the NSA Health will offer practical support, knowledge exchange and skills programmes to ensure consistently high quality training and skills development is delivered to all who support health services, whether on the frontline or in a back office.

The NSA Health is employer-driven and membership-based. We operate on a not-for-profit basis, striving to achieve our vision of a skilled, qualified and transferable support workforce made up of competent, motivated individuals who are acknowledged for the critical contribution they make to patient care.

As such, we are committed to bringing about sustainable improvement and more effective investment in skills development. Funding for vocational learning is complex and the NSA

'We want to help employers engage with schools and colleges'

Health will help employers make best use of available funds and access new investment.

Historically the availability of high quality training has been patchy and inconsistent, with many managers facing difficulties accessing the training their workforce needs. There are pockets of excellence but no single national source of information and advice to help share the expertise. The NSA Health will provide that information, advice and practical support at a local level under one umbrella.

I am particularly excited by our focus on young people alongside the development of existing staff. There is a potential new workforce out there, with great enthusiasm and energy. We want to help employers engage with schools and colleges to increase local awareness of the fantastic opportunities available. We want to help employers make the best use of apprenticeships as a clear pathway for workforce development with consistently high quality training and ongoing support through e-learning and skills programmes.

It is only by doing this that we can ensure a strong, well trained and patient-centred workforce for the future.

Candace Miller is director of the National Skills Academy for Health

www.nsahealth.org.uk

WORKFORCE

INVEST IN THE LOWER BANDS

Daloni Carlisle on efforts to engage healthcare assistants in proper training and offer decent career paths

The Cavendish review into healthcare assistants published in July laid bare what many in the NHS already know only too well: most of the hands-on care is provided by the people in whom the service invests the least.

Broadly it found that healthcare assistants make up a third of the workforce and may now spend more time with patients than nurses, carrying out ever-more complex roles and tasks. By and large, they care passionately about their patients and their jobs.

Yet they are paid a pittance, have few career options and receive much less training than any of the NHS professions.

While some are encouraged to undertake education and training on the job, many receive minimal support. The review uncovered examples of HCAs whose training could take them from induction right through to nurse training. But another example in social care found them given a DVD on their first day, told to watch it and then get on with the job.

The review says it is time to recognise the contribution of HCAs, invest in their training and offer them career paths.

Camilla Cavendish was commissioned to write her report as a response to the Francis inquiry. While she may have put the issue on the agenda for prime minister David Cameron, it is not new for anyone involved in NHS workforce development.

Christina Pond, executive director of Skills for Health (SfH), says that it is well evidenced that the NHS has invested more in its graduate workforce than in the support workforce.

"There is a tremendous amount of variability in the training that is offered by employers and consequently in the skills and competences of the workforce," says Mrs Pond. "This lack of consistency means that there is no common baseline of skills that would give patients, carers and the public the assurance that this workforce has been trained to an appropriate standard and is able to deliver a high quality of care."

Skills for Health had already begun to address these issues before the Cavendish review and, in March 2013, in partnership with Skills for Care, published a code of conduct and national minimum training standards for the support workforce.

This work was commissioned by the Department of Health as a response to the Francis inquiry. The code describes the standards of conduct, behaviour and attitudes that the public and the people who need healthcare, care and support should expect of the workers who provide it. The accompanying national minimum training standards define the minimum knowledge workers must have, irrespective of individual job role, and what should be covered during an induction period.

SfH has also developed a new higher-level apprenticeship framework for assistant practitioner roles in healthcare to provide a progression route for HCAs who want to develop the skills and knowledge required to

NSA HEALTH IN BRIEF

NSA Health will be employer-driven, giving members access to products and services that help them drive up quality and consistency of training for the support workforce. This will include:

- E-learning programmes
- Knowledge exchange between members
- Identifying and securing new investment for training and skills
- Information on how to navigate funding streams for adult skills learning
- Access to a health-specific Apprenticeship Training Academy
- Events and skills development programmes

CASE STUDIES OVERLEAF ▶

Vital role: a healthcare assistant monitors post operative patients' vital signs at a day surgery unit in Cobham, Surrey

ALAMY

be an assistant practitioner.

How do these fit with the Cavendish recommendations, to which the government is expected to respond this autumn?

In many ways, they would seem to be closely aligned. Cavendish acknowledges the work already done by Skills for Health and Skills for Care and calls for a new "certificate of fundamental care" and "higher certificate of fundamental care". SfH is currently in discussion with the DH and Health Education England to explore how it can support these and other recommendations made by Cavendish.

