

Development of an Electronic Patient Record at Homerton University Hospital England



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“Are you faced resistance in your organisation when introducing new Information Technology?”



Development of an Electronic Patient Record (EPR) at Homerton University Hospital, England

- Implementation in two NHS hospitals
- Exceptional modules:
 - Accident and emergency patient pathway
 - Maternity services records,
 - Patient administration system incorporating booking
 - Waiting lists management



Features

- Accident & Emergency patient pathway management system
- Maternity module
- Radiology system with physician order entry
- Clinical observations documented in the EPR
- Discharge summary
- Patient access list
- Booking and waiting list management system

Development process

- Strength of vision and commitment secured a fully integrated EPR
- Engagement of clinicians and staff required for EPR system to match patient pathways
- Collaborative working by multi-disciplinary teams.
- Process mapping between the two hospitals: challenging discussion and review and robust design
- Essential to achieve the support from staff.
- Anglicising the US-based software.

Milestones

- Start of planning: 2000
- 2000
 - Selection of a software supplier
 - Modification of US based system
- 2004
 - Replacement of patient administrative system
- 2006
 - Increased electronic clinical documentation
 - Alignment with the NPfIT
 - Integration with other systems in the hospitals
- Start of routine operation: 2004

Outcomes

- Benefits realisation review - May 2006
 - 70% of the staff: EPR benefited the hospital.
 - 2% of the staff: EPR not benefited the hospital
 - Most popular impacts
 - Access to results
 - Time savings for staff.

Success factors

- Success factors
 - Clinical engagement and commitment
 - Effective partnership working
 - Effective change management

Failure factors

- Teething problems

- Continued use of traditional appointment process by GPs, consultants and other staff
- Inappropriate software that doesn't meet the functional specification
- Security and confidentiality not up to standard
- Over-reliance on piloting, deferring benefits realisation

Critical factors

- Recent work with extending the EPR to other NHS hospitals shows:
 - Need to develop effective leadership of IT-enabled change
 - Need to mainstream and integrate IT projects with other strategic developments
 - Need to manage costs and benefits over time and so optimise net benefits
 - Risks must be identified, measured and mitigated
 - EPR functionality and usability drives EPR utilisation.