

# Carefx Portal

**Royal Liverpool Broadgreen  
University Hospital Trust**

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# Background

## Aim: Test paperless clinics concept

- **Market research** – spring 2009
- **Options appraisal** – adapt or change?
- **Decision** – keep and adapt existing electronic systems
- **Gap analysis** – what works, what doesn't?
- **Pilot go-ahead** – October 2009

# Drivers for Change

- **Scale** – 180,000 active paper case notes in 4 libraries
- **Demand** – 1,800 case notes pulled a day
- **Notes issues** –
  - often mislaid, sometimes lost
  - labour intensive
  - poor condition, unhygienic, out of date
  - multiple volumes
  - poor information governance
  - only accessible to one person

# Phase 1 - Pilot

## **Pilot clinics – haematology & dermatology**

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- **Minimum data set and range of clinicians –**
  - patient demographics
  - GP referrals and clinic letters
  - orders and results
  - x-ray images and scans
  - historical handwritten notes and forms

# Phase 1 - Pilot

- **Existing processes documented** – costs and issues
- **Future process design and preparation** –
  - multiple systems to open on single screen
  - clinicians enabled to move in and out of existing systems to view minimum data set
  - notes scanned ready for pilots
  - scanned notes taken during clinic
- Paper case notes available on request

# Phase 1 – Pilot

## Findings – results of 2 month trial

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- **Concept proved** – clinics can be paperless
- **Multiple systems** – cumbersome to switch
- **No patient context** – increased clinical risk
  
- ***Clinicians' feedback*** – *the idea was good but needs a system with one log on providing all data on one screen*

# Phase 1 – Future

## Next steps – three projects

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- Portal to integrate existing systems and view data
- Scanning to capture historical case notes
- Electronic capture during consultations

# Phase 2 – One view

## Portal – all information on a single screen

Royal Liverpool and Broadgreen University Hospitals Trust

**Fusion** THE PARTNERSHIP Log Out

**Patient Details**

**Patient Demographics**  
**Doe, John** Age: **67 years** DOB: **27/11/1942** Gender: **Male** NHS#: **123-00-4533** GP: **Dr. Jack Shepherd**  
 Local ID: **RQ6-123456**

Encounters		
Date	Type	Specialty
12/07/2009	Admission	Cardiology
25/02/2009	Appointment	Pulmonary
13/02/2009	Appointment	Pulmonary

7 Episodes on file [View All](#)

Diagnoses		
Onset	Description	Clinical Advice
06/08/2009	Chronic Depression	Consult therapist
08/07/2008	COPD	Pulmonary Rehab
01/07/2008	Trouble ambulating	Physical Therapy

Orders			
Order	Date	Status	Clinic
Albuterol Med Neb	13/08/2009	Complete	Derm
Atrovent MDI	13/08/2009	Complete	Derm
Compression Stockings	15/07/2009	Complete	Haem
Basic Metabolic Panel	15/07/2009	Active	Haem
ABG	15/07/2008	Complete	Ward6

19 Orders on file [View All](#)

Results			
Result Type	Order Time	Result Time	Clinic
Full Blood Count	13/08/2009 0800		Derm
Electrolytes	13/08/2009 0800	13/08/2009 0830	Haem
Angio	13/07/2009 0800	13/07/2009 0830	Haem
Echo	15/07/2008 0900	15/07/2008 0925	Ward6
ABG	15/07/2008 0900	15/07/2008 0930	Ward6

16 Results on file [View All](#)

Recent Appointments		
Date	Clinic	Outcome
26/08/2009	Dermatology	Attended
21/08/2009	Renal	DNA
13/08/2009	Dermatology	Waiting

6 Appointments on file [View All](#)

Clinical Documentation			
Date	Document Type	Specialty	Physician
06/08/2009	Progress Note	Medicine	Smith, Michael
08/07/2009	Consult Note	Cardiology	Hurd, Andrew
01/07/2009	Admin H&P	Medicine	Li, Qi

32 Documents on file [View All](#)



# Phase 2 – Results

## Portal project – first findings

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- **Clinicians** – positive reaction, easy to use
- **Training need** – minimal
- **Resistance to change** – low

# Phase 2 – Success

## Portal project – expansion

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- **Business case** – a larger rollout
- **Identified benefits** – what an EPR offered the trust
- **Assessed resistance** – built communications plan
- **Extended pilot** – 12 clinicians and 50+ patient clinics
- **Measured results** – availability, performance, integrity
- **Outcome** – *portal so popular clinicians asked to keep it*

# Our gains

## Benefits

- **Lower clinical risks**

- **Increased staff time efficiency**

## Measurement

- Misdiagnosis, inappropriate medications per clinic
  - Incidents linked to availability of notes
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- Nursing time of 40 seconds moving each case note
  - 50% of notes on loan when needed
  - Clerks spent 60% of their time locating missing case notes

# Our gains

## Benefit

- **Clinicians see 'walk-in' patients**
- **No missing or temporary notes**
- **No tracking**
- **Doctors' time**

## Measurement

- Walk-in patient volume gathered from PAS
- Missing notes – 12% temporary
- Time/resources for tracking case notes being assessed
- Filing notes – 2 mins per patient
- Pilot clinics finished on time or early

# Our gains

## Benefit

## Measurement

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● **Increased revenue**

● Increase in patient throughput

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● **Reduced cost of care**

● Reduced unnecessary repeat tests and scans

# Overall Findings

- Clinicians positive
- Training minimal
- Clinics finishing ahead of usual time
- Gaps identified:
  - single sign on
  - electronic capture required
  - patient history requires scanning
  - standardisation of clinical letter systems
- Strong communications plan to combat resistance
- Proved potential for paper free clinics and ward rounds

# Portal rollout

## Pilot outcome: Portal being purchased

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- ASCC procurement November 2010
- **Phase 1** – developing portal to link key corporate systems and rollout to outpatient clinics, trial with wards and A&E
- **Phase 2** – link in specialist systems, rollout to wards and A&E

# Any questions?

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