

#DHSS23

Masterclass: orchestrating a converged EPR deployment across three NHS trusts

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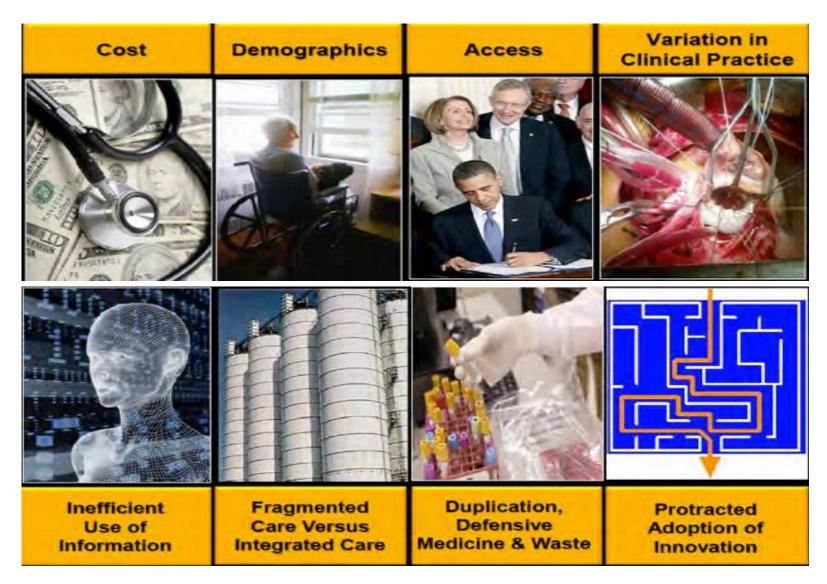








Our challenge



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			PRESCRIBER'S SIGN	ATURE: PR	INT NAME: L (CÉ - EEP/EXT No	FORMES 24210
			ALS COVENTRY	& WARWICK	SHIRE N	

- 60 year old; increasingly unwell and breathless
- Echo showed severe heart failure
- During hospital stay has an allergic reaction rash and hypotension to Teicoplanin

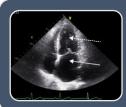
- Re-presents to second hospital with acutely ischaemic leg
- Transferred to a third hospital where the Vascular team investigate and decide on surgical treatment; a complex bypass procedure

Separate EPRs across Trusts



Anaesthetic review: no other hospital records

No notes, echo, allergies, reports



Requests echo – not done for 3 days Surgery delayed



Surgery: given teicoplanin - Anaphylaxis, prolonged hypotension



Revascularisation unsuccessful (delay, \downarrow BP) Pt requires ICU, poor outcome

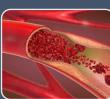
Single EPR across Trusts



Anaesthetic review: single instance EPR – all relevant information from other care settings available



Echo reviewed, EPR auto-alerts allergies and populates risk assessment tools



Surgery performed: successful revascularisation



Patient on common enhanced recovery pathway, discharged to community with shared information about ongoing care

Health inequalities is the case for change

Within Coventry, along the number 7 bus route:

