

## #DHSS23

Masterclass: orchestrating a converged EPR deployment across three NHS trusts

#### **Dr Alec Price-Forbes**

#### CCIO

University Hospitals Coventry and Warwickshire NHS Trust

#### Dan Milman

CEO Innovate Healthcare Services

#### Manoj Srivastava

CIO George Eliot Hospital NHS Trust

#### **Chair: Ronke Adejolu**

National Associate CNIO NHS England

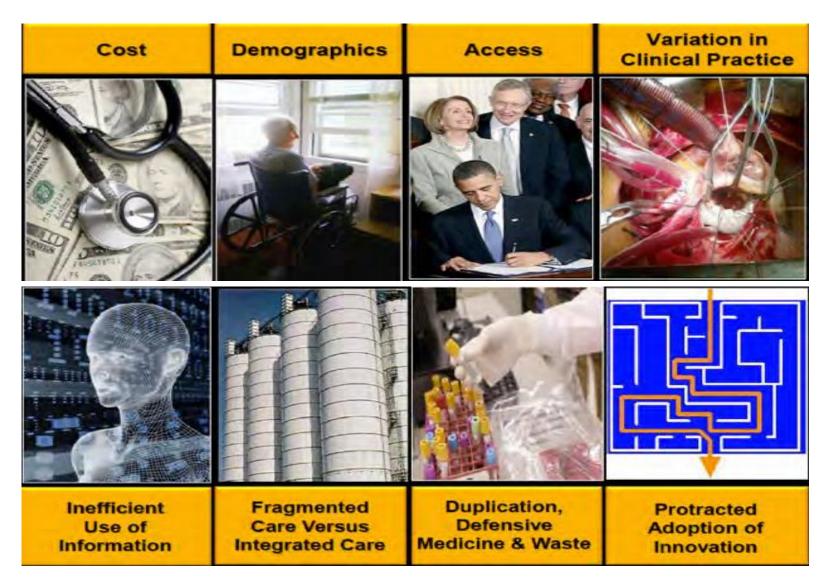








# **Our challenge**



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			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:

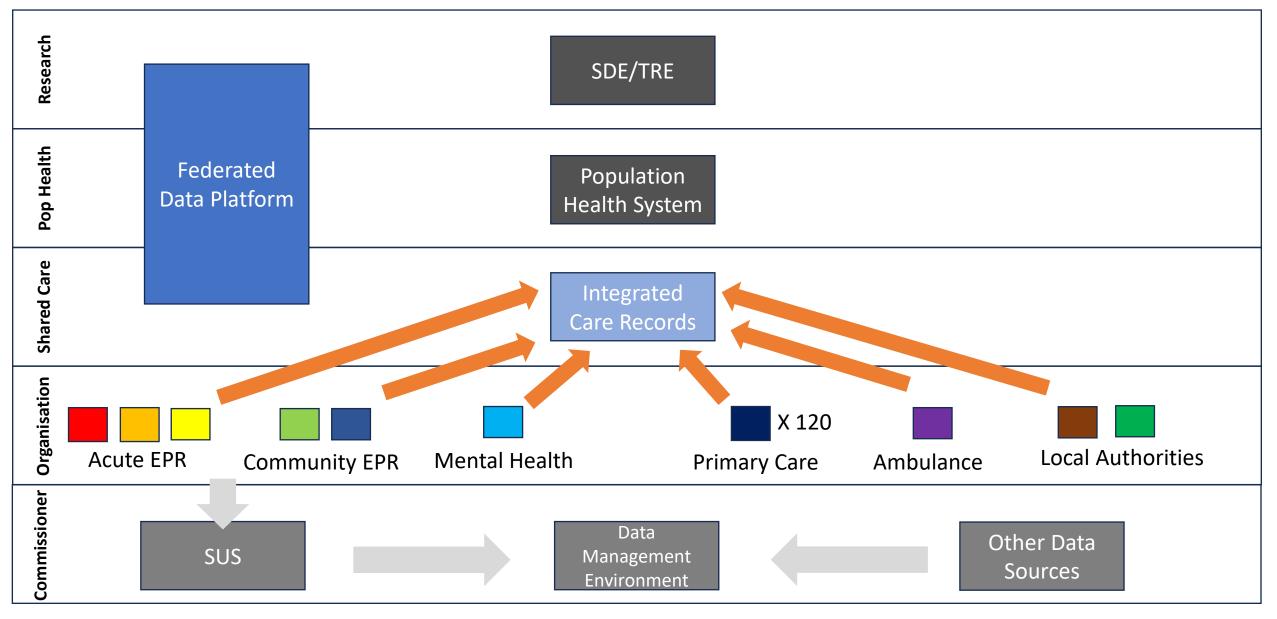
**7.0 years** is the difference in how long males are expected to live in two areas of Coventry, the gap increases to **10.1 years** for females along the same route.

