Set the scene

• Strategy to reach out to more patients
• Recruitment staffing challenges
• Workforce plan and restructure
  – Need to grow our own
  – Need to invest in the future
• Increasing number of patients
• Increasing complexity
• Limited technology
Partnership is key to development

• NHS
  – NIHR CLARHC (Collaborations for Leadership in Applied Health Research and Care)
  – Research
  – Nursing Technology Fund

• Hospice
  – St Luke’s

• Academic
  – University of Sheffield
  – Western University

• Private Industry
  – Sensory Tech
  – MaRS discovery centre
Barriers and challenges

- Executive and trustees
- Historical IT failure in healthcare
- **Resources**
  - Human
  - Financial – Nursing Tech Fund
- **Cultural**
  - Should hospice be working with private industry
  - Should hospice be spending charitable money on unproven development
  - What technology is in place in hospice and palliative care?
Overcoming the challenges

• Chairman's belief in their ability to try things and not always succeed

• The pilot culture

• External accountability and demonstrating outcomes
  – Nursing Technology Fund

• Risk – all partners were taking a chance – would rewards outweigh the risks?
Existing model of community care

Hospice Band 7/6 nurse attends alone
Phase I Implementation

Remote Band 7 nurse supports Band 6/5 nurses

Bedside Band 5 nurses provide care in the community enabled by the technology
St Luke’s Hospice Pilot

Patient Record
- Patient Information
- Intake Assessment
- Medical Record
- Medical Admin History
- Care History

Records/Assessments
- Check-In / Check-Out
- Acuity
- Vital Signs
- Neurology
- EENT
- Respiratory
- Cardiovascular
- Gastrointestinal
- Skin Integrity
- Wound
- Pain Assessment
- Palliative Score
- Signs & Symptoms
- Event Reports

Bedside Nurse
- Request Assistance
- Review Patient Record
- Update Patient Record
- Add Reports & Assessments

Supervising Senior Nurse
- Review Patient Record
- Update Patient Record

Hospice Physician
- Send Instruction
Planned Economic Benefits

The new e-shift system will:

• Enable nursing staff to access/edit digital patient records;

• Allow nursing staff to spend less time on paperwork and phone calls, improving efficiency;

• Provide access to detailed patient records during visits
  – enabling them to provide more effective care / make more informed decisions

• Improve monitoring of vital signs, regularly assess families’ ability to cope, improve care plans and create more efficient working practices
  – leading to reduced incidents of emergency/unplanned hospital admissions
• Reduce duplication of paperwork, additional phone calls / faxes and improve patient reported outcomes

• Reduce average travel cost for nurses (reduced office visits)
  – Improving nursing staff efficiency / cost per patient assessment

• Change staffing model - reduces cost per visit potentially resulting in:
  – 1) more patients seen;
  – 2) same number of patients seen for less cost; or
  – 3) same number of patients seen, but with more frequent visits.

• Reduce number of senior nurse / medical face-to-face patient contacts required and increase senior clinician to patient ratio through remote supervision of the lower grade nurses

• Create a more accurate, efficient, effective and cheaper to run service whilst improving patient care.
Dashboard
Welcome to the report application.

Your account has these reports available.

**Organization**

**Patient Admissions by Age**
- **What is being reported?**
  - Total admissions to eShiftClinic per day, stratified by population.
- **Why is this important?**
  - This report provides a high level view of service demand over time to inform capacity planning.

**Service Volumes**
- **What is being reported?**
  - Trends in service volume at a CCG level from analysis of 1) Total Operating or eShiftClinic by the CCG, 2) Total Service Utilisations on weekdays/weekends, 3) system utilisation demands.
- **Why is this important?**
  - This report provides a view of the communication which influences the patient experience.

**Word Bubble: Chat between BCC/CCG**
- **What is being reported?**
  - A visual of the words used during informal chat.
- **Why is this important?**
  - Frequently used words appear larger and provide a view of the communication which influences the patient experience.

**Word Bubble: Important Keywords**
- **What is being reported?**
  - This report provides a view of the communication which influences the patient experience.

**Operations**

**Cost Reporting Activity - Usage per Patient**

**Cost Reporting Activity - By Description**

**Cost Reporting Activity - By Type**

**Ward Event Report**
Benefit of Clarity

- Case management report
- Aggregated service report
  - Commissioners
  - Board
  - Governance
- Potential for research report
“IPOS doesn’t sit separate to EnComPaSS actually and that’s why we thought it was such a good idea, they all merge very nicely”
Next steps

- Review on publications of findings
- Opportunities for future development
- Research
  - Re-enforced care giving
  - Hospice at home
Questions?