



NHS Connecting for Health in Maternity

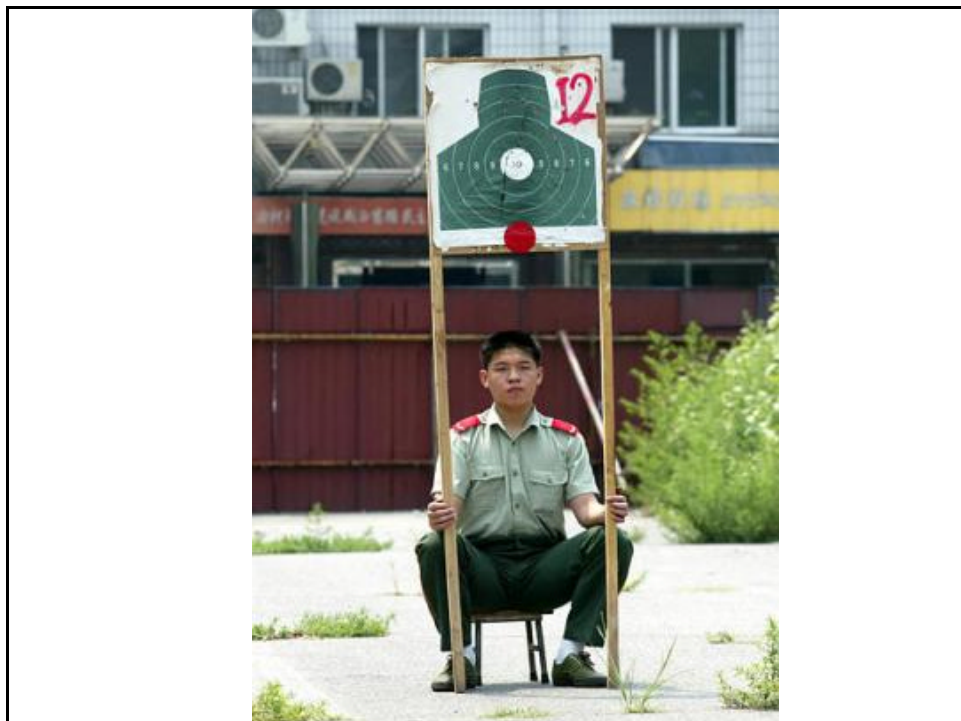
Dr Mike Bainbridge
Clinical Architect

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My Job ?

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DOCTOR FUN



The last thing a bungee jumper sees



Scale

- Patient-based focus using high quality clinical systems
- Delivering
 - Safety of care
 - Added value for clinicians
 - Value for money
- In England....

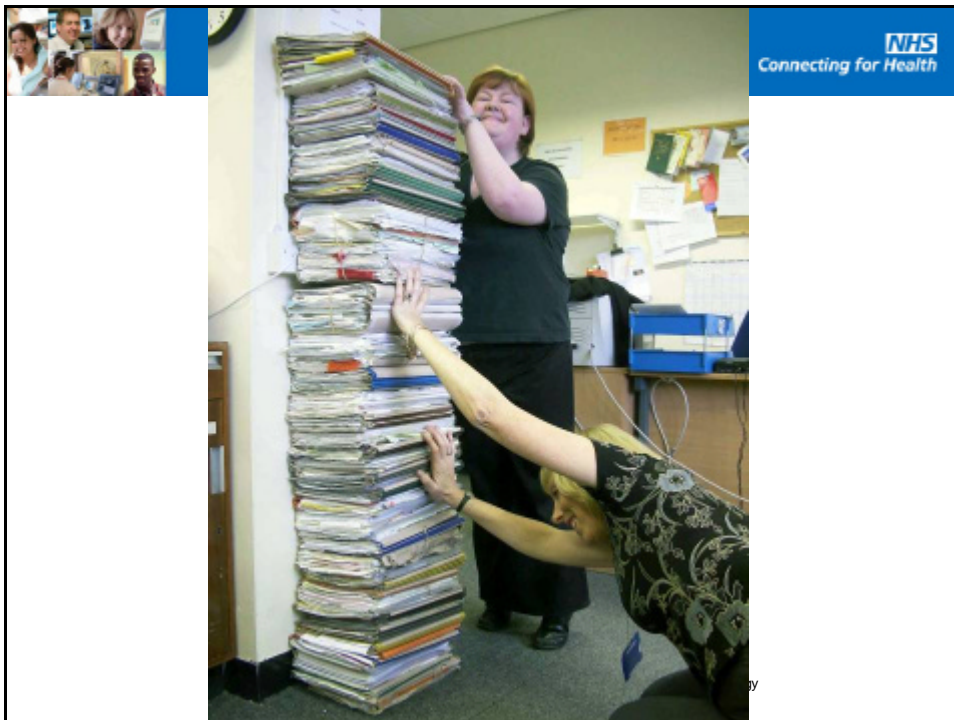
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Expectations of Healthcare have changed