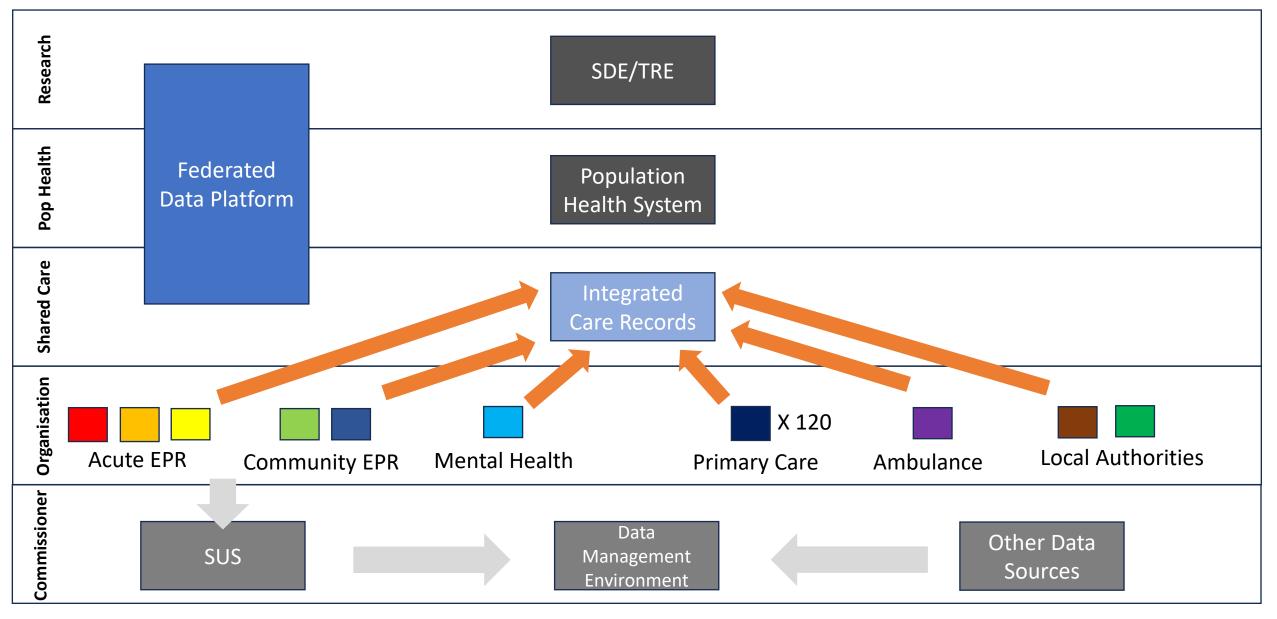
7.0 years is the difference in how long males are expected to live in two areas of Coventry, the gap increases to **10.1 years** for females along the same route.