Meanwhile, there is the thorny issue of moving from published documents and web-based materials to embedding the code of conduct and the national minimum standards in practice, not just in one or two places but also right across healthcare.

So Skills for Health has worked with healthcare employers to set up the new National Skills Academy for Health to support practical, local delivery. Its remit is to help employers as they develop the skills of the band 1 to 4 workforce with a heavy emphasis on high quality workplace learning.

"For example," says Ms Pond, "it will have a very strong role in supporting local employers to use apprenticeships and understand how best to use the apprenticeship frameworks to support staff to learn in a work-based setting."

'There is no common baseline of skills that would give patients the assurance this workforce has been trained to an appropriate standard'

The NSA Health has already set up an Apprenticeship Training Agency, one of only 22 ATAs nationally accredited by the National Apprenticeship Service, to employ apprentices and co-ordinate the training.

So this is a time of flux. The building blocks of the code of conduct and core competences are in place along with the apprenticeship framework and the NSA Health is about to start work.

What would Ms Pond like to see develop over the next 12 months? Clearly she would like to see employers supporting employees to sign up to the code of conduct, training to the defined standards and taking advantage of the NSA Health's offering.

But beyond that, she says: "One of the most important measures of success will be that we can demonstrate the impact of the code and standards, on the quality of care provided and ensure an improved experience of care for patients, carers and people who use services." The proof of the pudding will be in the eating. ●

WORKFORCE: CASE STUDIES

FROM BAND 2 TO SISTER

How pioneering trusts across the country are transforming training and providing a new set of opportunities to healthcare assistants

UNIVERSITY HOSPITALS SOUTHAMPTON

University Hospitals Southampton has been developing career pathways for HCAs for 18 years.

Anita Esser, head of wider healthcare teams education at the trust, explains: "It is all about creating a flexible career pathway for those people who, in my view, may not have opportunities in life, who make choices at 16, and giving them the chance to come back and progress."

The trust has an in-house education team and works closely with Southampton Solent University, Southampton University and the Open University, supporting HCAs to undertake education while in post.

It also works with the National Skills Academy for Health, not least to attract funding for their apprenticeship and Qualifications and Credit Framework (QCF) programmes, and has a programme to bring in long term unemployed people into real job vacancies.

For example, the in-house apprenticeship centre offers programmes for bands 2 and 3 that can lead incrementally to a foundation degree and on to a nursing degree. At each level there is a recognised job level so training and education are firmly linked back to the workplace.

"We have people who have gone from band 2 right through to an Open University degree," says Ms Esser. "We do not say to people that they have to work through every single step and at each point we talk to them about what is the best next step for them. "

Donna Stafford-King joined the trust as a band 2 HCA in 1995 and this year she was appointed as a ward sister. She built up her educational accreditation incrementally until she completed an Open University diploma in nursing in 2010.

'All my education has been funded by the trust I work for. It was fantastic. I would never have done my nurse training without it'

It worked well for her, she says. She was never a fan of classrooms and left school at 16 but she liked distance learning – and at any rate she would not have been in a position financially to leave a job to go to college.

She is grateful for the chance the trust offered her. "All my education has been funded by the trust I work for. It was fantastic. I would never have done my nurse training without it." Her ambition now is to make her ward the "best in the hospital – the place everyone wants to work".

So yes, other HCAs should be supported like she was – but only if it is right for them. "It is not easy, you have to work hard, you have to be motivated, you have to be disciplined and committed. But it's worth it."

Ms Esser believes everyone benefits from programmes like these. Not only does it help the trust retain HCAs but also trains a potentially loyal cadre of nurses. "These are people we do not want to lose," she says bluntly. "It also feels like we are attracting people because they know there are career opportunities here."

LIVERPOOL HEART AND CHEST HOSPITAL

When the government attempted to beef up the quality of apprenticeships in 2011 and introduce a requirement that apprentices be

ROLE REDESIGN FOR SUPPORT WORKERS

Skills for Health is developing 15 new community-based support roles that will contribute to the new workforce for the future.

With funding from the UK Commission for Employment and Skills' Employers Investment Fund, the project runs to March 2014 and will create new roles such as health navigators and reablement workers.

"All roles are at career framework level 1 to 4 and they are all aimed at improving the productivity of the workforce, while helping patients to live longer, to live independently and have a better quality of life," says project specialist Georgina Earle.

