



# All Smiles at Warrington and Halton NHS Foundation Trust



**Oral & Maxillofacial /  
Orthodontics department staff  
reflect on the benefits realised  
a year after deploying Lorenzo  
Regional Care**

*(November, 2016)*



## THE CHALLENGE

The Oral & Maxillofacial / Orthodontics department at Warrington and Halton NHS Foundation Trust were facing a number of key challenges, including rising demand on service and greater patient expectations, as well as new approaches to diagnosis and treatment.

To achieve the strategic objective of 'paperless records to improve patient care', the Trust moved to the Lorenzo Regional Care solution from the Local Service Provider (LSP) Computer Sciences Corporation (CSC) as its choice of an Electronic Patient Record (EPR).

The key Trust drivers for change included:

- **Transformation**—improving efficiency
- **Modernisation**—collaboration and integration of services
- **Strategic Change**—new relationships with other organisations

Within the department, the paper based processes and records challenged *timely access to up to date patient information*, which impacted on:

- Staff experience and efficiency
- Patient experience and safety

in a   
nutshell

Solution:

Lorenzo Regional Care (CSC)

Implementation:

November, 2015

Funding:

National — Revised Programme Agreement (RPA)

Patient benefits:

- ⇒ Improved patient safety, with reduced cancellation of appointments
- ⇒ Improved patient experience, through timely and informed response to queries

Staff benefits:

- ⇒ Improved staff experience linked to instant availability of patient information, releasing strained staff resource to cope with demand

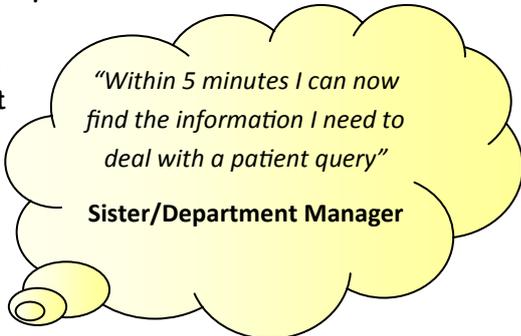
Trust benefits:

- ⇒ Redistributed staff time to other administrative tasks (£16,513 non cash releasing saving annually)
- ⇒ Ability to manage increased demand, within the same resource model

# So what are the BENEFITS ....

## Efficiency

- Instant access to the patient record, with a quicker ability to find speciality and patient specific information within the record. As a result, at the Halton site for example:
  - Approximately **433 clinical staff hours per year** have been refocused to support direct patient care and safety, such as the ability to chaperone patients/staff, as clinical staff do not have to wait to query patient appointment information with reception staff, reducing the disruption to staff workflow.
  - Approximately **650 staff hours per year** have been reinvested in patient care and administrative duties by not having to find patient case notes to respond to queries
- Electronic recording of patient information has:
  - Reduced the time needed to fax patient information between sites reusing **approximately 104 staff hours per year** at the Halton site to support activities such as care pathway creation within Lorenzo
  - Supported the timely typing up and coding of patient activity, via online access to activity information and the reduced need to wait for the physical record. Furthermore, as a direct result the transportation of notes between hospital sites for both activities has consequently reduced.
  - Reduced the use of paper records along with the creation of temporary case notes when required, reducing the tracking of patient case notes into and out of the department, along with the disruption to staff workflow. At the Halton site this has facilitated a combination of clinical and non-clinical staff time of **approximately 121 hours per year** to be reinvested into administrative and patient focused care.
  - Reduced the need for staff to pull patient case notes in preparation for Multi-Disciplinary Clinics, improving the timeliness of clinical review and decision making as well as the experience of staff.



*"Within 5 minutes I can now find the information I need to deal with a patient query"*

Sister/Department Manager

## Acceptable / Patient Centred

- Increased patient record availability supports improved patient experience via the ability to quickly find legible, date stamped patient information to deal directly with queries and keep them more informed.

## Effectiveness

- Increased office space, with reduced need to store paper notes waiting for the clinician's signature against the appointment letter
- Improved visibility of record, reduces the reliance on specific staff updates, particularly useful with part time clinical staff.
- Ability to manage increased service demand (*500 extra referrals* in the year prior to Lorenzo) with same staffing establishment.