High

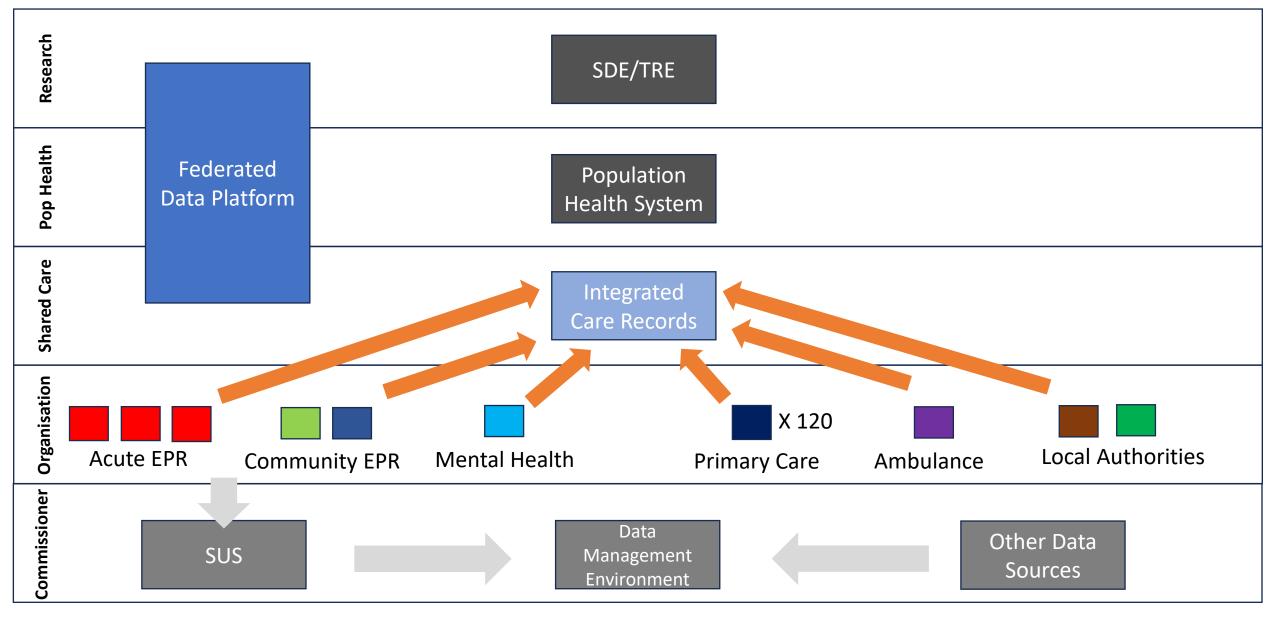
Low



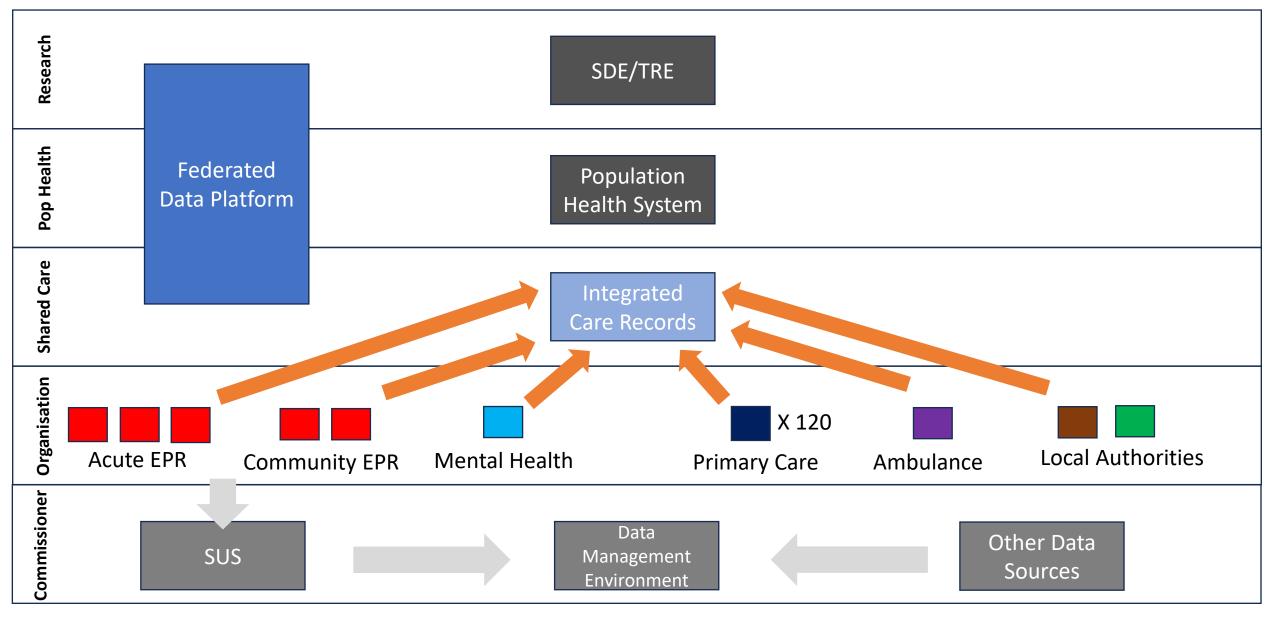
#### **Existing Architecture (Interfaced EPR)**



