Clinical Design Conference

18th Sept 2024

Data Environment

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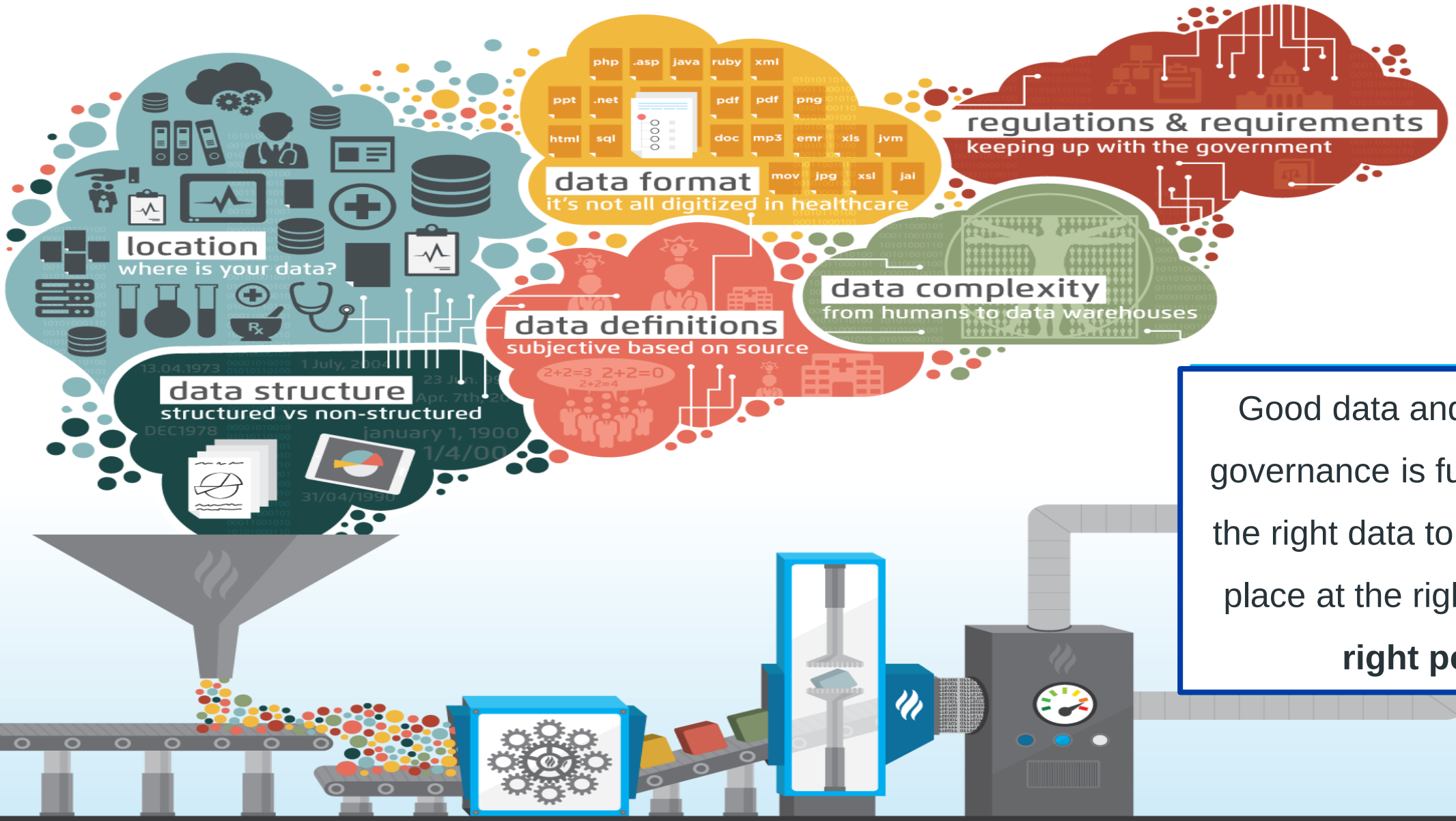
What is Digital Health

- Refers to the use of information and communication technologies (ICT) in health products, services and processes, combined with organisational **change** in healthcare systems and **new skills** to improve health, efficiency and productivity in healthcare delivery

- It is about the digitalisation of health services and processes so that the **RIGHT DATA** about the right patient is in the right place and at the right time to ensure **SAFE** and efficient provision of care services.