High

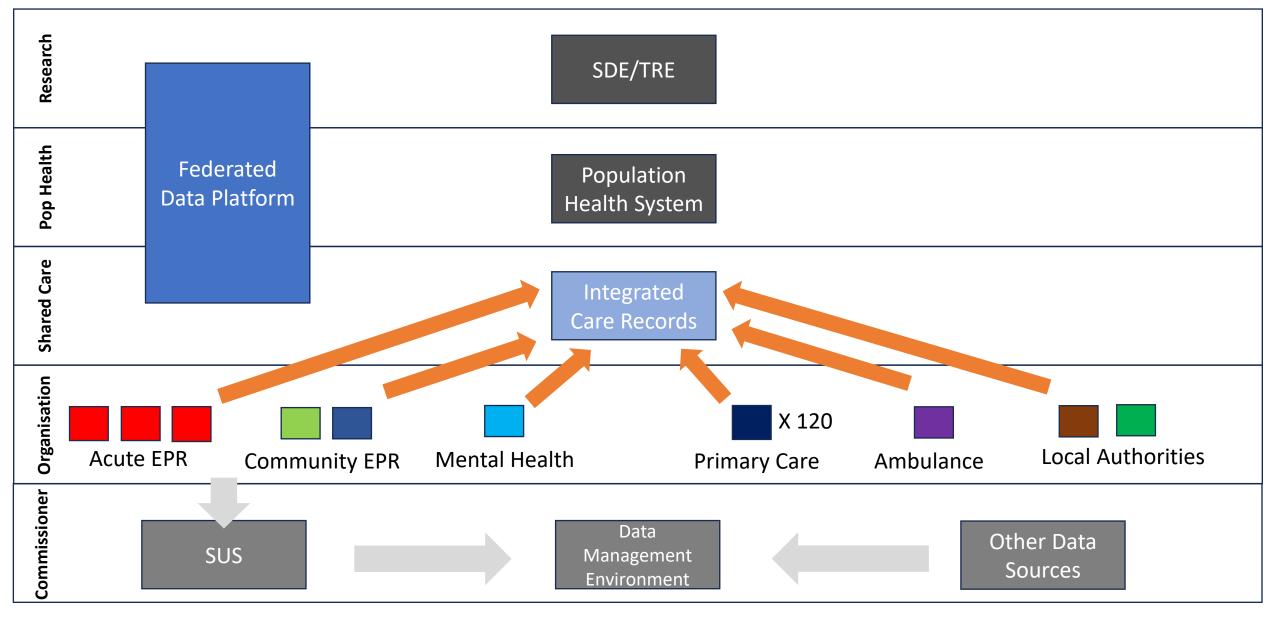
Low



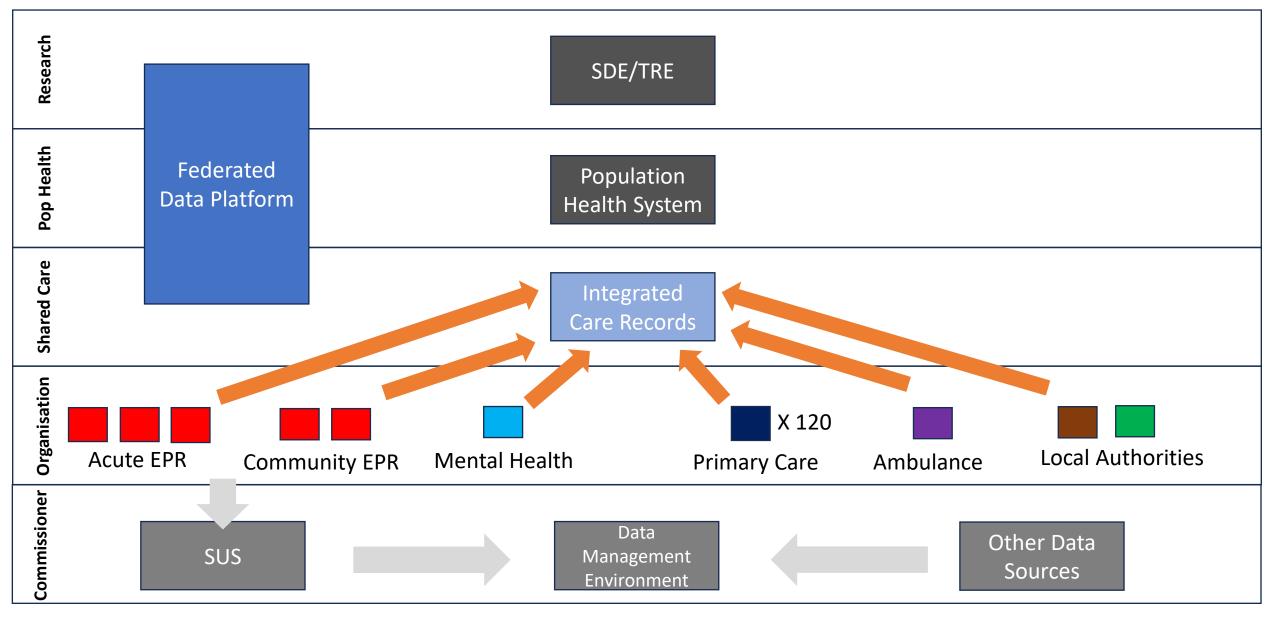
Existing Architecture (Interfaced EPR)



