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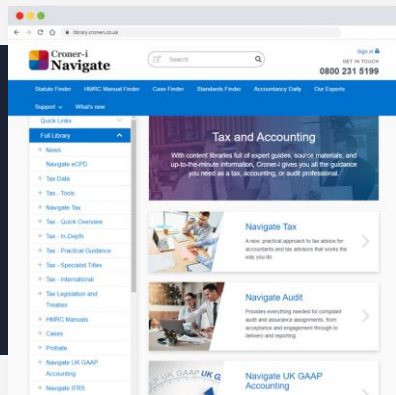
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14 CPD points

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Contents

- The Department of Health and Social Care (DHSC) target

- Advantages of digital record systems

- Integrated records and the future

- Choosing the right system

- Alternatives

- Choosing the right devices

- Implementation

- Inspection of digital records

Key facts

- DHSC has set target of 80% of CQC registered services to be using digital records by March 2024

- Currently only 45% of social care providers have any form of digital care records

The CQC say…

Mark Sutton, the Chief Digital and Data Officer at the Care Quality Commission (CQC) has said that it will become "increasingly difficult" for services to be "good" (or "outstanding") without digital records.

However…

Peter Skinner, Director for Digitising Social Care at NHS England Transformation Directorate, points out that:

"Person-centred care is much more about the way providers operate than the technology they are using" and there should never be "technology for technology's sake".

This means

- It is generally recognised that digital records are better, but any system is only as good as the people using it

- Providers shouldn't rush into unsuitable software purchases

Advantages of digital record keeping pg1

A good system will:

- make it easier for providers to capture accurate and readable information
- support them to respond effectively to people's changing needs
- share information efficiently and securely as part of an integrated local care team
- enable good risk management and support planning, promoting people's safety.

Advantages of digital record keeping _{pg2}

- more time with people for care and companionship

- records being more accessible to people/their representatives

- people being more involved in their care planning, and changes shared quickly

- threats to people's safety, such as missed tasks or visits, identified and resolved efficiently

- "joined-up care" with other health and care services

- a reduction in administrative burden and paperwork, freeing up staff time and office space

- easier compliance monitoring and quality assurance.

Integrated records and the future

- The goal is for people to have an integrated health and social care record which can be appropriately accessed by professionals caring for them

- In England, ICSs and NHS trusts are aiming to have core digital capabilities, including electronic health records, in place by March 2025.

- Services will need to complete DSPT – most are anyway

- Local arrangements and progress vary!

London Care Record – care homes pilot

- Preventing delays when people are discharged from hospital as discharge summaries can be viewed

- Having the full picture of a person's allergies, medical conditions etc.

- Avoiding unnecessary hospital admissions

- Being better placed to respect people's care preferences by having access to their care plans

- Knowing automatically when medication has been prescribed and dispensed

- Being able to view the treatment of people admitted to hospital enabling the home to more effectively plan for their return

- Having access to the right information to answer questions from relatives and reassure them about the care their loved ones are receiving.

First step – needs assessment!

- Choosing a digital record keeping system is very much like care planning; the first step is to assess your needs.

- That list of needs will become the specification of required and desirable features in your new system and inform the list of potential providers.

Solution providers will charge and implement features in different ways, so you must make sure your key needs are properly demonstrated and evaluated during sales meetings and your selection process.

Choosing the right solution pg1

- Compatibility with existing systems, including data migration
- Ease of information sharing
- Able to meet needs of people and staff
- Local infrastructure
- Ease of auditing, monitoring and review
- Safety and security
- Adaptability to future needs
- Assistance with implementation and tech support

Choosing the right solution pg2

- Check for funding opportunities from DHSC/ your local ICS

- Involve staff and people using services

- Read reviews

- Use your networks and events

- Alignment with wider service values

- Read the small print!

Approved Suppliers List and Core Capabilities

- In England, products on DHSC's approved suppliers list have, according to the DHSC, "passed rigorous selection criteria" and "had their solutions checked and assured" that they offer certain core capabilities.

- Should you be considering a system not from an approved supplier, then the core mandatory and optional capabilities can also be used as a checklist.

Core Capabilities – Care Planning and Needs Assessment

- to capture a person-centred care plan

- to undertake and capture care needs assessments using templates/pre-built criteria

- to create care plans using templates/pre-built care plans

- for a provider to add to care plan templates/pre-built care plans

- to involve an individual in the process of planning their own care

- to set a target outcome/goal for the individual receiving care and an associated list of tasks/action

- (optional) for a provider to add to assessment templates/pre-built care plans

- (optional) to measure progress against a target outcome/goal for the individual receiving care.

