Patient Administration System Implementation - The Theory

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NHS Foundation Trust
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20th April 2016
Content of the Session

IST Session (10 minutes)

• Implementation Process
• System Functionality
• Reporting Requirements

Derby Teaching Hospitals NHS Foundation Trust Session (30 minutes)

• The joy of replacing a PAS system in an acute Trust- The challenges and lessons learnt

Questions and Answers Session (10 minutes)
Implementation Process

• **History transfer** - More history to be transferred for elective care the better

• **Access to the old system if needed** - Typically as read only

• **Supplier support at go-live** - Needs to be on-site dedicated support to address issues in real time for a suitable length of time

• **Supplier support post go-live** - Significant support for the supplier post go-live required and fast track through helpdesk with dedicated support

• **Training**
  – How near go-live are staff trained on the new PAS
  – Who are all staff included within training
  – Integrated training for RTT

• **Validation** - How is the validation requirement managed
System Functionality

• **Issue Escalation**- A dedicated PAS supplier resource is needed to support issue resolution
  – Dedicated helpdesk for the Trust
  – Standards in place around issue escalation with a feedback loop on issues
  – Formal process for escalation of issues

• **Interfaces**- Two way is better than one but can be uncommon
The joy of replacing a PAS system in an acute Trust

The challenges and lessons learned
**What Are We Doing?**

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Options:
1. Display Appointment
2. Reserve Appointment
3. Display days wait

**Taking pride in caring**

**Derby Teaching Hospitals**
NHS Foundation Trust
What Does PAS Do?

**It drives/ supports the activity of the Trust!**

- Managing the administration of patient pathways (Outpatient/Daycase/Elective waiting lists)

- Providing patient demographic and attendance details via interfaces to other systems: iCM / PACS/ Infoflex / ORMIS/ LABS / EDIS / CRIS / Cardiobase etc

- Extracted information enables us to bill for services develop and plan our services in response to health care trends and patterns in relation to the needs of our population

- Information recorded helps us to evaluate the quality of care and monitoring waiting times, cancelled operations etc
Why Is replacing PAS So Difficult?

- EPRs tend to work very differently
- Data migration typically forces system to work like old PAS!
- Upwards of 50 distinct process change requirements need testing / signing off
- Typically upwards of 30 Interfaces need rewriting / testing
- All PAS extracts into data warehouse need rewriting, validating
- Millions of records to migrate, 1000s of validation rules to be applied
- 1000s of staff to train in (typically) 6 Weeks
- Significant downtime required to cutover
- Migrated data rarely behaves like native data
- Change in interface paradigm!
Why Is It So Difficult?

- Its Big Bang!
- We don’t do this often
- We’re expected to carry on as usual
- It shines a light!
Pre-go-live concerns

- Poorly defined, inconsistent, organically grown processes = extensive process errors = significant data quality issues
- The gap between the new and the old system – first time move!
- Data is ‘corrected’ using two methods:
  - Algorithmic rule based system scripts which evolve over time = black box
  - Costly and time consuming manual validation and correction
- Reactive correction is the norm = reliance on validation + correction
- Too much reliance on temporary staff in project team
- Trust / staff already under pressure operationally
- Focus on the clinical not the administrative
Post Go-live Issues

Operational

Staff struggling to keep up, can’t remember the training, hate the new system

- Staff tired after the cutover period
- Can’t do a day’s work in a day….
- Phones not answered – DNA’s increase, patient cancellations down…
- Clinics not filled
- Data quality issues
- Weaknesses being exposed

Reporting

- Loss of reporting operationally during go-live – up to 5 days
- Data catch-up may impact on reporting temporarily and can persist—days work in a day
- Reconciliation of reports/data submissions on two systems
- Anomalies/differences on two systems
- Data quality issues typically missing stops, extra referrals (PTL growth)
What happened to my Elective Care reporting?

- Step change in at go-live – PTL/ Referrals and Inability to explain step change or evidence which position is correct
- Hidden long-waiting patients discovered on PTLs post-go-live due to increased focus, too much noise on the lists!
- Data correction procedures not tested
- Impact of migrated data is not fully understood
- Worsening RTT position post-go-live due to staff use of incorrect process (particularly where algorithmic solutions have been in use)
- Worsening RTT position due to increased time to perform operational tasks post-go-live
- Information department constrained by resource, over-whelmed by PTL diagnostics
- Inadequate planning for post-go-live stabilisation and containment – resulting in reactive attempts to manage snowballing DQ issues
### Data Migration
- Understanding how the data would behave
- Clean existing data

### Phase Down Activity
- More/better supported super users
  - Helps overcome the training deficit

### Focus on Getting a Few Things Right at a Time
- Have systems to monitor processes
  - Track errors, backlogs, areas under pressure

### Have a Stabilization Team
- Assume you will have issues

### Ensure All Processes Have Standardised Tested SOPs Including Corrections
- What we could be done better!

#### Derby Teaching Hospitals
**NHS**

### What we could be done better!

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Later/ Emerging issues

- Expertise walks out – temporary staff/ contractors leave
- Data quality issues significantly impact on reporting – most notably RTT – patients appearing on lists/ hidden waits
- Income impact / changes
- Impact on planning / forecasting – dq, backlogs, change in counting/ process/ codes

Spiral out of control……..

- Data quality problems overwhelm correction work
- Information department overwhelmed by PTL diagnostics / fixes
- Where is the Issue?
- More noise on lists = greater errors made by admin staff
- Impacts on actual activity, performance, income
- Unable to submit