



**Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive**

Acute Floor Information System (AFIS)




"OK, I'm now going to read out loud every single slide to you, word for word, until you all wish you'd just die."





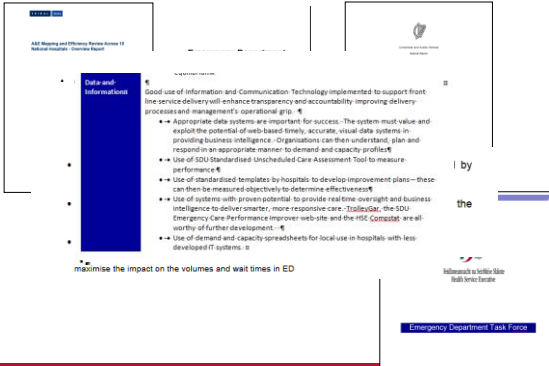
AFIS National Project Board

- Emergency Medicine Clinical Programme -Dr. Gerry McCarthy, Dr. Fergal Hickey, Breda Naddy
- Acute Medicine Clinical Programme - Prof. Gary Courtney, Dr. Yvonne Smith, Blathnaid Connolly
- Acute Surgery Clinical Programme - Prof. Paul Ridgeway, Mary Flynn
- Acute Hospitals – Dr. Colm Henry, Elaine Brown
- CIO - Vincent Jordan, Noreen Noonan, Simon Buckely
- HBS – Miriam O'Rourke
- BIU – Derek McCormack
- HPO – Emer Gallagher
- Other – Avilene Casey, Paediatric Rep, Nursing Rep



History of Project

- Emergency Department Information System (EDIS)
- Unscheduled Care Information System (USCIS)






Data and Information

- Good use of Information and Communication Technology implemented to support front-line service delivery will enhance transparency and accountability improving delivery processes and management's operational grip.
- Appropriate data systems are important for success. The system must value and exploit the potential of web-based timely, accurate, visual data systems in providing business intelligence - Organisations can then understand, plan and respond in an appropriate manner to demand and capacity profiles.
- Use of SDU Standardised Unscheduled Care Assessment Tool to measure performance.
- Use of standardised templates by hospitals to develop improvement plans - these can then be measured objectively to determine effectiveness.
- Use of systems with proven potential to provide real-time oversight and business intelligence to deliver smarter, more responsive care - TrolleyGar, the SDU Emergency Care Performance Improver web-site and the HSE CostSaver are all worthy of further development.
- Use of demand and capacity spreadsheets for local use in hospitals with less-developed IT systems.

maximise the impact on the volumes and wait times in ED


Emergency Department Task Force
March 2015



AFIS Vision and Project Goals


- AFIS
 - Fully functional "paper lite" Clinical Management Information System
 - Clinical & Administrative Management of patients
 - Registration – Triaging – Admitting / Discharging
 - Patient Tracking during journey
 - Practice Improvement
 - Performance monitoring and management of system
 - Interfaced with other important systems (imaging, labs, bed management, etc.)
 - Additional Benefits
 - Embedded Demand prediction, Health Outcome Tracking, Workforce planning, Healthcare Pricing, Research and Evaluation, etc.
- Single procurement framework
- First Implementation Hospital Sites

Relationships Rule



AFIS Key Capabilities

- Facilitate enhanced operational management
 - **End-to-end patient tracking** with flexibility to configure areas in the Acute Floor as required (e.g. for patient streaming within the Acute Floor covering resuscitation, majors, minors, Clinical Decision Unit (CDU, SSU) etc.)
 - Ability to easily **access patient records from any hospital/Acute Floor** within the network;
 - Ability to enter diagnostic codes in line with currently used coding (ICD 10-AM, ACHI, ACS) and create **automatic electronic referral and discharge communications**;
 - Clinical reporting capability to **track outcomes**;
- Move to paper lite status
 - **Receive Electronic Referrals from GPs** / other hospitals / nursing homes, etc..
 - Paper Referrals - scan and store paper based GP referral letters and other paper based documents.
 - Pre-hospital data - **capture pre-registration data and advance notification** of inbound major cases on mobile devices while patient en-route (ambulance, helicopter, doctor, paramedic).
 - Ambulance Times – record ambulance arrival and handover times
- Patient Tracking
 - **Whiteboard functionality** capable of tracking patients and interventions by time, by person performing the intervention within all zones configured in the system. Screen array to include but not limited to, patient name, location, Triage Group, Infection control status, Early Warning Score (EWS), Responsible doctor / nurse, etc.