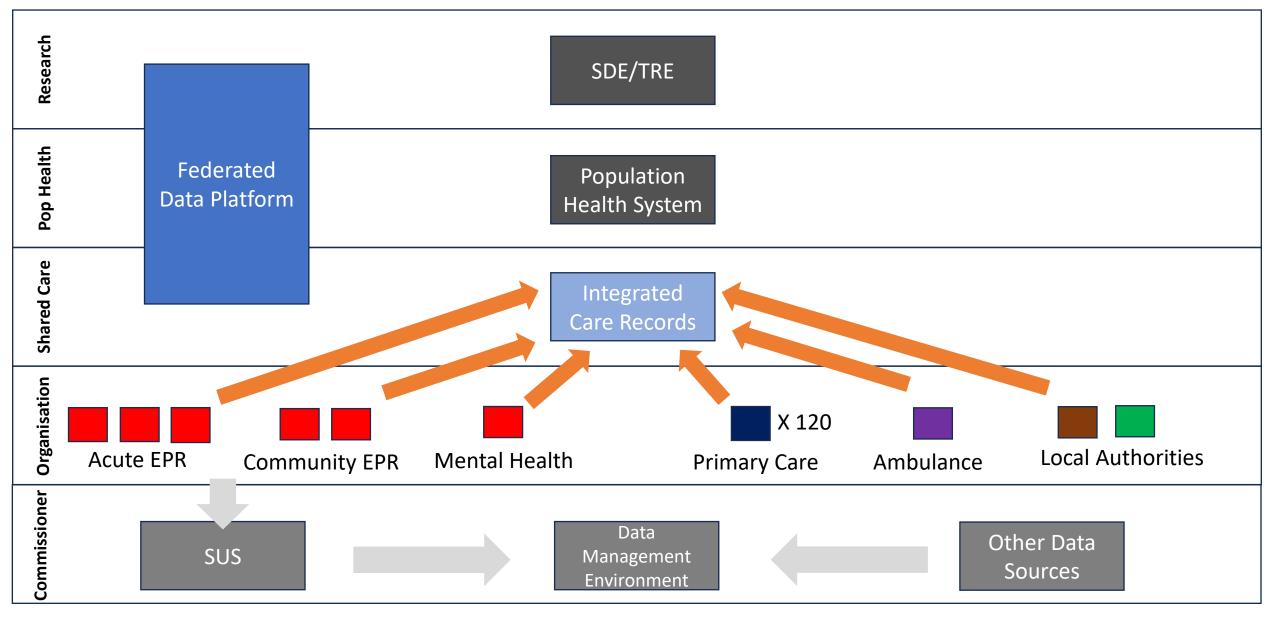
### **Consolidated EPR (Acute)**



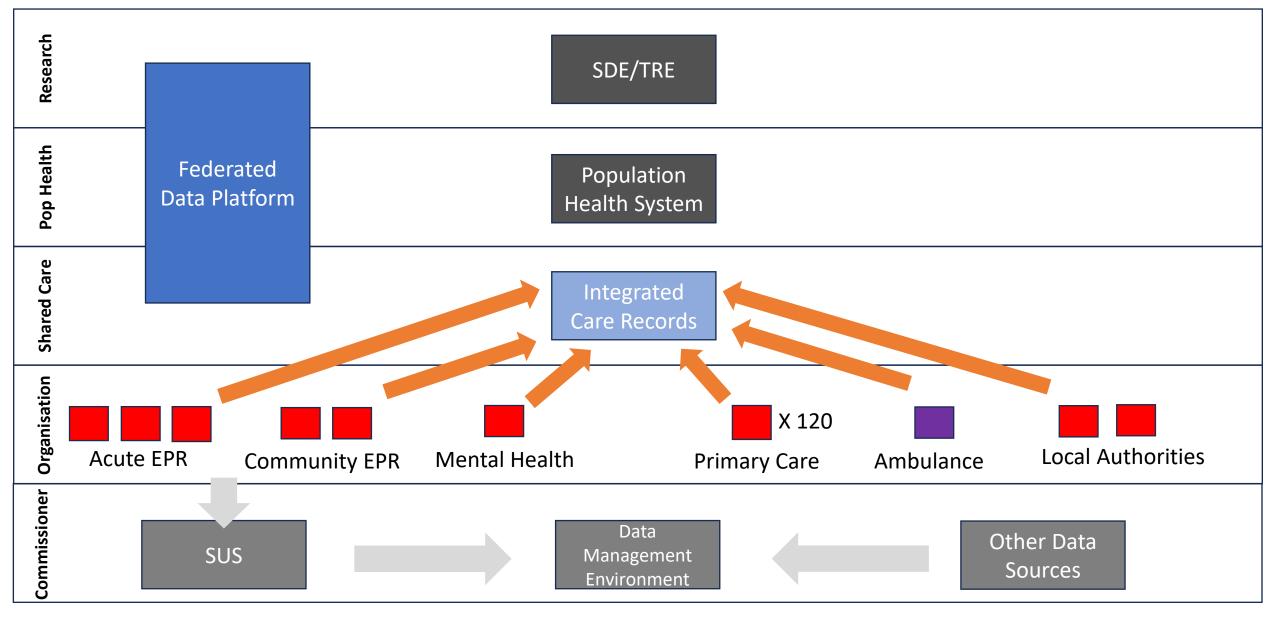
#### **Consolidated EPR (Acute & Community)**



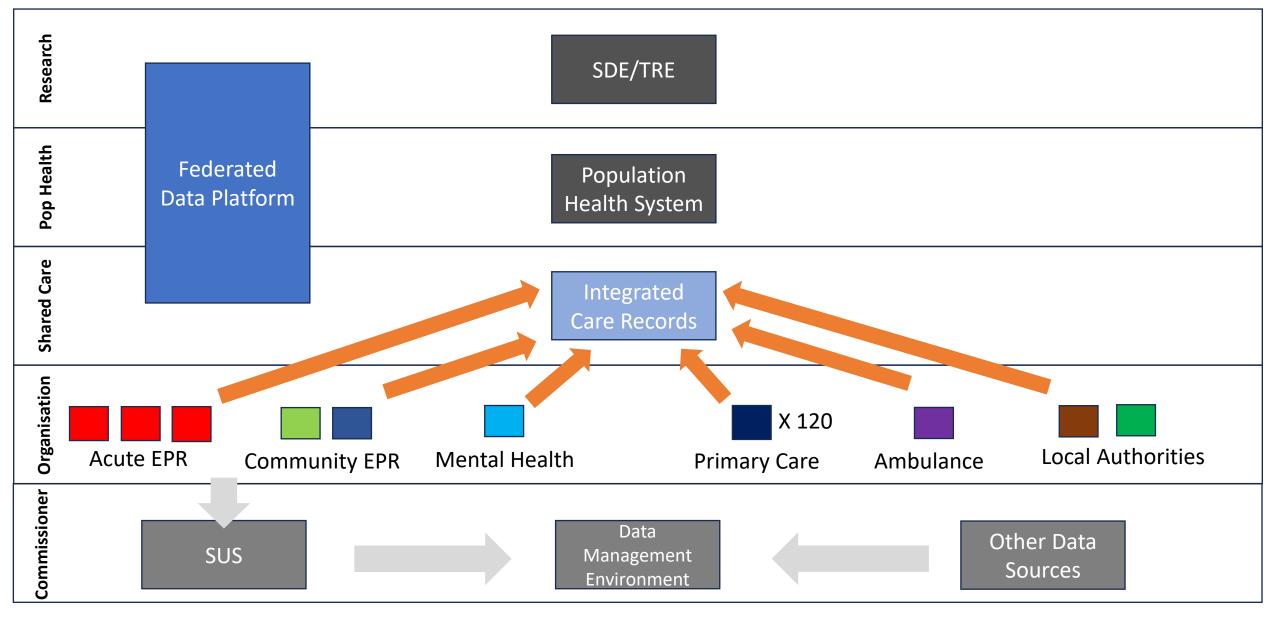
#### **Consolidated EPR (Acute, Community & Mental Health)**



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



### **Consolidated EPR (Acute)**



# Don't forget our purpose!





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