Each role is being developed in partnership with organisations from across the health sector and in some cases the third sector, for example Age Concern. "The aim is that the roles should be transferable across sectors and across the UK and the Skills for Health methodology will enable this."

A new Skills for Health Roles Directory is currently being developed to support employers to develop new roles or redesign existing roles. The National Skills Academy for Health will be an obvious partner in making sure that suitable training and learning programmes are developed to sit alongside these roles.

Career progression: a healthcare assistant could be supported to work their way to being a nurse

paid and that programmes last 366 days, it threw many in the NHS into disarray.

Judith McGregor is National Skills Academy head of programmes in the north west, where she works very closely with Kirstie Baxter, assistant director education management at Health Education North West. Ms McGregor explains the problem.

"NHS organisations told us they were very committed to working with young people but they did not have the ability to employ them and they could not increase their head count."

The NSA Health has come up with a solution: an accredited Apprenticeship Training Academy, dedicated to the health sector, that employs the apprentice on behalf of the placement provider and coordinates the training.

"We employ the young person and give them a contract, and the trust pays a fee that includes the young person's weekly wage," says Ms McGregor. "We work with a training provider to provide the academic learning and the provider, NHS or independent, provides the learning experience at work."

The model has been tried and tested in the north west, where over 270 apprentices have been trained, and is now available nationally.

Liverpool Heart and Chest Hospital Foundation Trust has worked with the ATA and NSA Health to develop apprenticeships not just in healthcare-specific occupations but also in other employment areas within the trust such as IT, communications, HR, PR and business administration. The second cohort of 20 candidates has just finished.

Steven Colfar, deputy head of learning and development at the trust, says: "They come for four days a week to work here and at the end they step off with a level 2 apprenticeship. The trust is not committed to employing them on a permanent basis although we do try to recruit them when we can."

He says the experience has been excellent. "You really notice a big difference in the areas where they are employed," he says. "They come with quite different skills and a fresh approach. It is definitely a case of mutual learning."

Ms McGregor says these apprenticeships are a massive opportunity for young people even if they do not end up with a permanent job first time. "Historically it is very difficult for young people to break into the NHS and get their first job. This helps them get their foot in the door."

NORTH BRISTOL TRUST

North Bristol trust has an extensive programme that not only supports its workforce to access apprenticeships relevant to their job – for example by helping them with literacy and numeracy – but also gives people that vital first step into employment.

"We have a very wide range of roles in the support workforce with more than 300 different jobs in the NHS," says Jane Hadfield, head of learning and development at the trust. "So we have a very wide range of opportunities for them. For example, we currently have 34 business administration apprenticeships, running from entry level to more expert."

The trust's in-house apprenticeship centre has been assessed by Ofsted and given a "good" rating with some "outstanding" elements. Not only does that assure people who might be trying to choose between college-based and work-based learning, it also opens up new opportunities to work in partnership with the local job centre to mobilise more support for apprenticeships.

One initiative involves working with the job centre to recruit long term jobless people to a 10 week programme to get them ready for work. The recruits can be aged 19 to 45

'One initiative involves working with the job centre to recruit long term jobless people to a 10 week programme to get them ready for work'

and all are interviewed by the job centre as well as by the trust so they arrive with all the necessary compliance, such as criminal record checks.

"They are not just shadowing but really working as part of the team," says Ms Hadfield. "We guarantee them help with maths and literacy where they need it and real interview experience with real managers, although we do not guarantee a job."

However, of the first 11 recruits, all have ended up with a job, 10 within the trust including two on a temporary bank workers scheme.

One young woman in particular stands out for Ms Hadfield. Her work experience in the learning and research department led to her successfully applying for a post in the payroll department where she is now undertaking an apprenticeship. "She's doing brilliantly," says Ms Hadfield.

"Our strategy is to match the right person to the job. It is exciting to get these young people in and see how they develop when you offer them real career opportunities."

She believes the trust overall benefits from this kind of inclusive approach. "Our workforce is made up of the whole range of people who live here," she says. "Our patients are also from that range. We try to reflect our patients in the workforce. ●

ALAMY

JUSTIN WHATLING ON CLINICALLY LED CHANGE

The NHS faces a prolonged period of rising demand and flat budgets. That challenge cannot be solved by magic bullets or quick fixes. Short term efficiency savings can balance immediate budgets but we need to fundamentally transform how we deliver care to address long term challenges.

