Healthcare Conference 2022

17 - 18 March 2022 | QEII Centre, London

UDI and traceability

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ePOCT implementation programme

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The PSC

Electronic Point of Care Traceability Programme: how can Trusts start scanning?

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on behalf of NHSE TD
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Introducing our electronic point of care traceability programme

1. What were we trying to find out?
2. Three of our case studies
3. Four Conclusions from the Pilots
   a. Focus on the “Product Information Master”
4. Special Case pilot - North Tees and Hartlepool Foundation Trust
5. What can you expect next?

Reminder: ePOCT has a wide range of benefits for trusts

Patient Safety	Financial	Data collection and accuracy
• Fewer errors and faulty implantations • Faster device recalls • Better clinical analysis	• Better stock management • Better operational decision making • Less wastage	• Faster data collection than manual entry • Fewer errors • More efficient central submissions

What we were trying to find out:

How can we get **electronic point of care traceability system(s) implemented in Trust(s)** so as to realise the patient-facing, financial, and data benefits?

How have the pilots worked?

What was the ask?	Pilot Trusts have been asked to attempt to **capture data at or near the point of care** using scanning solutions. In one instance we have worked with a Trust with their own solution to see if it can be used elsewhere
What role are we playing?	We have been led by the Trusts throughout: • Trusts choose what technology they want to use • Trusts choose what support they would like from us but we offered a menu of solution design, project management, technical expertise, communications, and change management
What does success look like?	• Minimal success is understanding when barriers are too big to be overcome! • Greater success is getting scanning at the point of care

2. Three of our case studies

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1. For Trust A, information governance and the lack supplier alignment were roadblocks

Key learnings:

- The electronic cabinets did not generate all required data as it relied on poor staff compliance of retrieving and replacing devices
- Executive and clinical buy-in is key for ePOCT implementation
- Information is imperfectly distributed, e.g. how collected information will be used and retrieved was a real worry

2. Trust B was enthusiastic for scanning but unable to maximise its value

Key learnings:

- Senior and on-the-ground buy-in enabled good progress
- Staff want to scan everything, in and out of theatre, both inpatient and outpatient, and see it in the EPR

3. Trust E proved that with buy-in everything is possible but need a Product Information Master

Key learnings:

- As with Trust B and others - top level buy-in has been crucial; theatre staff are highly supportive and want to scan everything
- **No PIM, no ePOCT.**
- Direct scanning into EPR is possible albeit we think with reduced functionality
- Brakes on progress here have included COVID and NHS leave backlogs.

Trust A's proposed solution to stick due to usability problems and lack of buy-in

Trust clinical operation	Data collection solution	Data collation	Trust data use

S → EPR → Data warehouse

S → 'Mini-bar' style solution ⇸ Data warehouse

Data warehouse → Trust internal user cases:

Trust internal user cases:

Recall

Procurement

Clinical analysis

Financial analysis

Benchmarking

…

Problem was with the complexity of what staff were being asked to do rather than with the technical possibilities, along with incomplete buy-in

Our other trusts chose different routes, all of which we think are valid

Trust clinical operation	Data collection solution	Data collation	Trust data use
B, C, D	EPR → Data warehouse; Scanning solutions → Data warehouse	Data warehouse	Trust internal user cases
F	EPR; Scanning solution → EPR		Trust internal user cases
E	Scan into EPR		Trust internal user cases

Trust internal user cases:

Recall

Procurement

Clinical analysis

Financial analysis

Benchmarking

…

Note: at least 6 more possible paths discovered

Note: scanning helps with national commitments too

Trust clinical operation	Data collection solution	Data collation	Trust data use	External submission	Onward journeys
B, C, D	EPR; Scanning solutions	Data warehouse	**Trust internal user cases:** Recall, Procurement, Clinical analysis, Financial analysis, Benchmarking, …		Responding to Cumberlege report; National Registries; And more
F	EPR; Scanning solution			Submission middleware	
E	Scan into EPR			Submission middleware	

3. Four conclusions from the pilots

1. You probably need a level of digital maturity to start this journey

Interest in ePOCT

Digital Maturity

Trusts normally need to install an EPR before they think about scanning

Experience of digital technologies helps people at all levels understand the benefits of scanning

Source: The PSC research and analysis. Positions are approximate.

