

A real world example

University College London Hospitals NHS Foundation Trust

An outline of how StrokePad is enabling UCLH to transform the management of their stroke patients by recording each case digitally at the point of care, disseminating clinical information in real time across the whole clinical team, and exporting key performance indicators for audit and coding.

UCLH HYPERACUTE STROKE UNIT

- Provides 24/7 access to clot-busting therapies and to cutting-edge therapeutic interventions, including those which are still being tested in clinical trials.
- Approximately 2000 acute admissions seen annually, including 1200 stroke patients, 400 with TIAs, and about 400 who turn out to have another diagnosis.
- Integrated stroke care is provided by a multidisciplinary team of neurologists, stroke physicians, stroke specialist nurses, physiotherapists, occupational therapists, speech and language therapists and dieticians. Expertise is drawn in from a broader clinical team including radiologists (diagnostic and interventional) and neurosurgeons.

University College London Hospitals

Transforming the management of stroke patients



The Project

StrokePad is a tablet-based electronic patient record which allows documentation of clinical assessments at the bedside, with instant transmission of the clinical data across the whole multidisciplinary team and reporting of stroke metrics in real time. It was developed as a joint venture between University College London Hospitals NHS Foundation Trust and 6PM, with additional funding from the North Central London Cardiovascular and Stroke Network and the UCLH NIHR Biomedical Research Centre.



“At the time we created StrokePad we found that we’d been wasting a vast amount of time. Our juniors spent most of their time writing discharge summaries and repeating the same information in different records and we had too little of our clinical team’s time involved in clinical services. We wanted to change all this!”

Dr Robert Simister,
UCLH Comprehensive
Stroke Lead

Client Information

UCLH is situated in the heart of London and is one of the largest NHS trusts in the UK, providing first class acute and specialist services in five hospitals.

UCLH’s mission is to deliver top quality patient care, excellent education and world class research. It has combined with UCL (University College London) and twenty-two other NHS Trusts including Moorfields Eye Hospital, The Royal Free Hampstead, Barts and The London NHS Trust, Queen Mary University of London and Great Ormond Street Hospital to create Europe’s largest and strongest academic health science partnership under the banner of UCLPartners. The partners pool resources and expertise to produce outstanding research and deliver derived benefits to patients more rapidly.

Background and Requirements

In most stroke units around the world, the clinical record is based on paper. In a few units clinical records are maintained on desktop computers, which are difficult to use at the same time as caring for the patient at the bedside, so data is often entered retrospectively. These limitations can result in problems with inaccurate, misinterpreted information, poor data quality and duplication of activities. Not only are these costly in terms of patient care and finances, but often information is inaccurate, lost or not readily available when urgently required by clinicians.

In some trusts costly and valuable resources such as senior nurses are spending their time ensuring that data is recorded accurately and key doctors’ time is consumed generating discharge reports. StrokePad simplifies

and automates these functions, thereby saving time and increasing patient safety. From a financial point of view, trusts receive payment for stroke services based on accurate coding of the work that is done, and currently coding in the NHS is often inaccurate or incomplete, resulting in loss of income for the trusts providing those services. Furthermore, stroke services in England, Wales and Northern Ireland are expected to demonstrate that they are providing care to an adequate standard by their submissions to the SSNAP audit, and commissioners take SSNAP reports into account when commissioning stroke services. Coding and SSNAP require detailed information about every patient seen, and these data are costly and time-consuming to collect and report. StrokePad dispenses with this problem as all required information is collected during assessment, enabling a consolidated report to be generated immediately.

StrokePad™ Solution

6PM’s StrokePad is a comprehensive, real-time, point of care, digital clinical record providing an accessible, auditable and accurate clinical assessment of stroke patients during their journey along the care pathway from admission to discharge. Designed by clinicians for clinicians, StrokePad’s digital tablet interface, with “pen and paper” functionality, eliminates the need for duplicate data collection and physical paper records. In addition its built-in data field management optimises the collection of clinical and managerial data in support of multi-disciplinary teams and the trust. This improves data information and reduces revenue loss through inaccurate coding.

