

The Future with IT

Chair: Anne Cooper, NHS England

IT-enabled Mobile Working in the Mental Health Service

Guy Powell Kent and Medway NHS and Social Partnership Trust

Andrew Dickers Kent and Medway NHS and Social Partnership Trust

Using Tablets in the District Nursing Service

Sue Horbury Oxleas NHS Foundation Trust

Monday 9 February 2015

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Guy Powell

CPA Compliance and Development Manager, Kent and Medway NHS
and Social Partnership Trust

Andrew Dickers

Lead Nurse for Community Recovery Services, Kent and Medway NHS
and Social Partnership Trust

Digital Pens



Background

- Improving Care Planning seen as a priority within the trust and to nursing
- Clinician, service user and carer feedback (Community Patient Survey)
- First trust to use a digital pen for care plans

Nursing Technology Bid

- Successful bid of £70,000 gained through NHS England Nursing Technology Fund

Aims

- Increase the number of service users who receive a copy of their care plan and sign to say they have agreed with it
- Improve communication process and clinical engagement
- Reduce admin and travel time

Who uses?

- Primary aim is for clinicians who conduct assessments, regularly write care plans and visit service users in their homes
- Sample 20 staff from a variety of services

Process

- Clinician visits the service user
- Completes the digital care plan template (which is the information taken from the Patient Record System-RiO)
- Clinician gives the paper copy to the service user
- Pen contains the care plan data (safely)
- Clinician can then either dock the pen or care plan information is transferred via Blackberry.
- If a mistake is made and needs to be changed, clinician informed by email and then can change.
- If form completed correctly, care plan information will be automatically placed into care planning section on RiO.

Progress

- Currently in 3 month pilot stage
- 25 nurses from differing areas
- Good initial feedback
- Long term plans

Contacts

- Andrew Dickers- Lead Nurse
andrew.dickers@kmpt.nhs.uk

- Guy Powell- CPA Manager
guy.powell@kmpt.nhs.uk

Using Tablets in the District Nursing Service

Sue Horbury

Programme Manager Telehealth and Remote Working, Oxleas NHS
Foundation Trust



Mobile Working for District Nurses

Sue Horbury
Programme Manager for Telehealth
and Remote Working
09 February 2015

Improving lives



About Oxleas

- We provide local NHS services in south London and Kent with a wide range of health and social care, specialising in community health, mental health and learning disability services.
- We have a workforce of around 3,500 people spread over 125 sites in a variety of locations across the London Boroughs of Bexley, Bromley and Greenwich and into Kent. We also provide specialist forensic health care across south east London and in Kent Prisons.
- We were rated as one of the best NHS trusts to work for in NHS staff surveys of 2012 and 2013.
- We involve our clinical staff in changes, supporting innovation and staff development. Integration of our physical and mental health services will be supported with a move in 2015 to a combined EPR, over 50 clinical staff were involved in choosing the new system and just as many are now helping to design the look and feel of the system to make it user friendly and efficient.

About our project

- **The Challenge**

District nurses had no access to the clinical system when away from base
Paper and electronic records did not always match as there was often not time to update the electronic record when returning to base

Team managers didn't know where nurses were so when away from base this made allocating additional patients more challenging

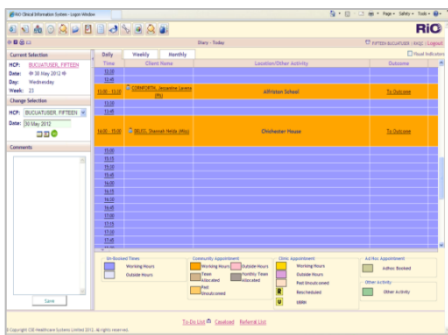
- **What we did**

We looked at various solutions to support better record keeping including digipens which we trailed but were not successful for DNs

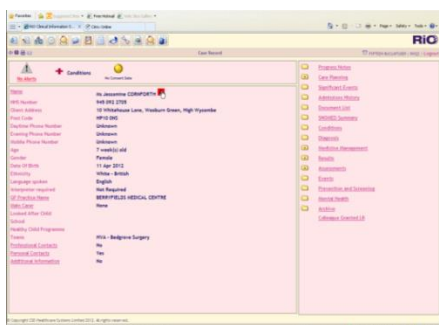
We knew that a nearby borough were using a Blackberry to access appointment information and update clinical records so we invited the company to come and talk to us.