WHY HEALTHCARE DATA IS DIFFICULT



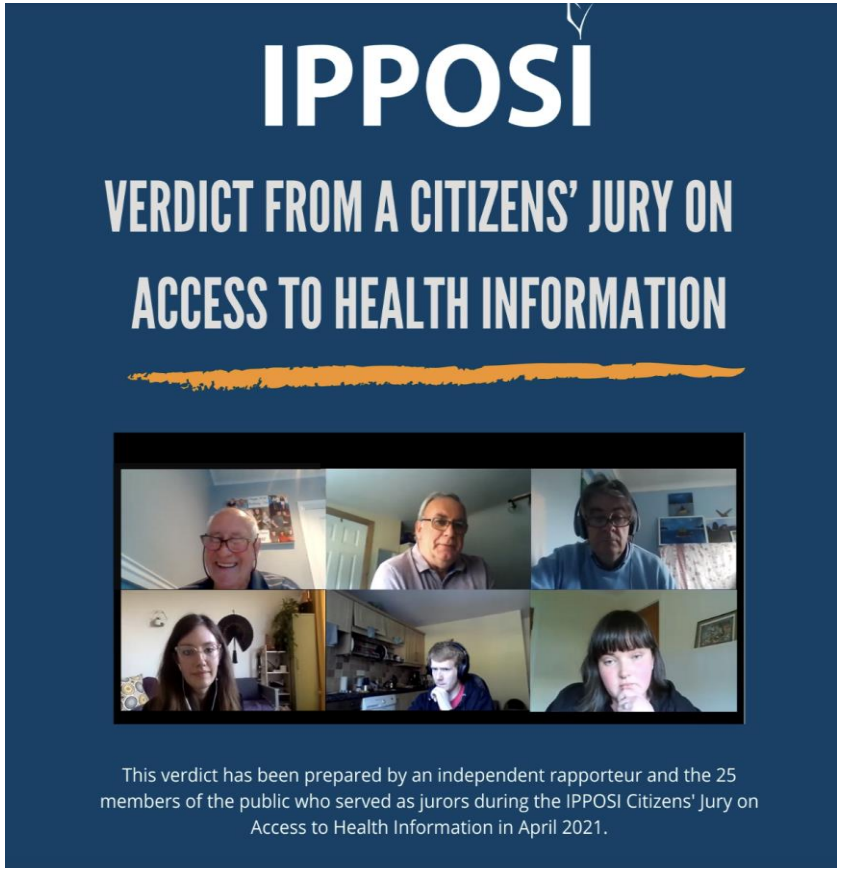
Good data and information governance is fundamental for the right data to be in the right place at the right time for the **right person**

Patient journey can be complex

IPPOSI citizens jury (2021):

Our patients want us to have good data and information

- We need a connected, quality, digital health information system
- We need citizens to be the owners of their own information
- We have a collective responsibility to do the right thing
- We need to be supported to grow trust and confidence in the State
- We need to partner with citizens to design our health information future
- We need to treat data as a national resource
- We have to make consent the cornerstone of everything we do