Paper is no longer 'fit for purpose'


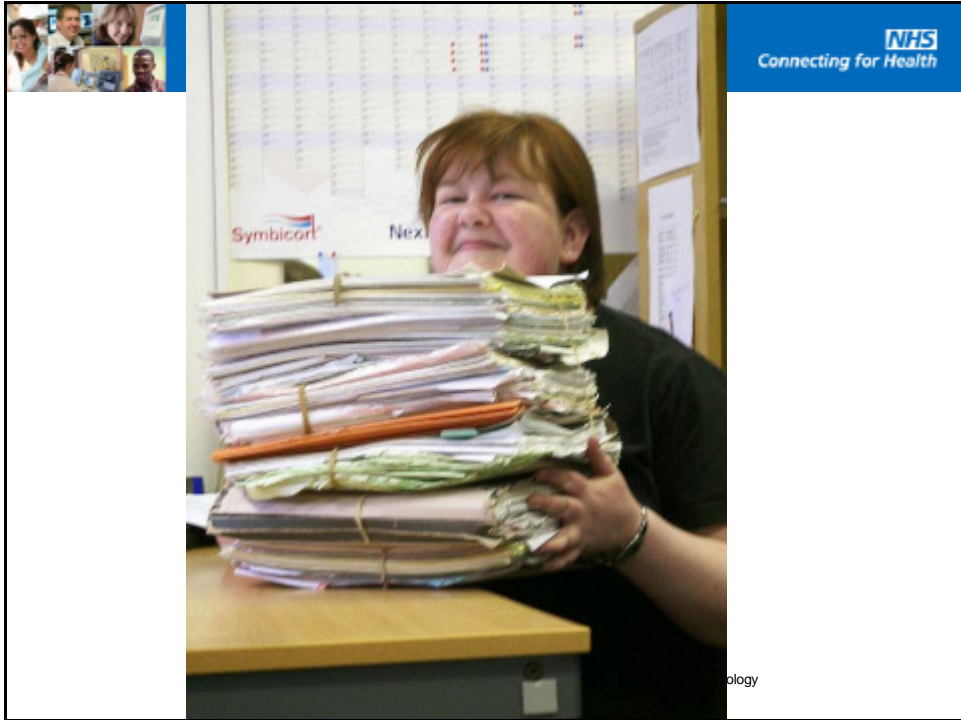
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It is unethical to carry on doing
what we are currently doing...


Professor Muir Gray

01/10/2004



NHS
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“Computers are going to compromise patient confidentiality”



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NHS
Connecting for Health

The evidence

- 11% of laboratory tests must be reordered due to lost results (IOM, 1996)
- 30% of treatment orders are not documented (IOM, 1996)
- Between 20 - 30% of national healthcare expenditures are associated with informational paperwork (IOM, 1996)
- 50% of paper-based medical records are either missing or contain incomplete data (The Workgroup for Electronic Data Interchange, 1996)



Enhanced Confidentiality / Information Governance

- Provide real confidentiality (for the first time ever)
- Audit trails for data items as well as record access
- Legitimate relationships
- Role based access control
- None of which is available with paper

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A Few Maternity Specific Issues

