Electronic record system preparation

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Author Anne Cooper is national clinical lead for nursing, Department of Health Informatics Directorate.


Clinical staff often fail to engage with new information technology initiatives. This article helps nurse leaders to ask the right questions to prepare for new electronic record systems, ensuring that they, their staff and patients reap the greatest benefit as soon as possible.

In many care settings, new technology is driving and improving efficiency and the quality of care. However, clinical staff often fail to engage or are sceptical about it, which makes it difficult to introduce new systems (Kossman and Scheidenhelm, 2009; Darbyshire, 2004).

Careful planning and actively involving nursing teams is vital when implementing new electronic record systems. In describing how Kaiser Permanente successfully implemented an electronic record across its organisation, Chow and Fong (2010) emphasised that “preparing nursing leaders for the digital age cannot be underestimated”.

It is not necessary to be a “techie” to get involved in implementing an electronic record system. Asking questions is about ensuring that teams get the best out of their technology, which can only be achieved with proper clinical engagement and mutual understanding. Box 1 features a case study on implementing a new system, while Box 2 advises on preparation.

The basics

The following questions will help nurse leaders and teams to understand what the system can do. This is the first step in working out what it might mean in terms of patient care:

» What does the new system actually do?
» Is it safe and reliable?
» What happens if for some reason it is not working for some time – what will we do?
» What do I do if my role involves being away from a base, such as in a patient’s home – how will I access the system?
» Which other trusts use the same system and what went well/badly?

It is extremely important to ask to see the system, before it is implemented, to look at how it works and what it does.

Nurse leaders may also have questions about the actual equipment, for example, about where it will be kept or located. They should also ask about issues such as the location and possible sharing of printers.

Professional issues

Nurses need to consider a number of professional issues relating to electronic health systems.

Team leaders should consider whether systems fit with their professional values and ask the following questions:

» Who can see information entered about patients?
» How is access to the record protected?
» Can patients see their own record?
» What are nurses’ professional responsibilities when using the system – has the trust documented these? How will nurses fulfil these?
» If staff need evidence of information they have entered if something goes wrong, how will this be provided?

Nurse leaders should consider the Nursing and Midwifery Council’s (2009) record-keeping guidelines and whether the new system will ensure that staff comply with them; if not, this is a serious concern that should be referred to a senior manager in the trust.

IT systems should be governed by the same clinical governance and risk-management systems as all other areas of healthcare. A named clinician in the trust should be responsible for safety and team leaders should be able to report any concerns through usual risk-management processes. The Royal College of Nursing’s (2010) guidance may be helpful.

5 key points

1 Clinical staff often show a lack of engagement or scepticism about using technology
2 Careful planning and involving nursing teams is vital when implementing electronic record systems
3 Nurse leaders need to consider whether IT systems fit with their professional values
4 The Caldicott guardian in each trust is a helpful resource
5 A team effort is crucial in reaping the benefits more quickly for patients and staff

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The Caldicott guardian in each trust is also a useful resource for nurse leaders who are unsure about any aspect of how information is accessed and stored, and can advise on local policies and procedures. Caldicott guardians’ role is to protect the confidentiality of patient information and enable appropriate information sharing.

Team leaders can find out more about patients’ rights in the Care Record Guarantee, which outlines the rules governing how patient information is used in the NHS and what control patients have over this (National Information Governance Board for Health and Social Care, 2011).

Impact on care and the team

The following questions focus on how the system will fit in to the way staff deliver care:

- How will it improve patient care?
- What opportunities might be there to work better/differently?
- What changes will the system need to introduce and how can we ensure these do not cause difficulties?
- How can we use the new system to help meet any QIPP project objectives?
- How can we measure whether the system makes things better or worse – will there be any benefits?

All system implementations involve change; there is a period during which staff need to adjust to new ways of working. Benefits from new systems are often incremental, which means there could be several months of bedding in before the system’s potential starts to be realised.

A team effort is crucial in reaping the benefits faster for patients and staff.

Nurse leaders can ask the following questions to help minimise disruption and mitigate risks before taking on the new system:

- Will it make my job easier?
- What might be the challenges? For example, how will we log into the system?
- If some staff are not positive about the change, how can I influence them?
- Am I/are staff competent to use the new system(s)?
- How will we incorporate the need for training into work schedules?
- Does this affect the way we communicate and handover? What about hospital at night? What about the way we communicate with other teams in the trust?
- What happens to all the old records about patients?

**Box 1. Case Study**

Su Davis, SystmOne clinical lead and clinical safety officer at NHS East Riding of Yorkshire, led business process change and benefits realisation during the deployment of a new electronic health record system. She recommends linking with neighbouring trusts that already use a similar system to help tailor delivery and share best practice.

She says: “It is important to manage expectations from the outset so that clinicians are aware of the system’s capabilities but also so they know what will be expected of them and what they need to prepare, including completing any IT training courses.

“It can feel like IT is taking over at an uncomfortable pace. Clinical leadership is crucial to any successful deployment. For this to happen, dedicated time must be factored into the clinical day so the new system can be gradually integrated into normal working practice.”

**Box 2. Top Ten Tips for System Deployment**

- View a test system first; if none is set up locally, ask your supplier to demonstrate one or visit a neighbouring organisation using a similar system
- Involve health professionals in developing profession-specific templates for data entry
- Ensure staff have equipment for mobile working, such as laptops, scanners and wi-fi-enabled buildings, and are able to share information over the network and with other agencies
- Assess how the system will support professional record-keeping guidelines
- Develop standards and protocols to support your area/practice’s usage
- When switching on the new system, avoid doing so on the busiest day of the week for your service
- Give staff extra time and an adjusted schedule to adopt the new system into their routine if necessary
- Have trainers available to offer support when the system goes live
- Identify some work to complete when the trainers are on hand to help
- Organise follow-up sessions for the next day to help staff remember the new processes

Advice by Brough and South Cave health visiting teams in the trust.

What does the IT project team need to know about the way our ward/department/service runs?

Have the IT project team involved the infection control team?

**The clinical part of the system**

Nurse leaders need to have confidence that the electronic record system reflects their area of practice and care processes and can therefore be introduced with minimum disruption.

This aspect of the system may be referred to as “clinical content” and might include the way clinical information is entered, assessment frameworks and knowledge support such as local pathways of care. Again, nurse leaders need to ask several questions to judge how well the system fits their processes:

- What clinical content comes with the system?
- What clinical information will we enter into it and is our paper system in good order so we can move ahead quickly?
- Will the system help me collect information for audit or research?

The RCN’s (2011) guidance is an excellent resource that explains issues such as coding and terminology.

**Conclusion**

The technological revolution has already begun and nurses need to embrace these possibilities in the way they care for patients.

These questions are designed to help staff get involved and play an active part in the way new systems are implemented. By doing this, we are more likely to see sustainable benefits for patients. **NT**

**References**


