Changing to electronic patient records: how can we click away from paper?

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PURPOSE OF THIS QIP

- It was noted that the uptake of medisight in the department was lower than anticipated and many staff members were preferentially using pen and paper to medisight.
- Determine what % of work is carried out via paper notes compared to electronic paper records (EPR)
- Determine potential barriers to achieving the goal of 100% of staff members with access to medisight to use medisight for all documentation

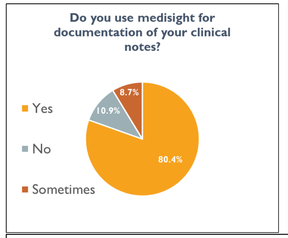
STANDARDS: DEPARTMENTAL CRITERIA

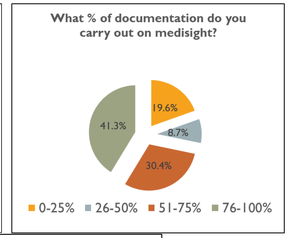
- Departmental target: for 100% of staff members in the ophthalmology department with access to medisight to use medisight for all documentation
- NHS target for a paperless NHS by 2024

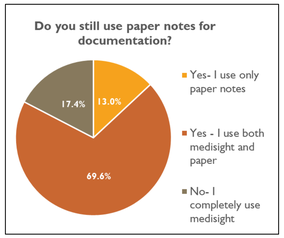
Benefits:

- Easier to access previous documentation & patient notes by having all ophthalmic information in a centralised, digital location
- Reduce paper costs
- Streamline paperwork with digital document management to allow more time to be spent with patients
- Reduce duplication of work → improve patient flow → improve waitlist times

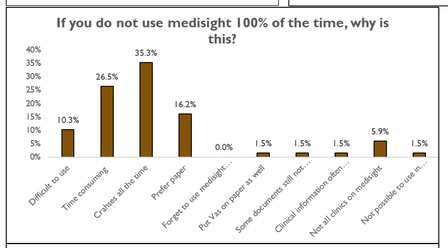
OUTCOMES: RESULTS

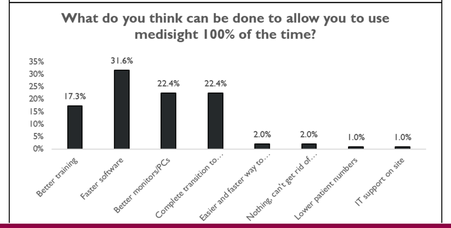






- ~80% of respondents use medisight for clinical documentation
- However, less than 50% of respondents are using medisight for the majority (> ¾) of their documentation, with ~70% still utilising paper notes alongside medisight





- The most common limiting factor to the use of medisight is that it "crashes all the time", followed by it being "difficult to use" and "time consuming"
- A large majority of suggestions for improvement surround the technology itself, 31.6% of suggestions for "better software" and 22.4% for "better PCs". There is also a high number of suggestions (17.3%) for "better training" surrounding medisight and "complete transition" to the electronic system with removal of the paper files.

Recommendations: Implement change

1. Update software
2. Provision of up-to-date hardware
3. Staff training and increasing familiarity with software

DATA COLLECTION

8 question online questionnaire sent out to all staff within the ophthalmology departments in the trust (Southend, Broomfield and Orsett Hospitals) to complete

Optional and anonymous questionnaire

Data collected during March 2023

- ❖Do you use medisight for documentation of your clinical notes?
- ❖Do you still use paper notes for documentation?
- ❖What % of documentation do you carry out on medisight?
- ❖If you do not use medisight 100% of the time, why is this?
- ❖What do you think can be done to allow you to use medisight 100% of the time?
- ❖Which age category do you fall into?
- ❖Are you male or female?
- ❖How would you describe your daily work?

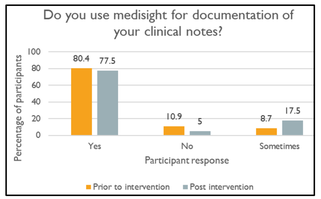
DATA DESCRIPTION

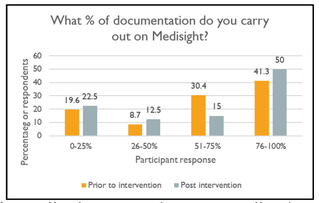
No of respondents	46/109
Department of work	Ophthalmology
Age range	21-70
Sex distribution	69.6% female, 30.4% male
Distribution of work type	67.4% of respondents involved in >50% clinical work 19.6% of respondents involved in >50% checking VA or IOP Remainder of respondents involved in primarily clerical, administration and taking OCT scans

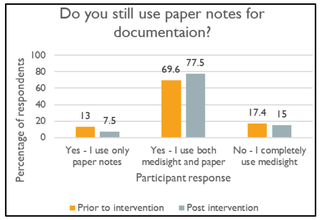
Limitations:

- Hardware requirements
- Software requirements
- Staff training
- No back-up in event of IT failure
- Maintenance costs

RE-AUDIT: JAN 2024

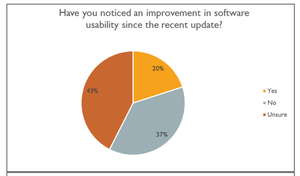


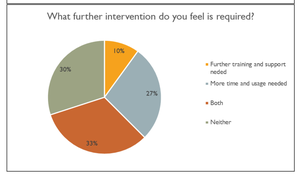




- A small ↓ in proportion responding 'yes' to using medisight, but a significant improvement in those 'sometimes' using medisight, from **8.7% to 17.5%.**
- An ↑ in proportion using medisight for 76-100% of clinical documentation
- A smaller proportion exclusively used paper notes, with an ↑ in those using both systems. Notably, a marginal reduction in those exclusively using medisight.

- 20% of participants felt that there was an improvement in software usability since the update, with 42% unsure of the impact.
- However, most participants felt that they needed both more time and usage of the system**. This suggests that the impact of the software may not have had sufficient time to understand.**
- 27% of participants felt that more training and support would help their use of the system.





CONCLUSIONS

- Following implementation of interventions, an increase in the proportion of those using medisight for 76-100% of their clinical documentation was measured
- Despite actioning a session of staff training with the software, many participants on re-audit still felt that they needed both more time and usage of the system. Therefore, in the 3rd cycle of this QIP, the focus of change will be on providing more staff training and teaching to use the software.
- The medisight software was updated as part of the implementing change stage. However, medisight is still crashing – this is representative of wider trust IT issues.