*"Anybody in the Trust can look at the patient record when they need to"*

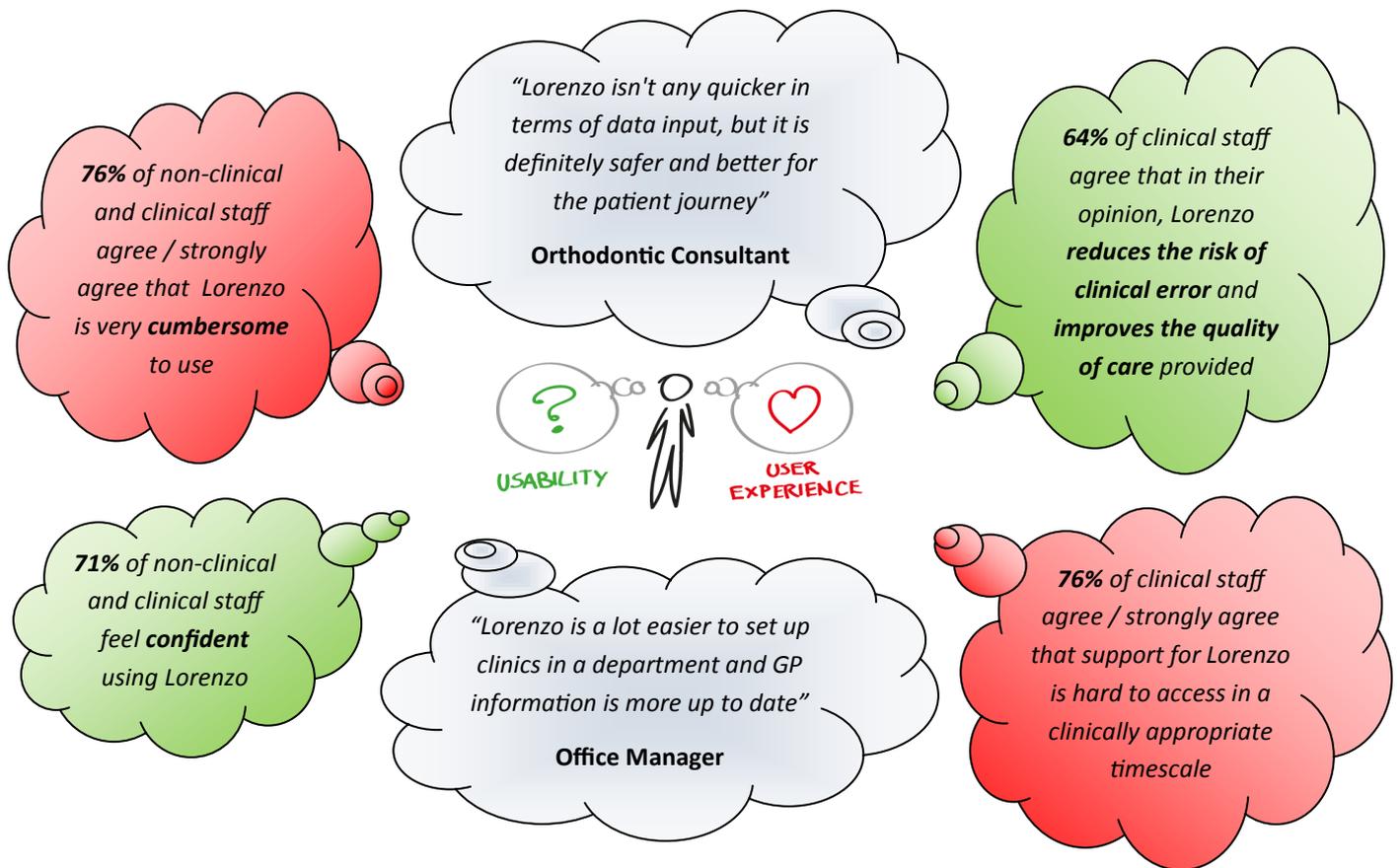
Department Manager

## Safety

- Improved information governance, with reduced need for the manual transfer of the patient record and the need to fax information between the Warrington & Halton sites.
- Increased information visible and available to the clinician supporting:
  - Improved safeguarding, through the use of alerts and notifications
  - Reduced creation of temporary patient notes
  - Reduced cancellations of patient appointments / operations (at Halton **saving 14 cancellations** since April 2016 - 4 operations, 4 new & 4 follow-up appointments)

*On an additional Saturday theatre list put on by the department, a patient ended up having their operation cancelled because the patient notes could not be located.*

*The clinician had some notes available on the day, but the information needed (such as the patient consent form) was in a temporary set of notes on another hospital site not tracked.*



## IMPLEMENTATION / DEPLOYMENT OVERVIEW

As part of the Local Service Provider CSC Revised Programme Agreement (RPA) (formerly the National Programme for Information Technology (NPFIT)), the Lorenzo EPR solution was deployed at Warrington and Halton NHS Foundation Trust. Core to this change and creation of an EPR involved replacing the Trusts previous patient administration system Meditech, which had been in use for 15 years.

