NPfIT For Maternity Perinatal Institute Meeting

Accenture/CSC/iSoft Joint Maternity Design

18 May 2005

Background to the Approach

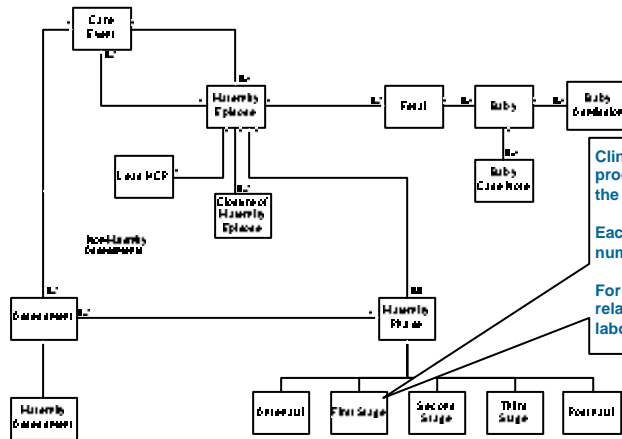- Accenture and CSC are required to provide a solution to maternity departments as part of the P1R2 phase of the National Programme for IT.

- Business Processes were validated with the clinicians in the 3 clusters using the clinical reference panel forum during the second half of 2004

- A design team was brought together from the 3 partners
    - Accenture
    - CSC
    - iSoft

Lorenzo – The Maternity Design

The business domain model* illustrating the relationships between entities

Clinical business processes are mapped to the domain model.

Each module comprises a number of CDC forms.

For example, information related to the first stage of labour is captured here.

*This represents a segment of the full maternity domain model

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The process

Gap Analysis of the reference solution against the OBS

Sign off with the Information Authority of the Business Process Designs

Analysis of the data model requirements using data sets from

- Evolution
- Manners
- Maternity data care project
- Contract minimum data sets
- RCOG

Where we are now

- Engaged in configuration of the baseline solution
- Defining
  - Screen layouts
  - workflows
  - reports

Functionality

Lorenzo Generic Solution – The benefits

- Building an integrated solution giving the clinician access to
  - The complete clinical record
  - Orders
  - Results
  - Theatres

- Timelines
- Real time system providing a foundation for electronic prescribing, decision support and cross-care setting care pathways

Data Issues – variance in current data items collected

- History & booking 5%
- Antenatal screening 47%
- Prenatal diagnosis 53%
- Antenatal complications 79%
- Birth event – maternal 5%
- Birth event – baby 21%
- Postnatal – maternal 14%
- Maternal death 0%
- Postnatal – baby 35%
- Neonatal death 0%
- **Overall** **29%**

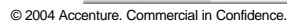## Moving to Snomed CT and sharing data safely

- Delivery mode
  - Spontaneous vaginal
  - Breech vaginal
  - Ventouse
  - Ventouse (after failed forceps)
  - Forceps (low cavity)
  - Forceps (mid cavity/rotational)
  - Forceps (after failed ventouse)
  - Elective caesarean
  - Scheduled caesarean
  - Urgent caesarean
  - Urgent caesarean (after failed ventouse)
  - Urgent caesarean (after failed forceps)
  - Urgent caesarean (after failed forceps and ventouse)
  - Emergency caesarean

- Mixture of
  - Procedures
  - Priority
  - Concept combination
- From a data architecture and terminology point of view this is not
  - Codable
  - Exchangeable
  - Transmittable to PSIS
- Needs
  - Separate data items
  - Central decision on coding options

Order Received Screen
Lorenzo

Maternity Timeline
Lorenzo

The Future

- Electronic Partogram
- Rules engine to allow customisable workflows
- Decision support
- Medical/Monitor Device Interface
- Integrated Care Pathways

Executive Summary

By accelerating the Lorenzo Phase 2 Maternity solution in P1R2, and not using legacy applications

the foundation for fully integrated care delivery can be established early in the Programme

Accenture, CSC and iSOFT are committed to delivering a robust, complete maternity solution