While the logic is easy to grasp, the path to delivering it is complex. Transforming care delivery requires clinical transformation, changing how we access evidence, resources and policy to drive continual improvements in the quality of care.

Transformation does not have to mean implementing something entirely new; in some cases it simply means maximising what you already have.

For instance, some NHS trusts have not embraced the full potential of technology to improve the quality of care. Electronic patient records (EPRs) that could be supporting clinicians to make more informed, real-time care decisions are instead under-utilised as basic administration systems. This leaves clinicians unsupported, patients at risk and taxpayers worse off.

Rather than merely being used for data entry, technology should be enabling clinicians to improve the quality of care.

This means giving clinicians access to real-time data to make more informed decisions, and using algorithms to predict and prevent problems rather than responding to them retrospectively. The NHS is blessed with some of the most highly trained clinicians in the world but the quality of their decisions is only as good as the information they have. Denying clinicians access to the best possible information denies patients access to the best possible care.

For transformation to be successful it has to be clinically led. Using technology to change care delivery is not a back office IT project but a fundamental part of the clinical strategy to improve outcomes. Technology is the enabler put in place to help make change stick. It shouldn't be the driver of change, merely the supporting structure underpinning it.

Improving clinical outcomes requires committed clinical leadership. Clinicians should determine the strategy, the priority and the timescale for change. That is why chief clinical information officers matter. They bridge the gap between the clinical and technical communities, ensuring that clinicians feel engaged in designing the tools they need to improve the quality of care.

Clinical transformation is a difficult, challenging concept. That is why Cerner works as a transformation partner with our clients, supporting them on the journey through technology adoption and maturity to drive performance, quality and safety improvements. It's a challenge we face together.

Justin Whatling is senior director at Cerner

www.cerner.com

TECHNOLOGY

TIME FOR TECH TO GROW UP

Measuring 'clinical IT maturity' can help trusts realise the full potential of going paperless. By Daloni Carlisle

The NHS has an ambition to be "paperless by 2018". Now it would in theory be possible to buy an electronic document system, scan all paper notes into PDF documents and proceed that way.

Possible, perhaps, but not advisable. It would rather miss the point of why the 2018 ambition matters.

If clinical IT is to start to transform effectiveness, reduce errors and unwarranted variation, support integration and empower patients, then the NHS needs something rather more grown up.

"The ideal scenario is a future where professionals have access to all the information they need about their patients receiving care, or better still participating in care," says Paul Rice, head of technology strategy at NHS England. "Some of that may be historic data, some will be going forward, but increasingly it will be about decision support for the clinician at the point of care."

That implies not just scanned records but active clinical systems that allow clinicians not just to see a record but also to order tests, see results, prescribe medications, access decision support, track patients through pathways and communicate with clinical teams.

Out of such systems automatic data extracts can flow to support clinical audit, performance management, benchmarking and, yes, finance.

So while document management is one crucial part, so is e-prescribing, clinical decision support and so on. Behind this lies the architecture – the wireless systems that allow bedside access, for example, or how IT systems talk to each other behind the scenes.

But with the end of the National Programme for IT and a new emphasis on local solutions, how is any trust to know whether they are on the right road to achieving transformation?

It is a big question, not just for the NHS but worldwide. The answer lies in a piece of jargon that may soon become part of the common NHS language: digital clinical maturity index. "We need to stop talking about bits of technology and start talking about maturity," says Mr Rice.

Dr Justin Whatling, chair of BCS Health – part of The Chartered Institute of IT – and a senior director at health systems firm Cerner, agrees: "Clinical IT is not just about an electronic document management system or putting in a portal. These things are important but, without the ability to use the data for clinical decision support and clinical performance improvement programmes, we will never realise the full potential to increase productivity and enhance patient safety."

Across the developed world, the notion of "clinical IT maturity" has been gathering pace for some years. The best known index was developed by HIMSS, a not for profit organisation with over 50,000 individual members, 580 corporate members (service providers and IT vendors) and around 400 associate members such as professional associations.

Its EMRAM (Electronic Medical Record Adoption Model) was developed in the US in 2005 and adapted for Europe in 2010. This summer, BCS tested and confirmed its applicability in the NHS.

Uwe Buddrus, managing director of HIMSS Analytics Europe, explains: "It is an assessment of the maturity of the IT in acute care facilities. It is not a prescriptive road map and it does not set out a step-by-step model. It describes in what combination IT can improve clinical outcomes best.

"How you go about deploying the IT does not matter. You will not be able to realise the benefits unless you have certain components in a certain combination."

