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NEXT GENERATION EPR

NHS
Bedfordshire Hospitals
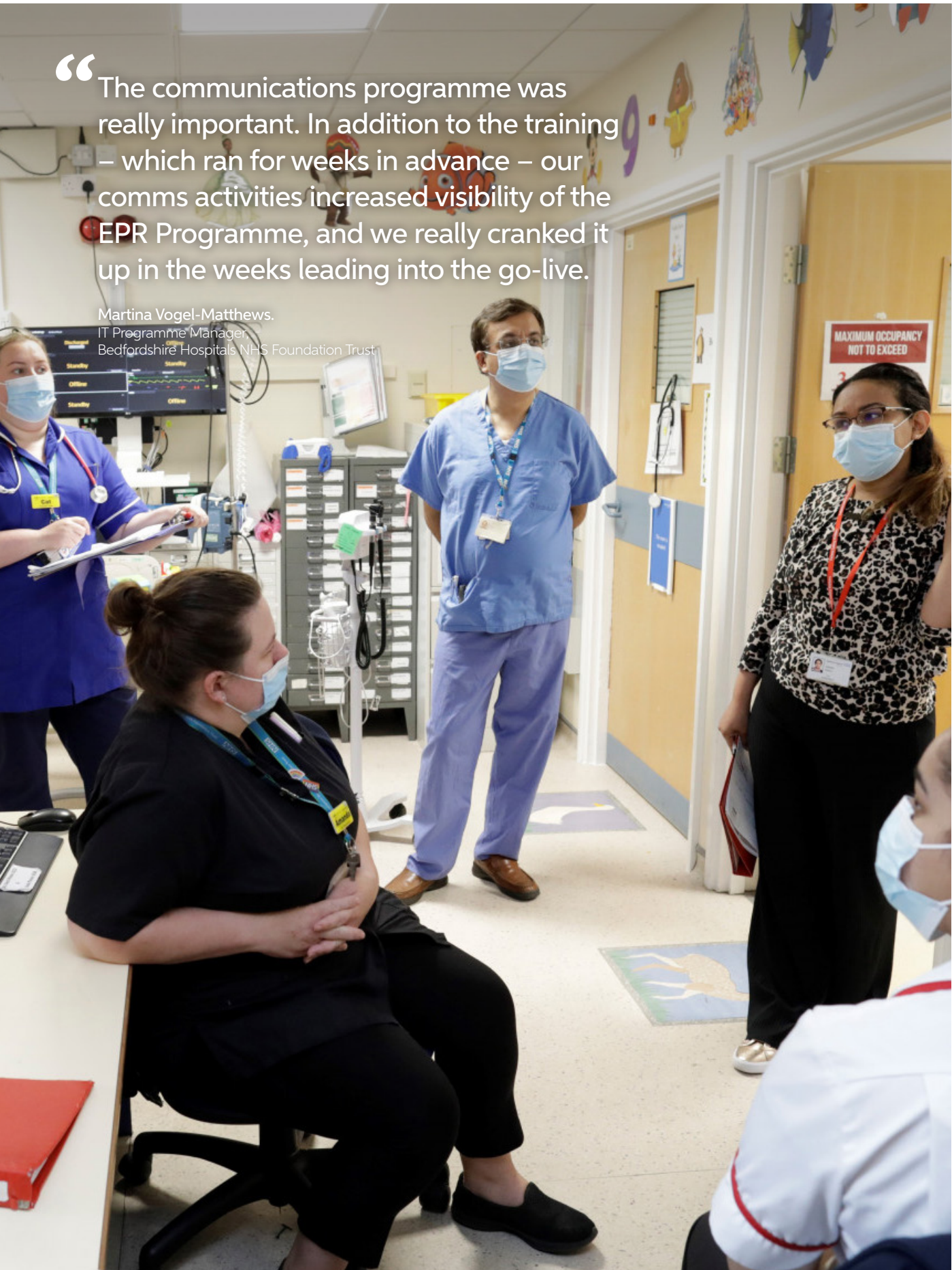NHS Foundation Trust

Fast follower:

Bedford Hospital

An exemplar EPR deployment

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Martina Vogel-Matthews.
IT Programme Manager,
Bedfordshire Hospitals NHS Foundation Trust

Bedford Hospital

An exemplar EPR deployment

In April 2023, Bedford Hospital – part of Bedfordshire Hospitals NHS Foundation Trust after its 2020 merger with Luton and Dunstable University Hospital (L&D) – successfully rolled out six Nervecentre EPR modules to all its staff (around 3,000 people) in just three days, with no disruption to clinical operations.