In preparation for the deployment of Lorenzo, the Trust held regular Lorenzo meetings for stakeholders from all specialities and both hospital sites to attend. Initiated four months prior to roll out, these sessions involved discussing the transition from the current to future state in Lorenzo, mind mapping any problems that could be foreseen with the system/process changes for addressing.

After trialling a training approach, CSC provided generic Lorenzo training to the Trust in the couple of months prior to deployment. Mandatory training sessions were held, with focus groups used to disseminate the training. Alongside training, training manuals and Standard Operating Procedures (SOPs) were created by CSC with some clinical involvement from the Trust to localise the documentation to Trust processes. A test version of Lorenzo was also available to staff as a 'sand pit' environment to try the new system.

At go-live in November 2015, following roll-out across the Trust over a weekend, floor walking support was provided by the supplier for the month that followed deployment, although this was not specifically allocated by department. One notable issue post deployment of Lorenzo that affected the Oral & Maxillofacial / Orthodontics department related to letters still being sent to patients for clinics that were cancelled. As a result, patients were turning up for an appointment the department had not planned for which proved very challenging in terms of managing capacity as well as patient expectations / disappointment. Patients were either added to the existing full schedule of appointments where possible or turned away and re-appointed.

*"It was a big culture shock that we would have to work in such a different way.... we are still learning lots about Lorenzo"*

Department Manager

## LESSONS LEARNT

- Ensure the system training environment mirrors the live system environment as well as training being role specific / localised where possible to avoid staff confusion and smooth system roll out.
- Stipulate and clearly define at the outset, the expectations on system use versus paper documentation during transition to being paper light to avoid waste in the overproduction of processes (time and consumables).
- Be mindful that with a system change, working processes and practices will not be exactly the same on switch over. To address the challenges faced, you should spend time with your departmental colleagues and wider stakeholders to understand everybody's issues and collectively put together a safe, workable system. Also, prepare clerical staff for the initially 'rocky road' of system change, as they will often take the brunt of issues with affect the patient.
- During training, gain an appreciation for process timings, map these timings to the current processes and put in mitigating measures where processes, which cannot be changed, are slower than the current state. In the transition from Meditech to Lorenzo, the Appointment functionality takes approximately 8—15 minutes longer per patient in Lorenzo. As a result, the ideal patient re-appointing practice following being seen in clinic was not possible and a change was immediately required to reduce patient queues at the department reception.
- Prior to EPR deployment, mitigate and ease any data migration concerns/issues by printing 6 months worth of future clinics.
- To reduce mistakes and increase staff confidence with a new system, support should specifically be allocated to the department for 6 months.
- To use an EPR to the best of its ability, smooth system roll out and transition to being paper-light/less:
  - Ensure you department is correctly IT equipped, to both request/view diagnostics and record information/outcomes in the patient record during the patient consultation.
  - Create paperless processes where possible before changing system and once transitioned, operate a purely electronic process (i.e. not a mixed economy of paper and electronic).
  - Minimise EPR downtime, to increase staff confidence and commitment to paper-free working.



## FUTURE PLANS

### Strategic Direction of Travel

As the strategic system of choice, Warrington and Halton NHS Foundation Trust intend to remain with the Lorenzo EPR solution until beyond the RPA contract agreement period.

Following the benefits realised from Lorenzo within Oral and Maxillofacial and particularly Orthodontics at Halton, the department recognises that there are further benefit opportunities through increased utilisation of the Trust EPR. This is particularly evident on the Warrington site, where plans are already being prepared for realigning the management of clerical staff in the department to achieve this.

Furthermore, exploring opportunities to achieve greater benefits the department plan to tackle:

- The inability to record the General Dental Practitioners (GDPs) as a referrer, which currently results in the referrer being incorrectly recorded as the General Practitioner
- The updating of the guidelines surrounding both off-site storage of paper records and the time before destruction of the physical record
- A shortage of VDUs (Visual Display Units) / tablet technology available for patient consultation

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