AFIS Key Capabilities

- Patient Prioritisation
 - Priority Triage Patient Lists based on priority code and elapsed time waiting.
 - Manchester Triage and **Early Warning Scores** / Mental Health Triage/Prioritisation system / Paediatric Triage
 - **WCAI Risk** Assessment
 - Frailty Scores for Elderly Patients
 - Therapies - occupational therapy, physiotherapy and medical social work at the point of triage
 - Special Requirements - patients with **special needs or alerts** for patients with particular clinical histories: e.g. patients undergoing cancer treatment, patients requiring social support, vulnerable adults/children, chronic illnesses, bleeding disorders, drug misuse, alcohol dependency/misuse, allergies, medical alerts, security alerts.
 - Sentinel diagnoses
 - Public Health Surveillance
- Resource Management
 - Stock control ordering including medications
 - Room allocation for patients
 - Equipment allocation
 - Personnel allocation
 - Equipment service registration/ reminders
- **Electronic Health Record**



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AFIS – Facilitating the work

- Facilitate better patient flow
 - From ED / Assessment Units to in-patient admission
 - Across Acute Floor Units
- Better use of clinical pathways and protocols
 - Movement to apps
- Increased use of networking models of clinical services
 - Trauma networks
 - Emergency Care networks
 - Hub and spoke models across clinical model design
- Facilitating role development and task sharing
- Facilitating greater patient access to their medical information
 - Electronic Health Record



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What will be covered (Approx €5m – 5 years)

- Procurement of AFIS for all relevant sites
- AFIS Capital costs
 - Supplier software and implementation system
 - Interface with existing hospital systems
 - Central infra-structure and hosting services
- AFIS Revenue costs
 - On-going support and maintenance
 - On-going interface support for existing hospital systems
 - Data centre hosting costs
- National Project Board Supports



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Project Status

- National Project Group established
- Business case developed in conjunction with national clinical programmes and acute hospitals
- Market Test completed
- Technical Specification well advanced
- Procurement
 - Business Case submitted to DGOU March 2017
 - Peer review process is next step
 - Invitation to Tender document well advanced
 - Procurement Evaluation Group being established
 - Evaluation process to involve relevant clinical services



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System Evaluation Phase

- AFIS Procurement process is a national process and must involve national services
- Companies will be invited to submit their system and a tender to supply AFIS
- Evaluation group will design evaluation process that involves services nationally
- Evaluation group will involve services nationally
- Evaluation group will make recommendation to AFIS National Project Group



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Implementation Sites

- AFIS incorporate into acute floor implementation process
- Change process will be tied to overall business process standardisation and alignment work
- Super users & Training



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Key Risks for AFIS implementation

- We know our current process but can we define our future ones ?
- Are we ready to drop our old workflows and practices to take advantage of AFIS capabilities ?
- Is everybody ready to optimise and think ahead to a future AFIS state ?
- Is the senior leadership real and will the clinical champions have the time to dedicate to implementation ?
- Do we have the time, drive, commitment and capability to see AFIS implementation to the end ?
- How much of a priority will training actually be early in the process ?
- No system will do everything everybody wants

Creating Meaning

- What will this mean for me and my working life ?
- Are you ready to be a role model and adapt to the changes this will bring ?
- How will this impact on quality of service my team provides within the hospital ?
- What will this mean for the status of my hospital nationally ?
- What will this mean for the HSE as an advocate of an acute floor operating model ?
- What will this ultimately mean to the patient and for the patient's experience ?

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Thank You