Key Business Benefits

- Timely intervention in patient treatment.
- A structured and up-to-date data set, which is centralised and revolves around a patient event.
- Tablet-based, allowing ease of use and instant access to patient details from anywhere in the hospital.
- Information traditionally recorded on paper can now be entered electronically, at the point of patient care.
- Improves the efficiency of clinical assessment as the clinician can see at a glance which stage they have reached along the patient pathway.
- Eliminates the transcription errors that occur when clinical data is transferred from paper records to digital coding or audit databases.
- Collects accurate time-stamping of patients' critical care and collates data to create a reliable audit report required by the NHS.
- Automatically generates a discharge summary document for the patient.
- Accuracy of clinical data provides for correct coding of each patient ensuring that clinical activity is appropriately remunerated.
- Provides trust-specific key performance indicator (KPI) data, Network, or SSNAP submissions i.e. true/real information at a key stroke.
- Connects to the trust's other information systems e.g. Patient Administration System.
- Irrespective of the availability of IT systems or electrical power, the patient assessment can be undertaken on the tablet until appropriate services are restored.
- Incorporates flexible parameterisation of reference data to support business change.

“StrokePad is not simply an audit tool but a comprehensive stroke record. It’s a fully mobile tablet-based solution and it allows any member of the clinical team to enter data at any point in the process of clinical care. Besides, StrokePad eliminates double-entry processing, therefore reducing the risk of incorrect data and saves clinicians time through features that automate administrative tasks.”

Dr Parashkev Nachev,
Honorary Consultant
Neurologist, UCLH



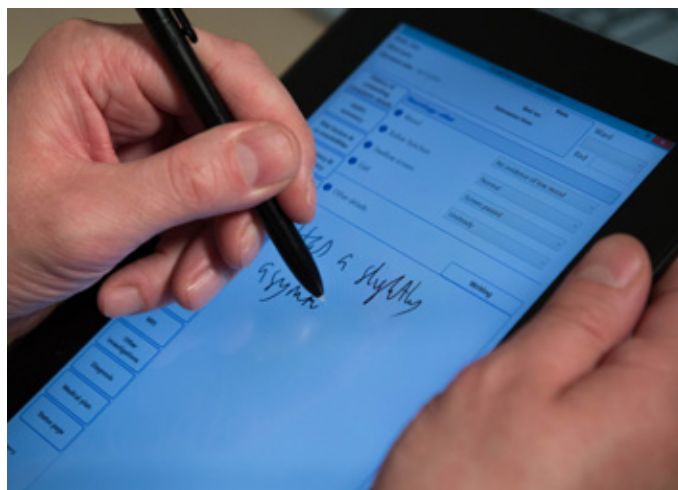
Key financial drivers

Reduction in the administrative burden allows clinicians to dedicate more time to patient care, improving the service and delivering improved patient outcomes. The Stroke Service at University College London Hospitals estimates that this equates to one full-time junior doctor and 10% of a consultant's time, with a cost saving of approximately £70,000 per year.

Inputting of data at the point of care eliminates the duplication of that activity by additional staff transferring the data at a later date. It was noted that senior nurses sometimes undertake this task and if only one is relieved from having to do so, allowing them to spend more time caring for patients, this would equate to a saving of approximately £50,000 a year.

The system captures all co-morbidity information at the point of entry. If this information is not recorded and reported accurately revenue could easily be lost. Several trusts have confirmed that they have undertaken multiple-care activities on patients beyond the stroke episode but have not charged for these services beyond the base stroke tariff. This has left them with large revenue leakage problems which have increased their financial deficits over the course of a year and limited their capability to invest in service improvements.

Accuracy of clinical data provides for correct coding and ensures that all associated clinical activity undertaken during essential patient care is captured and remunerated. Several trusts have stated that this task can be an enormous exercise usually taking from



several weeks to several months. The general consensus is that for the SSNAP submission, it would take at least one month to consolidate this and depending on the role banding, this could save a further £4-6,000 per submission.

Key Performance Indicators are more easily achieved and all auditable information for local and national reporting is provided more efficiently. This information not only ensures all associated metrics and revenues are realised but enables the trust to analyse this data to improve efficiencies and service. It is very hard to define a cash value on this but it will greatly improve patient outcomes and the trust's status and credibility.

Statutory reporting can be delivered more easily, enabling the trust to attain audit, conformity and submission compliance to attain maximum revenue recovery whilst ensuring the trust will not incur any associated penalties. These penalties can run into tens of thousands of pounds.

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