Clinical Informatics in SLaM

"Good data in, good data out"

Dr Nicola Byrne

Deputy Medical Director

Chief Clinical Information Officer (CCIO)

Caldicott Guardian

South London and Maudsley NHS FT

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

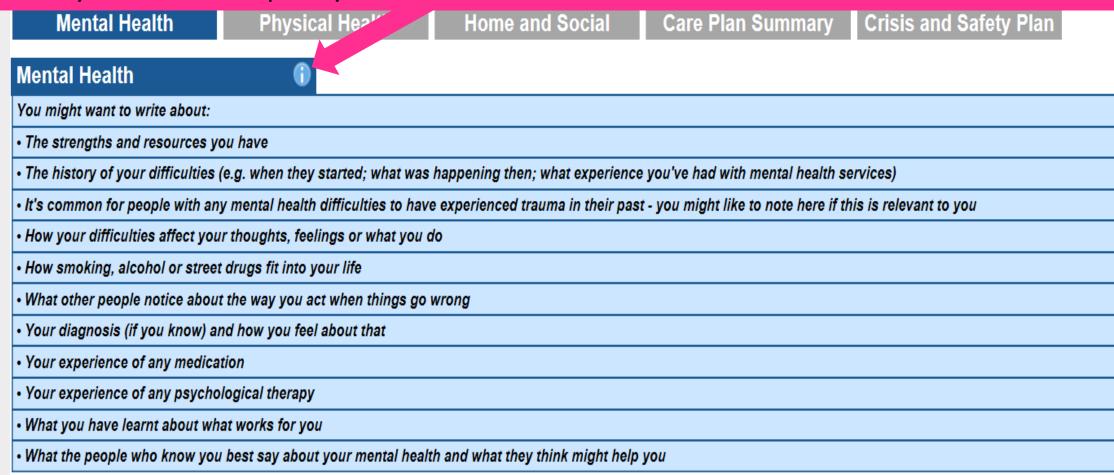
- 1. Content
- 2. Capture
- 3. Integration

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?	
	< >
What are the early signs that things are starting to go wrong for me?	
	\
What can I do or what help do I need when things are starting to go wrong?	
	^
What are the signs that I am in crisis?	
	^
What can I do or what help do I need when I am in crisis?	
	\(\)
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?



Clinical information domain 2. Capture

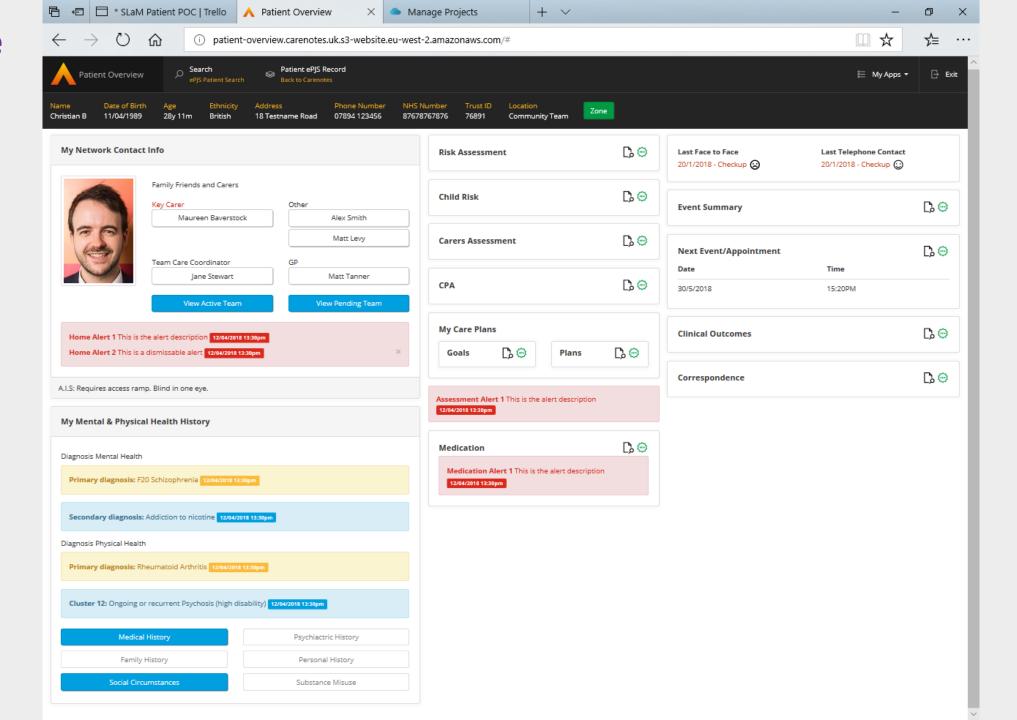
- What's the best way to get the right information into the right place?
- How do we ensure we collect everything?

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

- Communication
- Treatment support

Self-management tools

Own data entry

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

NHS TRUST DIGITAL FRONT DOOR

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