Clinical Informatics in SLaM

"Good data in, good data out"

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Overview

- **Trust context**

- **Our EPR - the story so far**

- **How do we improve clinical information in a digital world?**

- **Future vision**

  - our EPR as a clinical and research tool

  - its place within an integrated information system

Our context

SLaM: multiple systems, multiple players

South London Partnership

Global Digital Exemplar: awarded 2017

GDE roadmap

- Development of our EPR
- Online Trust data dashboard, 'Deming'
- Personal Health Record www.Healthlocker.uk
- Electronic observations, physical & mental health
- Electronic prescribing
- Local Care Record portal development
- New intranet, 'Maud'
- Adoption of digital tools (Office 365)
- New modes of consultation (Skype; Virtual clinics)

EPR history

- EPRs originally conceived as digital filing cabinets

- Governance and reporting demands grew

- Clinician user experience poor so data entry poor

How do we think about clinical information in a digital world?

The Magic 3 domains of clinical data

1. **Content**

2. **Capture**

3. **Integration**

Content – our new crisis plan

| Mental Health | Physical Health | Home and Social | Care Plan Summary | Crisis and Safety Plan |

Crisis and Safety Plan ⓘ

What am I like when I am well? ⓘ

[text box]

What are the early signs that things are starting to go wrong for me? ⓘ

[text box]

What can I do or what help do I need when things are starting to go wrong? ⓘ

[text box]

What are the signs that I am in crisis? ⓘ

[text box]

What can I do or what help do I need when I am in crisis? ⓘ

[text box]

SLaM Crisis Line Number 08007312864

Please tick the statement that is right for you:

'I am happy for this plan to be shared with carers, friends, family and or / professionals of my choosing (note names of the people you want to share this plan with in the box below)' ☐

'I am not happy for this plan to be shared with anyone outside my care team and health record' ☐

Content – shaping the clinical encounter

Key challenge: how do we embed our clinical thinking, without overly structured fields that paradoxially reduce data quality?

| Mental Health | Physical Health | Home and Social | Care Plan Summary | Crisis and Safety Plan |

Mental Health ⓘ

You might want to write about:

• The strengths and resources you have

• The history of your difficulties (e.g. when they started; what was happening then; what experience you've had with mental health services)

• It's common for people with any mental health difficulties to have experienced trauma in their past - you might like to note here if this is relevant to you

• How your difficulties affect your thoughts, feelings or what you do

• How smoking, alcohol or street drugs fit into your life

• What other people notice about the way you act when things go wrong

• Your diagnosis (if you know) and how you feel about that

• Your experience of any medication

• Your experience of any psychological therapy

• What you have learnt about what works for you

• What the people who know you best say about your mental health and what they think might help you

Clinical information domain 2. Capture

- What's the best way to get the right information into the right place?

- How do we ensure we collect everything?

data accuracy, consistency, completeness

- What's the easiest way of finding it?

how do we present information back?

Capture

Clinical information domain 3. Integration

- How do we make our data work for us?

Integration within our EPR system

Integration with other systems

Integration – information flow around our systems

PERSONAL HEALTH RECORD ⟷ NHS TRUST DIGITAL FRONT DOOR

- **Communication**
- **Treatment support**

Self-management tools

- **Own data entry**

Demographic data
Screening questionnaires
Historical information
Goals, priorities, plans
Outcomes (PROMS), PREMS

Messaging, Skype / virtual appointments, appointment control
Access disorder specific information; local & national resources

SHARED CLINICAL RECORD

ELECTRONIC PATIENT RECORD
supports data entry into the right place

STAFF RECORD

accessible on request

SECURE VAULT
to be withheld

LOCAL CARE RECORD

COMMISSIONERS & REGULATORS

RESEARCHERS