CASE STUDIES OVERLEAF ▶

Many strands: moving from paper to electronic documents is just one step in a complex process of developing IT maturity

E-prescribing, for example, is pointless without an electronic health record but becomes more powerful when clinical decision support is added. Clinical digital maturity indexes measure such progression.

HIMSS EMRAM and its seven levels have been adopted widely. In the US, hospitals now have to demonstrate that they have reached a set level of the HIMSS index to receive state funding for uninsured patients.

They have also been adopted in the UK, where increasingly the trusts at the leading edge of IT refer to their ambition to increase their digital maturity.

The popularity of HIMSS stems partly from its success. With so many users, it allows hospitals to compare their outcomes not just over time but also against each other internationally. "This really helps decision making about where to invest," says Mr Buddrus. "It helps in setting strategic goals and measuring progress."

However, NHS England has not supported its wholesale adoption, not least because – contrary to popular opinion – the NHS is rather good at clinical IT in some specific areas. The N3 network, spine services, PACS and RIS are examples.

'E-prescribing, for example, becomes more powerful when clinical decision support is added. Digital maturity indexes measure such progression'

Rather, Mr Rice suggests a home grown solution which he calls the digital clinical maturity index. The idea crops up in an NHS England policy document, *Safer hospitals, safer wards: achieving an integrated digital care record*, published this summer.

It says: "A variety of models currently exist that endeavour to describe the progressive steps organisations need to take to advance their clinical digital maturity. Whilst we are keen to ensure that international benchmarking continues to be possible in the future we are currently committed to producing a 'home grown' model developed in collaboration with NHS organisations. We believe that this will be more relevant given our legacy infrastructure, organisational landscape and capability."

Dr Whatling says differences in workflow and interoperability, in existing IT infrastructure and in the ambitions around digitising community services mean that any national index must be assessed as fit for the UK market. It must allow international comparisons and benchmarking, not just for hospitals but also for UK software vendors with an eye on an international market.

Whatever the index, trusts need to get on and plan a digital maturity roadmap to 2018. As Dr Whatling says: "We shouldn't become fixated on an index – it is the means of measuring progress, not the end result in itself. Climbing the index is the byproduct of improving the quality and safety of care for patients, which should be our priority." ●

TECHNOLOGY: CASE STUDIES

MATURING FAST

How healthcare organisations here and across the channel have benefited from developing clinical IT

BARTS HEALTH

It would be fair to say that when Barts and the London trust, as it then was, launched a Cerner Millennium implementation in 2008, it understated the change to administrative procedures. The result was backlogs in clinics and a build-up of wait times, forcing the trust to launch a top to bottom review process.

Fast forward to 2013 and it is a different picture. The trust is now Barts Health, covering six hospitals with 15,000 workers, and has a corporate agreement that (a) all should share a single electronic health record platform and (b) it should be Cerner Millennium. But no more big bangs – rather a transformation programme with a clear road map and strong clinical engagement.

Dr Charles Gutteridge is the chief clinical information officer and his vision is clear: "Our aim is to get to HIMSS level 7." That would imply safer, more efficient care underpinned by a single EHR with rich clinical functionality including e-prescribing and clinical decision support as well as automatic data extraction for commissioners and quality monitoring.

Each of the trust's hospitals is currently at a different point on the road map. At Barts, the London and Mile End, Cerner Millennium is now stable and doctors and nurses can use it to order tests, look at results and images, book patients in and see who is coming next on a clinic list.

"The challenge here is to get universal use of the EHR over the next year," says Dr Gutteridge.

Claire Dow, consultant in elderly care and a clinical IT lead at Mile End Hospital, says the EHR is proving useful even within these limitations. "We have started to use it to record dementia, which means we can flag up in someone's record their diagnosis so that this can be seen by the emergency department," she says.

"Yes it is a struggle to get some clinicians to use it but we are getting there."

Newham Hospital, meanwhile, had adopted Cerner Millennium rather earlier and had done so outside the National Programme for IT. Here clinicians are already using electronic discharge summaries and electronic processes for managing patients through pathways. Part of Dr Gutteridge's strategy is to make sure Newham's experience is used by the rest of the trust.

"It's a way of tying together two different cultures by using IT," he says.

The scale of ambition at Barts is underlined by the appointment of four clinical IT leads who report to Dr Gutteridge. The team ensures the transformation strategy is clinically driven, and underpins efforts to improve quality of care.