What does the solution deliver?

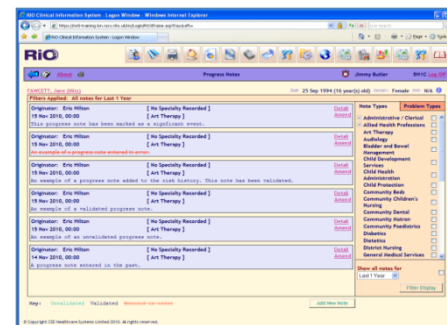
Diary



Case record



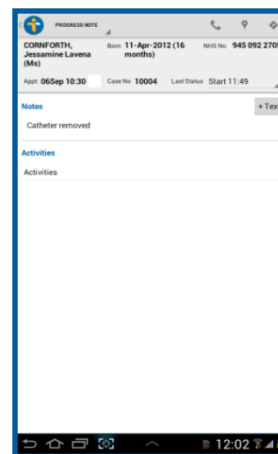
Progress notes



Information is extracted from RiO using the HCPs diary. It is downloaded to iNurse and the HCPs appointments for that day can be seen.



By clicking on a 'case' information such as case record, allergies, alerts and recent progress notes can be seen together with the reason for the visit



Once treatment has taken place a progress note can be entered which will be uploaded automatically into RiO progress notes and the appointment outcomed

In addition to this, nurses can access emails, take pictures, use GPS, write non-clinical reminder notes, calculator, text messages and it's a phone too!

How did it all come together?

- The project manager worked with the service manager and clinical heads of district nursing to build a business case for funding.
- The case was successful and it was agreed to pilot a tablet version of the solution with 50 nurses from 5 teams (including Twilight) across 2 boroughs
- A project team was formed with colleagues from clinical teams, IT, the supplier, transformation team and training.
- It took about 5 months to get the solution up and running for the first 50 users.
- After the initial training, floor walking support was given with visits to various teams including evening visits to the Twilight teams.
- The system provides reporting to see who is and isn't using the device and reports were pulled from the clinical system to measure the improvement in outcomed appointments
- After 6 months, the pilot was deemed a success and a second phase was agreed to add the rest of district nursing and 50 staff from Children and Young People including health visitors and specialist nurses further this was an additional 200 nurses.
- This phase went live in November of last year and the last few nurses are being trained at the beginning of February

Challenges – it's the little things that trip you up

- Functionality – be really clear with the supplier exactly how the solution works, we saw things and made some assumptions about what we'd get, not all of it was there on day one.
- Training - Some nurses needed a lot of follow up training. This wasn't planned for and so couldn't be delivered as quickly as was needed, so some users lost confidence.
- We over-estimated the level of IT skills of some users so there didn't focus enough in early session on simple things like how to check that the mobile data is switched on.
- Some nurses didn't use the device in real time making it harder to use and reducing the benefits.
- The battery didn't last all day for the devices used in phase 1 so we had to provide additional charges to be kept at base.

Benefits

- The clinical record is much richer, this supports other AHPs who will often also be caring for patients
- Complaints can be investigated more quickly and with more confidence as records more accurately reflect what happened and when
- The records reflect the work being undertaken much more accurately, the number of outcomed appointments has more than tripled from the baseline taken at the start of the project, this will support more accurate resource planning
- Team managers can see from their desktop what the list visit was for a nurse. This supports lone worker safety and also makes it easier to allocate additional patients with the information being loaded onto the device during the day to support the nurse
- We've learnt a lot! We are moving to a new clinical system which has mobile working 'built in' so we will be able to use our learning from this project.

Remember

- Communication is key - make sure people are consulted and informed
- Listen to feedback and if you can't meet the request explain why, then staff know they've been listened to
- Champions will help each team to gain confidence
- Leadership at team leader level is vital to making the changes stick
- Clinicians want to hear from other clinicians so make sure you get clinical support and engagement

Professor Sir Bruce Keogh, NHS England's National Medical Director

'Change only happens when clinicians, managers policy makers and all sorts of people who are expert in the different aspects of healthcare have the will to work together to achieve the same goal or vision'

Change is a team game so join in!



Thank you, any questions?

Improving lives



Transforming community and general practice nursing in London – the art of the possible

A partnership between NHS England, NHS Health Education North Central and East London, NHS Health Education North West London, and NHS Health Education South London.

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