The deployment, which kick-started a phased strategy to bring digital capability at Bedford Hospital in line with Luton & Dunstable University Hospital, has quickly delivered benefits for the 400-bed facility, with clinical teams already recognising tangible improvements to patient care.

The background

Bedfordshire Hospitals NHS Foundation Trust was formed in April 2020, combining two previously separate NHS trusts to create a large general hospital across two sites – Luton & Dunstable Hospital and Bedford Hospital.

Their merger triggered a consolidation of their frontline digitisation approaches to drive digital maturity across the single organisation.

In the past three years, the trust has accelerated its digital transformation strategy, establishing five key programmes of work as part of its Digital Portfolio of Change. In particular, three of those key programmes are focused on:

Digital Merger – the integration, migration, and implementation of systems to:

- Merge clinical and corporate services across the trust.tandardise processes.

- Improve efficiencies.

- Share best practice.

Digital solutions – innovative projects and system upgrades to:

- Maximise digital technologies.

- Drive departmental improvements through incremental system enhancements.

- Meet nationally mandated digital requirements.

EPR – the continued rollout of the trust's chosen solution, Nervecentre EPR, across the entire organisation, to enable:

- Wider digitisation of clinical processes.

- Introduction of new clinical modules into clinical areas.

- Accurate, real-time information provision to clinicians at the point of care.

- Safer patient care through automated identification of risk factors.

- Reduced burden on staff, freeing them to focus on patients.

These programmes are co-dependent, with many of the benefits of Digital Merger realised through the deployment of Nervecentre EPR across the wider organisation. Here's the story so far.

The plan

The first stage of Nervecentre deployment focused on Luton & Dunstable University Hospital, with the trust successfully implementing a raft of EPR functionality at the Luton site across 2021/22. In 2022 it began planning for the next phase of its rollout: implementation at Bedford Hospital.

According to the plan, the first phase of the Bedford rollout would see six EPR modules – Bed Management, eObs, Alerts & Escalations NEWS2, Fluid Balance, Clinical Handover, and Hospital@Night – introduced across all wards. These would quickly be followed by phase two eTakelist, Sepsis, eObservations Archer Unit, eObservations Hypercapnic and eObservations – PEWS. The original plan was to adopt a hybrid deployment model through a combination of grouped and sequential modular go-lives over a couple of weeks. However, external factors beyond the control of the hospital forced the implementation team to consider a different approach.

"Our experiences at L&D had given us lots of learnings," says **Martina Vogel-Matthews, IT Programme Manager**, Bedfordshire Hospitals NHS Foundation Trust. "We knew that deployment needed a strong support team to walk the floors, answer questions and generally help our clinical teams on the ground. Hospitals are 24/7 operations so, naturally, implementation teams need to provide round the clock support. That can be exhausting. Luton had shown us that deployments that add one chunk of functionality at a time – and therefore stretch out over several weeks – can be physically demanding for the support teams on the ground. We therefore knew that grouped go-lives would be the best way to go, and planned to roll out the six modules over a couple of weeks".

Martina Vogel-Matthews continued "However, as the first go-live approached, external circumstances conspired against us. The combination of industrial action and consecutive Bank Holiday weekends threatened to interrupt the schedule and stretch the implementation out over a whole month. We knew that would cost us momentum, so we eventually decided to roll out all six modules in one hit. It was hard work but hugely successful. We implemented everything inside three days."

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The implementation

Implementation was spearheaded by the IT Programme team which, in addition to IT specialists, also included a team of digital nurses, pharmacists and doctors. This multidisciplinary approach, which is applied to all aspects of the trust's Digital Portfolio of Change, helped ensure EPR implementation efforts were clinically led.

Deployment was preceded by an online training programme for all staff. Materials to support each module were written, tested, and signed off by the EPR Programme Team, then delivered to staff as eLearning packages. Training ran for weeks in the lead-up to go-live, with the stop-go decision to implement determined by the volume of training completed.

Implementation was also supported by a comprehensive communications plan to ensure the EPR Programme Team delivered consistent, coordinated, and targeted messages. The plan built around a range of engagement activities to raise awareness of Nervecentre EPR and provide materials to support the first phase of the rollout. Communications leveraged a variety of channels, including:

In person

- Awareness Stations, which moved through the hospital, where digital nurses and project team members raised awareness, answered staff queries, and provided education on EPR modules.

- 'Bus Routes' provided a timetable of where awareness stations would be situated, and when.