2. CEOs, CMOs, and Specialty leads all need to be bought in

Awareness | Interest & Buy-in | Scanning | Point of care | Using data for safety benefits

Awareness

Understanding is imperfectly distributed

Programme

Top to bottom buy-in is vital to burst the bubble of NHS priorities

Trusts and humans have IT fatigue

Procurement

Procuring takes **several months** and needs a business case

Skills & capability

...eed **sustainable behaviour change**

3. Finance is a much smaller barrier than time and reducing complexity

Awareness

Interest & Buy-in

Using data for safety benefits

Awareness

Understanding is imperfectly distributed

Programme management

Implementation requires **authority** and buy in

Data and technology appraisal

Trusts and humans have IT fatigue

Procurement

Procuring takes **several months** and needs a business case

Scanning will need **sustainable behaviour change**

Old-fashioned skills of organisation, perseverance, and energy have been crucial

There is a level of 'IT fatigue' and Trusts want to be sure they need to install a whole new system.

Financial benefits accrue to trusts so they are the right organisation to pay for scanning.
Trusts understood this and therefore we and others are helping with business cases/ benefit modelling

4. Front-line staff are often very quick to see the benefits

Awareness	Interest & Buy-in	Scanning	Point of care	Using data for safety benefits

Awareness

Understanding is imperfectly distributed

Programme management

Implementation requires **authority** and buy in

Data and technology appraisal

Trusts and humans have IT fatigue

Procurement

Procuring takes **several months** and needs a business case

Skills & capability

Scanning will need **sustainable behaviour change**

Caveat: our pilots were all pretty digitally mature.
But we received several direct pulls from in-theatre staff:
"This is long overdue!"
"What can I do to help?"

Therefore: a simple set of central resources is likely to increase scanning velocity

Awareness | Interest & Buy-in | Scanning | Point of care | Using data for safety benefits

Awareness

Understanding is imperfectly distributed

Programme management

Implementation requires **authority** and buy in

Data and technology appraisal

Trusts and humans have IT fatigue

Procurement

Procuring takes **several months** and needs a business case

Skills & capability

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We and others have collected assets to help with:

- Getting people bought in/ excited
- Understanding the different technical options
- Understand the scale of the work
- Benefit modelling
- Understanding the information governance situation
- And more information to help trusts realise the patient safety and financial benefits

But if you are interested in scanning - there is one big hurdle to overcome

Awareness	Interest & Buy-in	Scanning	Point of care	Using data for safety benefits

Awareness

Understanding is imperfectly distributed

Programme management

Implementation requires **authority** and buy in

Data and technology appraisal

Trusts and humans have IT fatigue

Procurement

Procuring takes **several months** and needs a business case

Skills & capability

Scanning will need **sustainable behaviour change**

All solutions need a Product Information Master - a PIM.

No PIM - no scanning.

3a. Focus on the Product Information Master

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What is a Product Information Master (PIM)?

At extreme risk of telling you things you already know, but to make sure we are in consensus here:

Barcode	Numbers	What do those numbers mean?
GTIN	1234567890123	This device is a • Left hip • Size medium • Made by manufacturer X

Love those barcode standards, dear GS1 conference

The scanner only tells you this

A PIM takes the numbers from a barcode scanner and translates them into useful information

Making a complete PIM is vital but hard

All the theatre staff we have spoken to have asked:

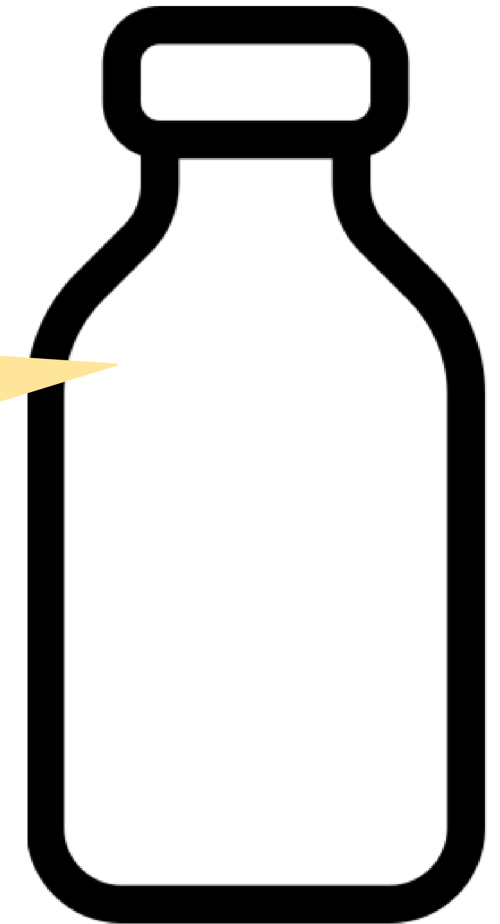
1. That they can just **scan every barcode they see:** people, device, location, consumables, everything
2. That **scanning works at least 95%+ of the time**