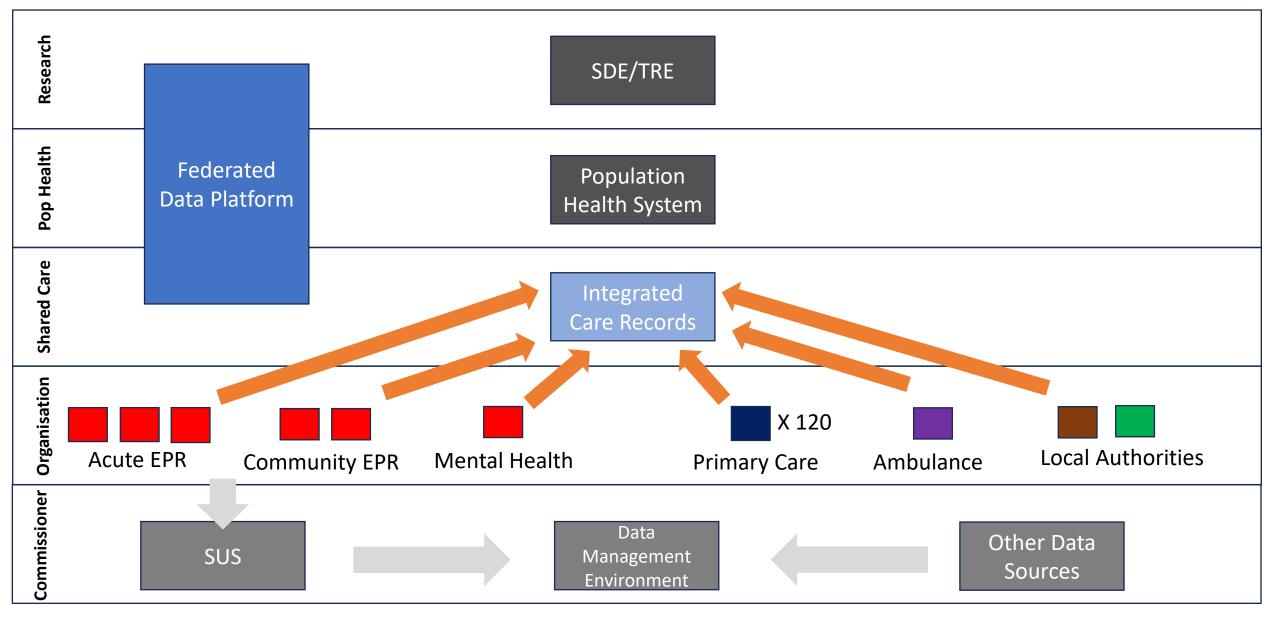
Consolidated EPR (Acute)



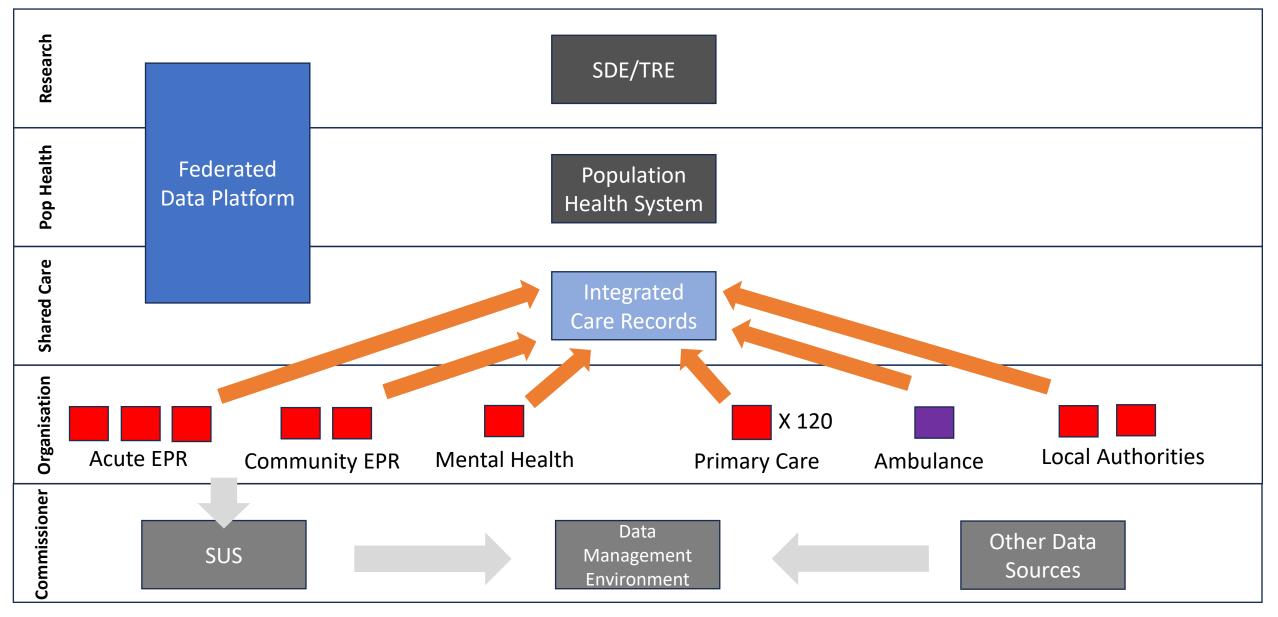
Consolidated EPR (Acute & Community)