Core Capabilities – Records and Auditing pg1

- to capture structured data for routine tasks, for example when tasks have been completed, that is linked to the care plan

- to capture unstructured data, for example information about activities, patient comments, etc that is linked to the care plan

- for data to be captured and displayed consistently throughout the system so that it is easy to absorb

- to provide a timeline of the care provided

- to capture written notes

- to capture verbal notes that are converted to unstructured text

- to upload existing third-party documents and images

Core Capabilities – Records and Auditing pg2

- (optional) to capture verbal notes that are converted to structured, interrogatable format such as ICD11 or Snomed
- (optional) to use body maps to capture treatment information
- (optional) to store video information about the care provided
- (optional) to store photographic information about the care provided
- (optional) to read the contents of the record back to the user
- (optional) to provide access to required information about an individual even when offline
- (optional) to automatically update changes to an individual's care record/plan/tasks when a user goes back online
- (optional) to flag where offline and online changes made to an individual's care record/plan/task are contradictory/conflict and require manual resolution.

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Core Capabilities – Staff Planning and Management pg1

- to allocate tasks to the most appropriate staff members

- to provide information about the status of tasks in real-time

- to provide a list of the tasks assigned to an individual care worker showing clearly which are outstanding and which have been completed

- to manually identify priority tasks that require action

- to automatically flag overdue tasks

- to actively calculate an individual's risk and flag the need for a care plan/activity to be reviewed as a result of rising risk

Core Capabilities – Staff Planning and Management pg2

- to generate handover information for shift changes, etc to ensure continuity of care

- to provide an aggregated dashboard view of the status of tasks for a care manager to view

- to record information about the skills, experience and training of staff

- (optional) to enable a provider to define a template list of the skills, experience and training of their staff

- (optional) for a care worker to view care recipient generated information related to specific tasks

- (optional) to flag priority tasks as a result of information from third party remote care solutions in a way that supplements but does not duplicate existing alerts and alarms

- (optional) to send notifications/messages to other care workers.

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Core Capabilities – Access to data

- for an individual to view their own care plan and record
- for an authorised care worker to view, edit and update care plans, assessments and records
- for authorised health professionals to view and edit care plans, assessments and records
- for a version of the care record and plan to be viewable on third-party devices — eg devices owned by health professionals or individuals
- for a provider to set appropriate access controls for who can create, view and edit care plans and records
- to maintain an audit log of all changes to a care record including who accessed the record, the date and what changes were made
- (optional) for an individual to write to and update their own care plan and record
- (optional) for authorised third parties (including family members) to view care plans and records
- (optional) for authorised third parties (including family members) to write to care plans and records.

Core Capabilities – Data sharing

- to export data, including data from locally generated reports, in a flat-file format, such as PDF
- to export data, including data from locally generated reports, in an interrogatable and importable file format, such as CSV
- for documents to be uploaded into an individual's care record
- to produce key information for emergency hospital admissions in a format that is compliant with standards
- to provide read-only access to live data held in primary care systems (eg through GP Connect)
- (optional) to display other live NHS data (eg the summary care record)
- (optional) to provide access to electronic medications administration and recording systems, either natively or through integration with a third-party solution
- (optional) to electronically transfer key information for emergency hospital admissions in a format that is compliant with standards
- (optional) to capture hospital discharge information in a format that is compliant with standards.

Core Capabilities – Management

- for providers to generate, save and amend prebuilt summary reports for individual recipients of care
- for providers to generate, save and amend prebuilt summary reports at a site and service level
- to see a chronology of interactions and activities for auditing/inspection purposes and to manage incidents
- to provide reports that support a provider to meet the Key Lines of Enquiry of the CQC inspection regime
- (optional) for providers to build, save and amend their own summary reports for individual recipients of care
- (optional) for providers to build, save and amend their own summary reports at a site and service level
- (optional) to provide reports, which can be adapted by a provider, that aggregate the specific care needs of individuals in comparison to the skills and capacity of staff to enable effective resourcing
- (optional) to provide reports, which can be adapted by a provider, that show how much time and/or resources have been allocated delivering care to enable business management.

Alternatives to a software/app solution

- SharePoint / Google drive

- Bespoke solutions

Infrastructure and devices

- Office internet connection

- Office computers

- Suitable devices for care staff

- BYOD or company issued?

Choice of devices for care staff

Mobile devices

- Battery life

- Ease of use – even in worst possible conditions

- Robustness

- Hygiene

- In residential contexts – might laptops/PCs be better?