- How much of a record is needed to behave safely ?
- How much of a shared record is needed for others to behave safely ?
 - Dispensing / Administration / Prescribing
- The Fetal record
 - Legal / Moral / Ethical vs. Clinical Decision support / Genetics
 - Foetal number vs. NHS number
 - Links within the record to and from other people's records
 - OK for CHD
 - ?OK for Huntington's Chorea
- Problems are human, behavioural and societal
 - Insurance issues of above
 - Genetic issues of sperm donation / fostering / egg donation
- Medication recording for mother and fetus
 - Whose job – Clinician, Patient or Pharmacist ?
 - St John's Wort / Aspirin / Supplements
 - OTC / Garage
- First time whole picture available

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Medication

- Single drug database – dm+d
- Single decision support
- ‘Computable’ dose
- Single Architecture to allow
 - Care pathways
 - Care planning
 - Active decision support
- Single e-prescribing programme

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What does this mean ?

- Our data suggest that **admissions** related to ADRs cost the NHS up to £466m annually
- At any one time the equivalent of up to seven 800 bed hospitals may be occupied by patients admitted with ADRs
- The true rate of **death** taking into account all ADRs (those causing admission, and those occurring while patients are in hospital) may therefore turn out to be greater than 10,000 a year

Munir Pirmohamed, Sally James, Shaun Meakin, Chris Green, Andrew K Scott, Thomas J Walley, Keith Farrar, B Kevin Park, and Alasdair M Breckenridge

Adverse drug reactions as cause of admission to hospital: prospective analysis of 18 820 patients

BMJ, Jul 2004; 329: 15 - 19.

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Quality Improvement

- Comes with the adoption of modern electronic clinical records
- Records must be complete
- Allows patient centric view of care
- Longitudinal view
- Linkage of records
- Collect once use many times
- Building safety in from the very start

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Enterprise - Wide

The big implementation picture

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Benefits of Scale

- Microsoft®
 - Windows NHS
 - Office NHS
 - Common User Interface Project

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The Common User Interface (CUI) project

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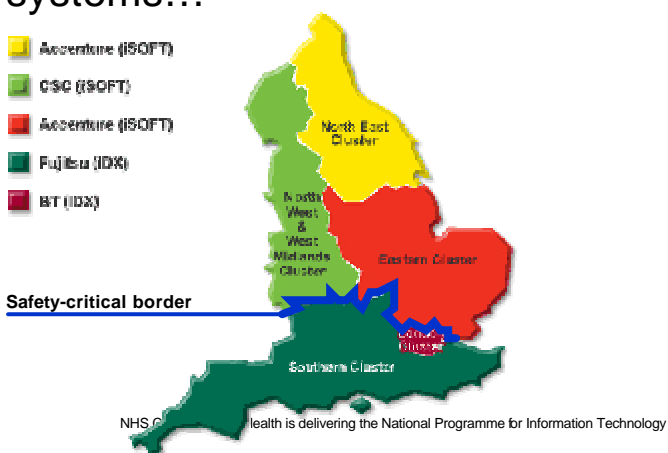


A different UI means more risk

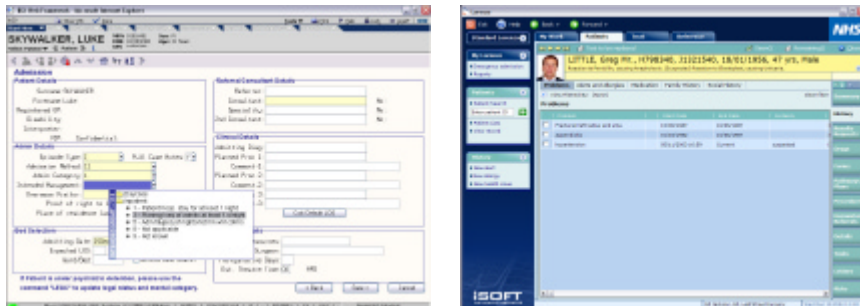
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- Clinicians regularly cross borders and will need to learn new systems...



- North / south divide means more risk to patients
- CUI project will introduce patient safety critical common elements



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In the 21st Century the requirement for the medical record has changed

One patient

One record

Delivered by an integrated service

Across the entire enterprise

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NHS connecting for Health

Improving patient care
Improving patient safety
Improving clinical utility

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