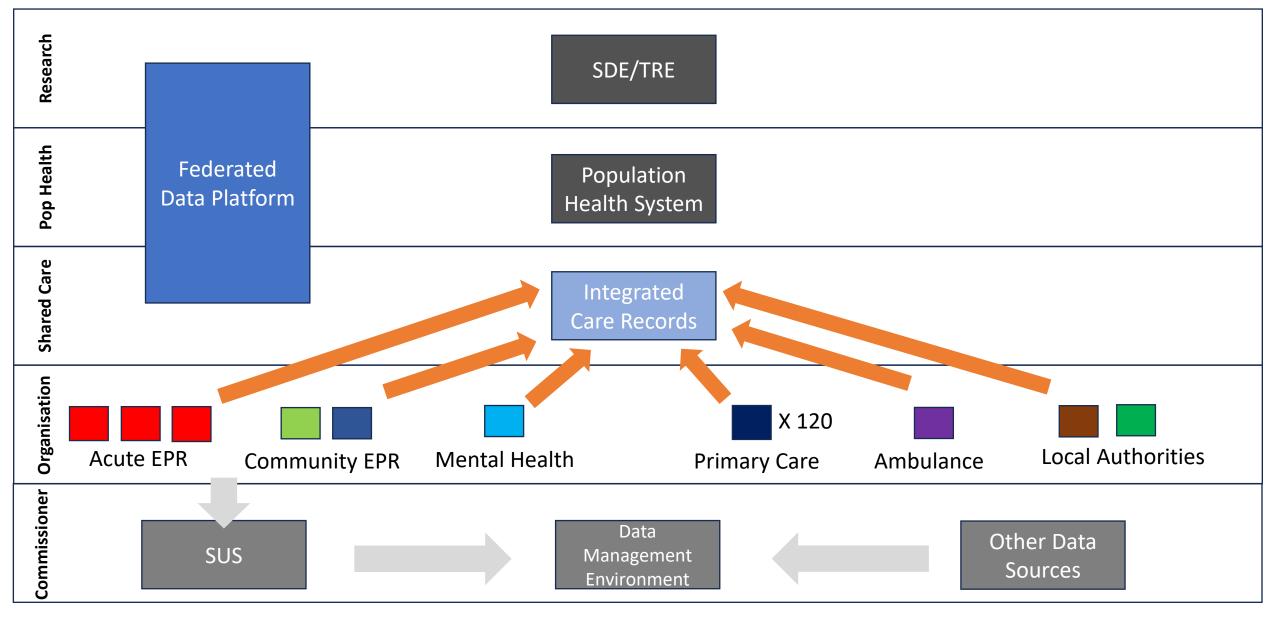
Consolidated EPR (Acute, Community & Mental Health)



Consolidated EPR (Acute, Community, Mental Health, Primary Care & Social Care)



Consolidated EPR (Acute)



Don't forget our purpose!





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