Implementation

- Action plan
- Budgeting and resources
- Involving people
- Involving staff
- Time – for working groups, sales pitches, trials etc

Action plan

Should be appropriate to your service size/type, including:

- Needs assessments
- Selection process - shortlisting
- Sales meetings
- Trials
- Decisions
- Rollout

Ensure it is properly resourced and has a realistic budget!

Involving people and staff

- Champions/ leads
- Working groups
- Meetings
- Surveys/ questionnaires
- Trials and pilots

Inspection of digital records

- Ensure you can make a read-only, temporary log in for the inspectors
- If it is a bespoke or unusual solution, ensure they know how to use it
- If you are keeping records in different languages, ensure they know in advance
- The quality of the records is more important than the system.

However…

- If the system is difficult to use, not being used properly, or not fit for purpose this will naturally have impact on the relevant KLOE/QS

- A good system used well can provide positive evidence in several key areas.

Summary

- Don't rush
- Assess your needs and wants
- Ensure these are addressed during sales/ selection
- Involve people and staff in specification and selection
- Train staff well
- Ensure properly covered in future induction training
- Monitor and review how it works
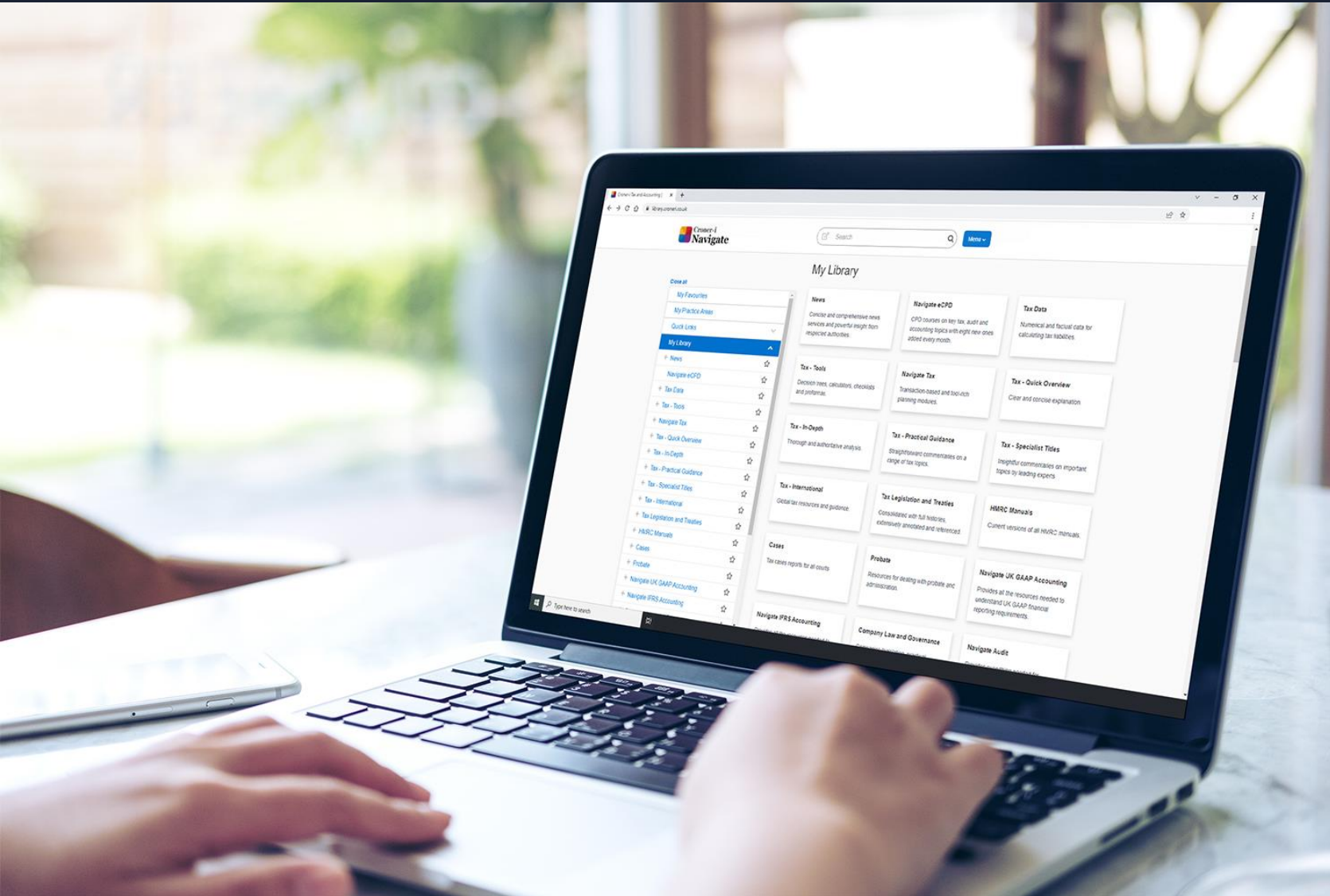- Maintain good record-keeping, auditing and QA

