Digital maturity enables new patient pathways at Salford Royal NHS Foundation Trust

/Success Story

Dr Jim Ritchie, chief clinical information officer of Salford Royal NHS Foundation Trust, is proud of his organisation's digital heritage.

Salford Royal was the first trust in the NHS to deploy the Allscripts Sunrise™ electronic patient record when it went live in June 2013. It was also the first Allscripts customer outside the US to upgrade to the latest version, Sunrise Acute Care 18.4, in September 2019.

However, during a virtual presentation at HIMSS20, Dr Ritchie said that his organisation is not about deploying technology for technology's sake. Instead, he said, the trust has a long-standing ambition to deliver the safest healthcare in the UK.

Allscripts Sunrise™ delivers key clinical capabilities across the Trust, including Order Communications and Results, Clinical Documentation, ePMA (including Chemotherapy and IV Fluids), Tracking Boards and a broad spectrum of clinical pathways and specialist content.

Salford's Allscripts KBMA solution deployment will enable closed loop functionality required for HIMSS 6.

Driving value by focusing on three pathways

Salford Royal has been working to develop and embed a model of operational excellence defined as the sum of a commitment to operational improvement, the development of an operational management system, and the use of operational design to make sure that technology systems and processes are aligned.

Within this model, the real value of an EPR platform is that it can be used to empower staff to define problems, work towards developing solutions, and measure outcomes to create a real-world example of a learning healthcare organisation.

It has taken time to reach this point, Ritchie said. As Salford Royal began its digital journey, it made a lot of common mistakes. Initially, it simply digitised its paper processes and then, when it started to think about pathway redesign, it created pathways that were too complex for clinicians to use in day-to-day practice.

Eventually, the organisation used its status as a national global digital exemplar to examine a handful of critical pathways: fractured hip, pneumonia and stroke.

A 'tessellated approach' to development

Salford Royal teams realised there were huge areas of overlap. In all the pathways were tasks clinicians needed to perform, such as assess a patient's blood clot risk (venous thromboembolism or VTE) or assess for delirium and dementia.

Identifying these common ailments enabled the trust to create a "clinical tessellation model" for IT development in which the focus is on creating reproduceable, reusable components with which clinicians can become familiar and use across multiple pathways.

Client Profile

Salford Royal
NHS Foundation Trust

North West England

OVERVIEW

- Part of the National Health Service (NHS)
- Integrated trust providing acute hospital and community care services to the City of Salford and parts of Manchester.
- First trust to be rated "outstanding" twice by regulator Care Quality Commission
- First UK customer for Allscripts Sunrise™ and first to upgrade to Sunrise™ Acute Care 18.4
- One of just 17 acute trusts in the national Global Digital Exemplar programme
- Level 5 on the HIMSS EMRAM maturity model, targeting level 6
- Part of the Northern Care Alliance (NCA) which incorporates the Pennine Acute NHS Trust neighbouring Salford. The NCA will provide care for over 1 million people of Salford, Oldham, Bury, Rochdale and North Manchester with over 17,000 staff.

ALLSCRIPTS SOLUTIONS

- Allscripts Sunrise™
  - Acute Care
  - Critical Care
  - Emergency Care
  - Knowledge Based Medicines Administration (KBMA)

Reduction in venous thromboembolism (VTE) events

Sustained increase in delirium patient screening

Reduced time to treatment from 3 days to 3 hours for UTI patients

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"Crucially, we have been able to link these two things into a meaningful workflow within our deployment of Allscripts, and that has really helped us to drive adoption and to drive value."

Dr Jim Ritchie, CCIO, Salford Royal NHS Foundation Trust

'Think and act' delivers significant benefits

Dr Ritchie gave three examples, starting with VTE, a major clinical issue and a focus for national attention. Trusts are required to submit data on how many patients are screened for VTE on admission to hospital to NHS England, which oversees the performance of the health service.

Dr Ritchie said Salford Royal had been doing "pretty well" on screening patients on admission, but different clinical specialties had been using varied workflows. Salford Royal created a single risk stratification tool that fits into different workflows and focuses on "think and act" – on not simply giving the user information but encouraging them to act upon it.

"Crucially, we have been able to link these two things into a meaningful workflow within our deployment of Allscripts, and that has really helped us to drive adoption and to drive value," Dr Ritchie said.

Salford Royal reduced VTE events significantly and reduced preventable VTE events almost entirely within emergency admissions to the hospital.

Salford Royal saw similar outcomes and sustained changes for his second example, the development of a screening tool for delirium and dementia, which increased the number of patients screened for these conditions on admission.

Reducing variability, improving patient access

For his third and final example of the trust's approach, Dr Ritchie turned to his speciality – kidney medicine – to demonstrate how information in a mature EPR can be used to reduce variability.

Although Salford Royal is a teaching centre and has trained many of its own clinicians, there are still variations in the way clinicians practice, he said. So, the team created another tool to predict the risk of a patient with chronic kidney disease progressing to the point where they need dialysis or a transplant.

This tool helps clinicians direct patients on the right pathway and improve patient satisfaction.

The team also developed a self-management service for transplant patients who develop a urinary tract infection (UTI). Previously, transplant patients who developed a UTI had a minimum of four interactions with their healthcare teams before they received treatment, and the whole process could take up to three days.

Now, the trust sends patients a test to take at home. Clinicians can see the results within the EPR and antibiotics can be prescribed in as few as three hours. "This is a small patient population," Dr Ritchie acknowledged, "but as a value proposition and something that can be replicated across any immuno-suppressed group, there is huge potential for this."

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