- Dedicated project teams supported each module.

- Floor walking – 60-70 people floor walking the Bedford site to spread the message, face-to-face, across three shifts (7am-3pm, 3-11pm, 11-7am)

Direct

- EPR Mailbox – a single point of contact for all EPR programme queries.

- Doctors' meetings – weekly meetings with clinical champions.

- Emails – targeted communications to individual and specialist groups.

Publications

- 'The Week' – digital newsletter sent to staff at both sites.

- Social media updates via Facebook, LinkedIn & Twitter.

- WhatsApp/Teams – channels set up for go-live teams to provide key information.

Print

- Posters in appropriate clinical areas promoting the go-live schedule and key benefits of Nervecentre.

Merchandise

- EPR team wore branded polo shirts to allow easy identification of EPR SMEs and Champions.

- Nervecentre branded items – high quality (and useful) merchandise distributed at awareness stations to ensure the Nervecentre brand was visible.

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>
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> Digital Specialist Nurse, Bedfordshire Hospitals NHS Foundation

Intranet

- A dedicated, centralised online repository for all up-to-date information relating to the EPR programme.

"The communications programme was really important," says **Martina Vogel-Matthews**. "In addition to the training – which ran for weeks in advance – our comms activities increased visibility of the EPR Programme, and we really cranked it up in the weeks leading into the go-live. Even little things like the merchandise and our bright purple polo shirts helped us establish a presence. Everyone understood who we were, why we were there and what we were doing. It helped build a sense of anticipation. That really paid off at the go-live. I've no doubt it helped drive EPR adoption in those early days after implementation."

The response

All six modules were rolled out in around three days, with the IT Programme Team providing intense support for the first two weeks. The original plan was for support to continue into a third week, but this was scaled back when the Programme Team concluded it was no longer required.

"The response to the rollout was incredible," says Morgan Baxter, EPR Solutions Architect, Bedfordshire Hospitals NHS Foundation Trust, and member of the IT Programme Team. "Everyone threw themselves into using the new system and all the feedback was positive. Better still, there was no disruption to services – so much so, one senior manager questioned whether we'd actually gone live because nobody had reported any issues to them. Our head of nursing even said: 'there's nobody in my office shouting at me. I don't understand!' This was remarkable because, right from the off, all our data showed that the new system was being well adopted. That speaks volumes not only to the implementation team's efforts but also to how easy the software is to use."

Those adoption rates are borne out by the numbers. The first week of rollout saw:

- **35,300** clinical notes updated.
- **9,800** eObservations.
- **3,345** electronic bed transfers & requests.
- **70** fluid balance charts completed.
- **247** Hospital@Night tasks raised.

Feedback from clinical teams has been impressive, with many seeing Nervecentre's mobile functionality as a valuable tool that's strengthening clinical practice. **Ligi Thomas, Digital Specialist Nurse**, Bedfordshire Hospitals NHS Foundation Trust, says:

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"Clinicians really recognise the value of what they've now got in their pockets. Doctors have told me that the system's remote functionality is saving them lots of time and improving care. They now have real-time visibility of their patients' current situation, wherever they are in the hospital. Where appropriate, this allows them to give advice remotely without needing to be physically present in the ward, helping them prioritise patients with the most urgent clinical needs. Similarly, through alerts and escalations, Nervecentre is helping teams manage their workflow more efficiently. Ward teams, for example, say they're finding it easier to manage the timings of observations, particularly for patients that require more frequent monitoring. We also get great feedback from matrons and higher authorities responsible for quality assurances because they can see anything and everything they need. The quality of our data has been transformed and everything is auditable too. All in all, the feedback from our clinicians tells a consistent story: patient safety is improving, patient flow is improving, and staff satisfaction is improving. That's amazing."

The future
EPR deployment at Bedford Hospital

The first phase of Nervecentre EPR deployment at Bedford Hospital has strengthened the foundations for digital transformation across the trust, giving clinical teams a glimpse of what's possible with digital technology.

"There's been an uptick in digital maturity as our clinical teams start to see new possibilities," says Morgan Baxter.

"All the paper used for years, can now be disposed of – and instead, were looking at old spreadsheets and seeing how this be done better? We're getting multiple queries every week asking: 'can we do this in Nervecentre, and how quickly can we make it happen?'

It's great to see processes change and people advocating change. Six months before go-live clinicians weren't really sure of what to expect. Now, the mindset among clinicians has shifted to IT being something that can actually help improve day-to-day practice"