Getting from here to level 7 HIMSS is not going to be easy. It will take at least four years and a massive clinical engagement process to deliver the cultural change required by some of the new ways of working – and a budget to fund the change.

"The senior team here have a clear vision of when to introduce new modules that will take us towards level 7 and the budget to do it," says Dr Gutteridge. "Our knees are trembling but there is huge excitement and we are ready to do it."

ST GEORGE'S HEALTHCARE TRUST

Covering an office floor with piles of paper doesn't sound like the best start for a major IT project. But one London trust took this "paper first" approach to rolling out Cerner's Millennium electronic medical record.

Jenny Muir, the nursing lead for clinical documentation at St George's Healthcare Trust in Tooting, explains the value of gathering all the documents used by clinicians and mapping processes.

"It was a very powerful way to see all the duplication, confusion and different ways of doing things," she says. "The most important thing for us was to treat this as a clinical project that was supported by IT, not an IT project being imposed upon clinicians."

The trust began implementing Cerner Millennium in 2010, starting with the Patient Administration System and emergency department, followed by order comms. Then it moved on to electronic prescribing and medicines administration as

'A huge change': Valenciennes hospital in France

Paper trail: St George's staff covered an office with paper to help understand their processes

well as tackling the somewhat daunting task of transforming clinical documentation.

"Cerner were happy to work with us on our slightly unusual approach. It wasn't too long before we moved from piles of paper, through to scissors and glue to make booklets showing what the correct documentation should be and then onto redesigning this using Cerner Millennium," says Mrs Muir.

"A good example is the new patient admission documentation on Cerner which has proved very successful. All the paperwork is now completed for every patient because our process had highlighted gaps."

Amy Gass, a nurse who led IT change management for this work says the electronic forms make life easier for clinicians. "For example, we are designing the system so that if anyone inputs a patient weight it automatically populates other forms where that information is needed."

The pair is now working on streamlining the paperwork around patient pathways. They plan to repeat their pieces of paper approach as the starting point. As Ms Gass jokes: "I am known as the form stealer."

'If anyone inputs a patient weight it automatically populates other forms where that information is needed'

VALENCIENNES HOSPITAL CENTRE

The Valenciennes Hospital Centre (CHV) in northern France is a group of public and private organisations with nearly 2,000 beds spread across 18 sites serving a population of 800,000. In 2011, it began implementing Cerner Millennium to create an integrated, paperless system with a single patient record not only for patients in hospital but also as they move between acute and community care settings.

Frédéric Andre, the centre's clinical information officer, explains the route to HIMSS level 7.

"From the outset, it was very clear that this was not just about IT but the focus was on ensuring a dedicated clinical transformation team drove the progress. We drew its resource from both medical and technical staff and the project had a clear communications strategy to explain to clinicians where they are/what they are doing throughout the phases of the project.

"The real key to project success was to ensure no other choice/workflow were available to users on day of go live. The project itself represented a huge change in ways of working but the emphasis was to move away from the 'old way'.

"There are significant benefits from implementing an integrated solution – clinicians can see radiology and pathology results, have access to the patient chart, see everything relating to the patient – all information, images, multimedia – in one place. The project also ensured that there was a well considered hardware and technology strategy in place.

"Once the solution was established and in use across the organisation, mobile technology was introduced to support physician workflow. Now, all physicians have an iPhone which offers a mobile view of the Millennium solution and they are able to record dictation straight onto their handset. The project also provided 24 hour support onsite for first week of go live which was another key success criterion.

"Physicians would absolutely not go back to the old ways of working and have now got so comfortable with the technology that they have ambitions beyond the scope of the project. The clinical staff have clearly developed a real appetite for the capabilities of technology which is a really positive message."

Mr Andre says CHV found HIMSS Level 6 relatively straightforward to achieve because it was closely aligned with their existing work project. The maturity model felt like a natural progression on their journey to better clinical IT.

The process to achieve HIMSS Level 7 is more complicated and more of a challenge, he says. "This is not about technology but about demonstrating the performance of the technology and showing integration out into the community and using data to achieve real transformation and outcomes. The goal is to be certified as HIMSS 7 within 12 months.

"We start this work in September 2013, linking all clinical staff and teams with functionality such as e-prescribing in use throughout the whole hospital. In addition, as this phase is aimed at achieving HIMSS Level 7 status, the project is focused on taking the next step to connect patient care outside the four walls of the hospital linking to community and access to the patient record." ●

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