If the PIM doesn’t cover a particular device, staff have to enter the product manually.

A failing scanning solution means staff lose faith.

Getting to a 95%+ complete PIM is not trivial

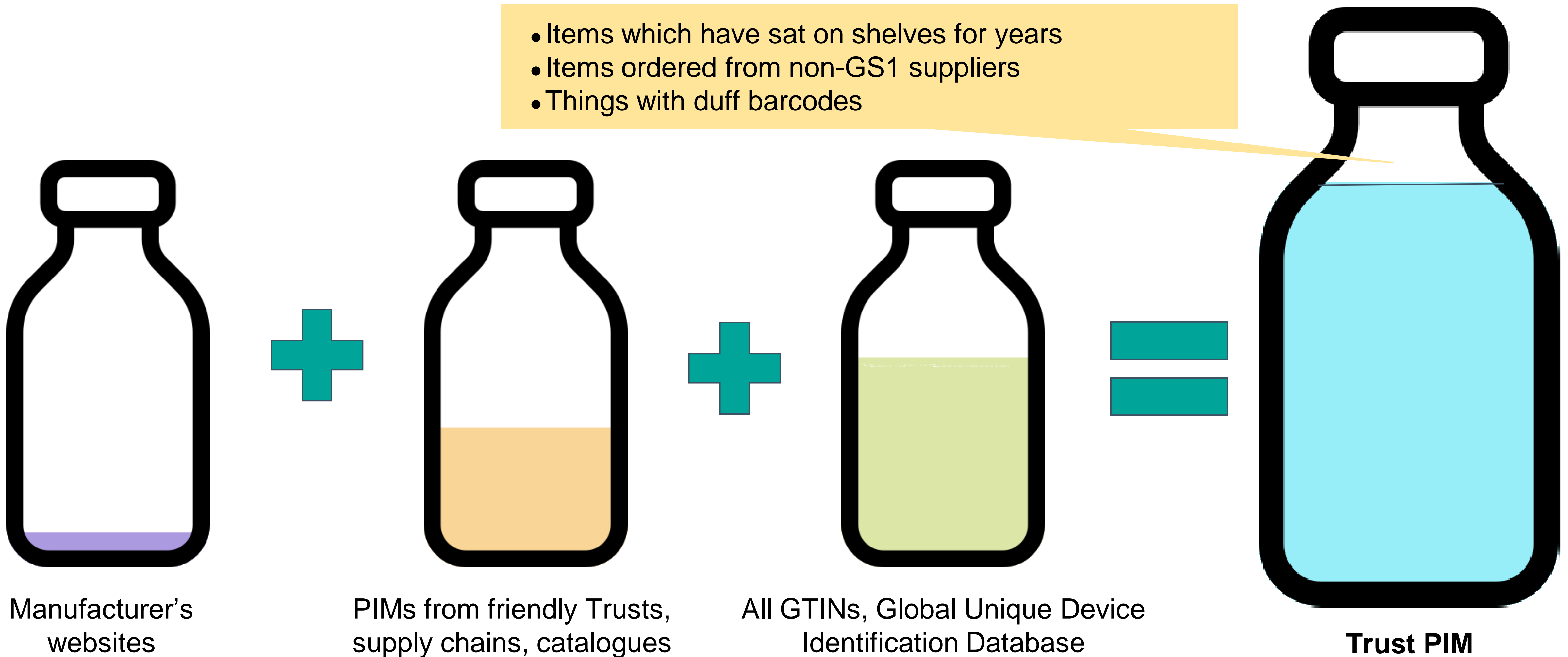
- Trusts can easily have 12k items needing a reference in the PIM