Q & A

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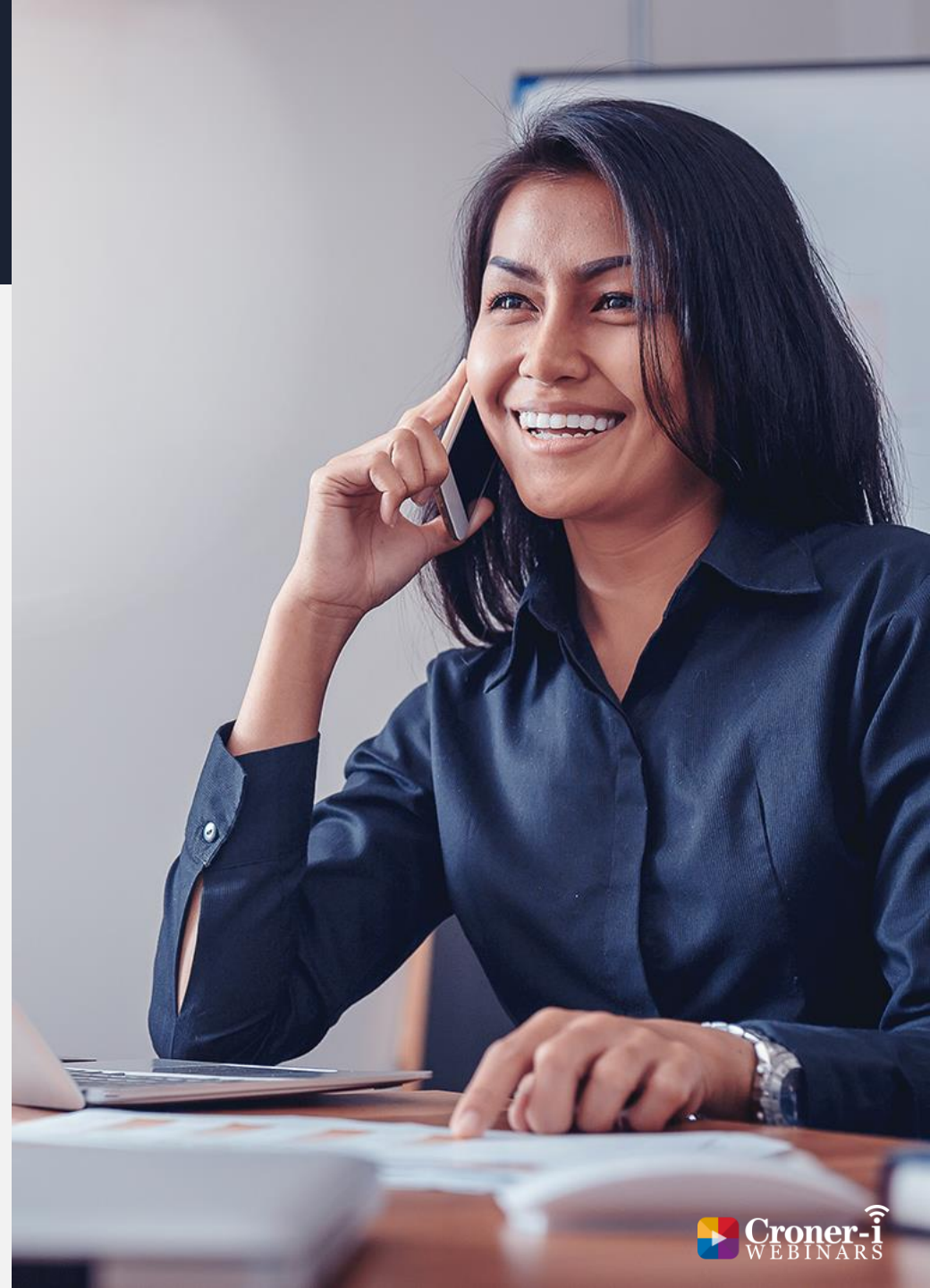WEBINARS

Platform demo

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