

A paperless future – get involved!

Jeremy Hunt's statement earlier in 2014, about a paperless NHS by 2018, has added momentum to the transition away from paper records. The Tech Review this issue discusses what that will involve and how and why you may want to get involved.

In most UK NHS trusts the ophthalmology department makes up only a small fraction of the whole organisation. Nonetheless it's clear that we do consider ourselves special. We have our own variant of medical terminology, our handwritten notes are formatted very differently to those of our colleagues and our operating theatres are often specifically ours. The concern here is that without your involvement, generic trust wide, paperless solutions may be imposed upon you. Many IT departments and trusts are investigating, procuring and implementing large generic electronic patient record systems across all specialities. These pieces of software often graph heart and respiratory rate very well but frequently do nothing with visual acuity and IOP, let alone supporting our penchant for illustrations. As most of you will know, ophthalmic electronic patient records do exist. The most well known in the UK, without doubt, are Medisoft and OpenEyes.

EDMS (or not)

The term above stands for Electronic Document Management System. This generally means bulk scanning (and then destroying) some or all of the historic paper notes and presenting clinicians with an electronic replica of the case notes on a screen. More often than not, EDMS systems are used as a stepping-stone to an Electronic Patient Record (EPR) where information is directly entered into computers, almost eliminating the need for paper. The EDMS continues to provide viewing access to the historic paper notes, while contemporary data is entered electronically. The transition usually incorporates a 'paper-lite' period, where clinicians can continue to enter clinical information on handwritten notes, which are then scanned and added to the existing scanned archive.

Although usually an EDMS allows the gradual transition to an EPR, it is possible to use an EDMS only, staying with the paper-lite model indefinitely. In this scenario many of the advanced functionality of an electronic patient record is lost. The

metrics of the patients (e.g. BP or IOP) are still captured only on paper and are thus not available for analysis. Some EDMS software includes the facility to construct forms to capture data without the need for scanning. The EPR facilities (of an EDMS) are limited though, and generally do not include ePrescribing and other specialist functionality.

EDMS systems are not always used, with some trusts opting instead to manually extract key data from the paper notes into a full EPR. In these cases the paper notes can't be immediately destroyed.

Which EPR?

IMS Maxims, EPIC, Cerner and Allscripts are some of the big names in generic large electronic patient record systems. Several trusts in the UK are at various stages of implementing these. Some trusts are looking at creating their own systems and others are looking at a mixture of solutions for different departments (so called 'best-of-breed').

If you don't know if your trust has yet to firmly decide on which direction it is planning to go I would encourage you to find out as you may be able to help steer the course. Better still I would encourage you to nominate a voice in your department to fight your corner. Even in trusts already using Medisoft for cataracts and medical retina there have been moves to force a generic EPR on the rest of the department.

What is a CCO?

A further option is to investigate the role of the Chief Clinical Information Officer (CCIO) in your trust. Many trusts don't yet employ CCIOs, but as each month goes by more and more get appointed. CCIOs are typically practising clinicians who are keen to work with the IT department to facilitate better IT systems. Some trusts have one CCIO that works half time on clinical work and half (or even full) time on CCIO tasks. Other units (such as the trust that I work for) have a number of CCIOs working one or two sessions per week in that role. Doctors and nurses usually fill the role, but not always. The role has been strongly championed by EHealth Insider (Figure 1). In their own words, "EHealth Insider is the leading source of news, comment and analysis about healthcare IT in the UK." They can be found at ehi.co.uk and offer a comprehensive

portal website. They provide a dedicated newsletter for CCIOs and also organise events to provide training and networking opportunities specifically to CCIOs.

A high level of technical knowledge is not required for the position. I have met several other CCIOs now, and although some do have a high level of technical knowledge (Bill Alyward at Moorfields for example), many just have a drive to improve what has historically been a service implemented and managed (often badly) from above.

CCIOs usually work closely with the Chief Information Officer (CIO) of the trust. If you are unsure if your trust currently employs a CCIO, an email to the CIO would be a very good way to start.

What is the best product for ophthalmology?

The role of this article is not to push a specific solution. For one, a perfect product doesn't currently exist. OpenEyes looks very promising but as yet is incomplete. Medisoft sacrifices rich diagrams, but is widely deployed in the UK and has allowed huge datasets of cataract surgery and medical retinal treatments to be collected. Staying with paper (or scanned paper) keeps the status quo but misses out on data analysis. The role of this article is to encourage you to investigate and get a seat at the table before a product with a poor fit for ophthalmology is forced upon you.

Figure 1



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Declaration of Competing Interests
The author has no proprietary interest in any of the products discussed.