Trust PIM

Milk bottle icon created by Pixel perfect - Flaticon. Source for proportions: The PSC research

There is plenty of information about - but still doesn't get to 95% completion



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Of course, PIMs already exist so it is possible

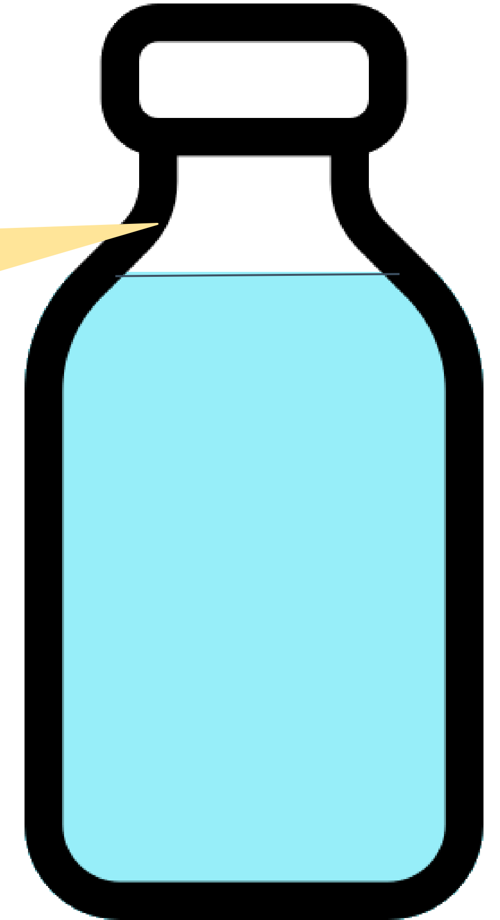
Trusts which have successfully set up a PIM:

1. Have had “4-6 people spending 2-4 days” finishing it off
2. All report this as the most painful part of setting up scanning

None of them wish they hadn’t started scanning!

It is a one-off task and a necessary hurdle to factor in.

- Scanning everything in stock rooms and manually filling in missing items



The pain of setting up a PIM is reducing with time

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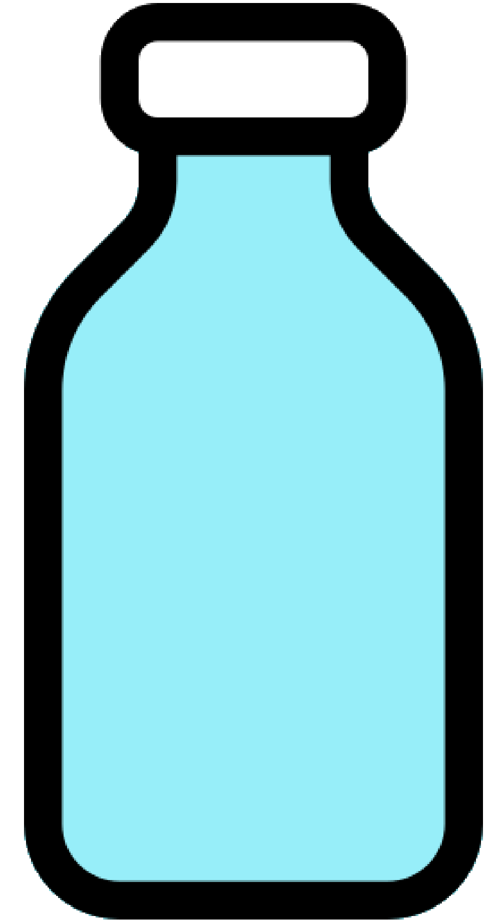
- Trusts are generous with their PIMs
- The more PIMs we have, the less hassle it is to make a new one
- This is a known problem which MHRA and others are working on
- You can make this easier for yourself by doing this specialty by specialty



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4. Special Case pilot - North Tees and Hartlepool Foundation Trust

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Introducing Professor Graham Evans, Chief Information and Technology Officer NTHFT

5. Conclusions and next steps

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Are you interested in scanning? At your point of care?

- Scanning gives you benefits in patient safety, finances, and data
- If you are a trust and would like to start scanning
  - Please talk to us or to other trusts!
  - Assets will be on the Scan4Safety website

Ask us questions now!

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