Data and information at the core of healthcare delivery

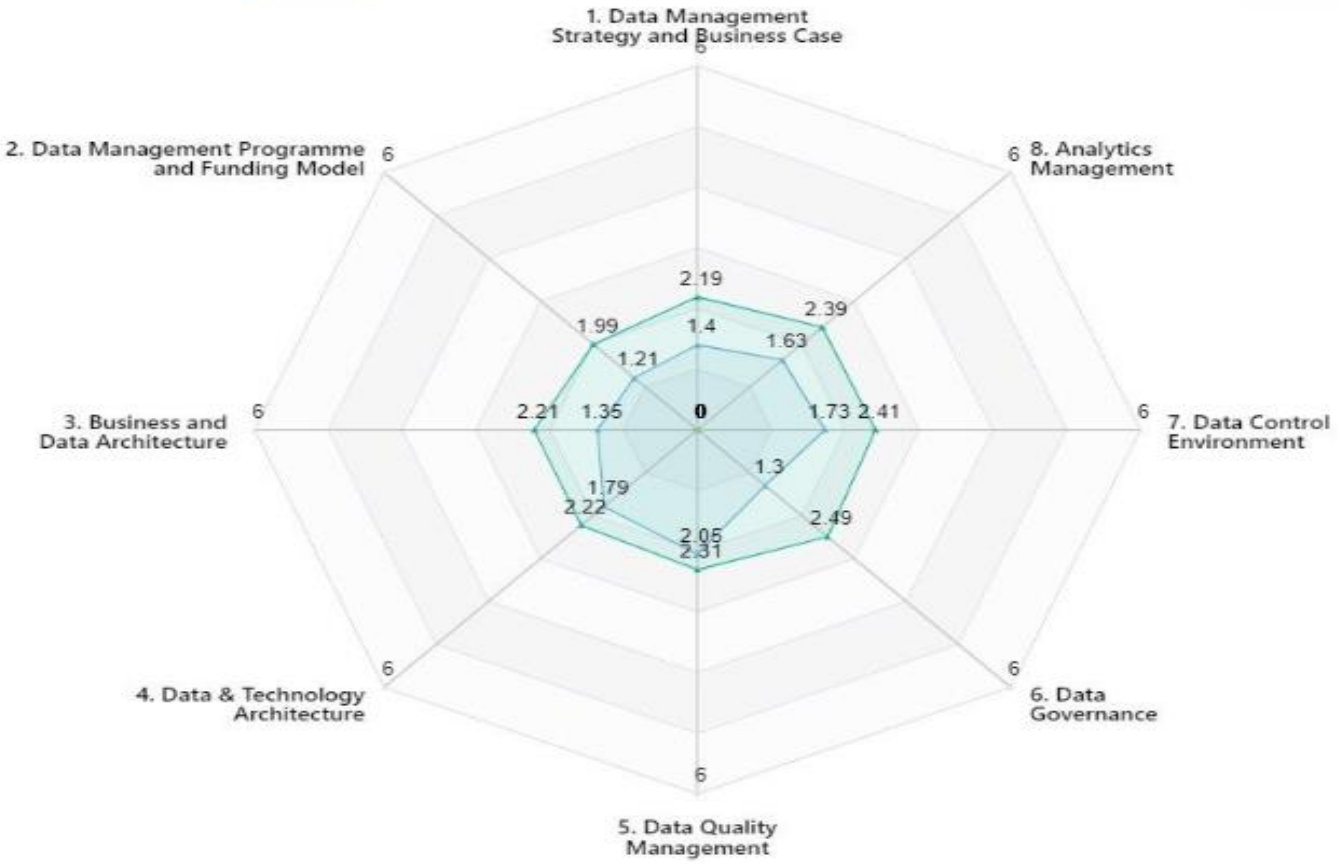
10 systems to get to here

Integrated Care

Data Maturity of the Organisation

DCAM score from survey **2.27**

DCAM score after workshops **1.61**



Survey

- Most services have no DM initiatives in place or in the early 'conceptual' stages of establishing a limited set of capabilities.
- There are some services where efforts are in the 'developmental' stage for some key data management areas.
- Most of the survey comments indicate critical data management gaps and its impacts and risks for the HSE.

Consensus Workshops

- Workshop participants agree that there is no DM efforts centrally and this is a significant gap.
- The scores observed as part of the survey has been consistently seen as higher, when considering organisation level maturity for capabilities.
- There is a need for joined up thinking and efforts to initiate DM across the organisation.

Context

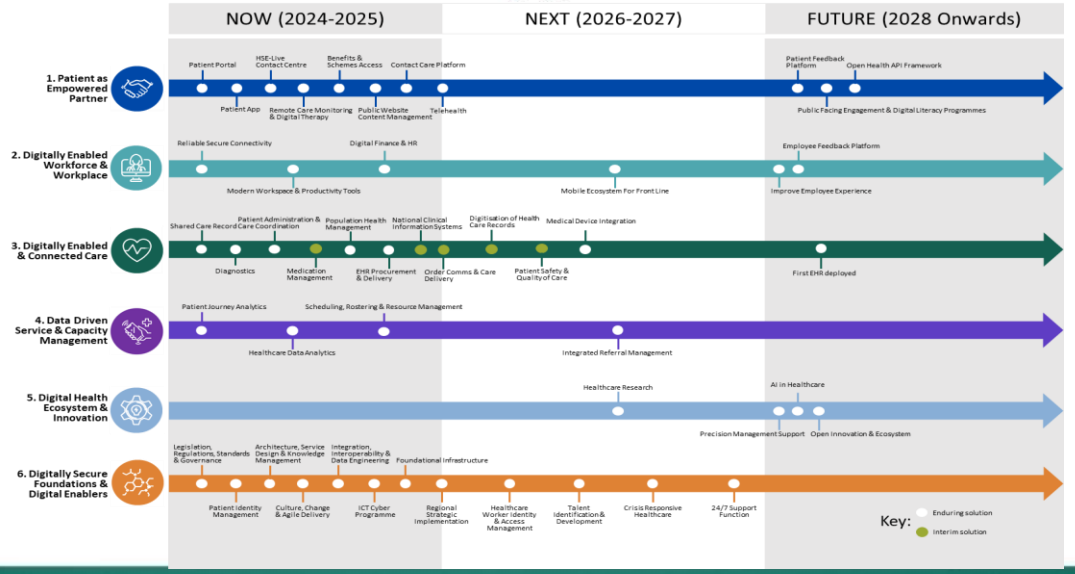
Rialtas na hÉireann
Government of Ireland

Sláintecare.
Right Care. Right Place. Right Time.

Establishment of Regional Health Areas

Rialtas na hÉireann
Government of Ireland

Digital for Care — A Digital Health Framework for Ireland
2024-2030

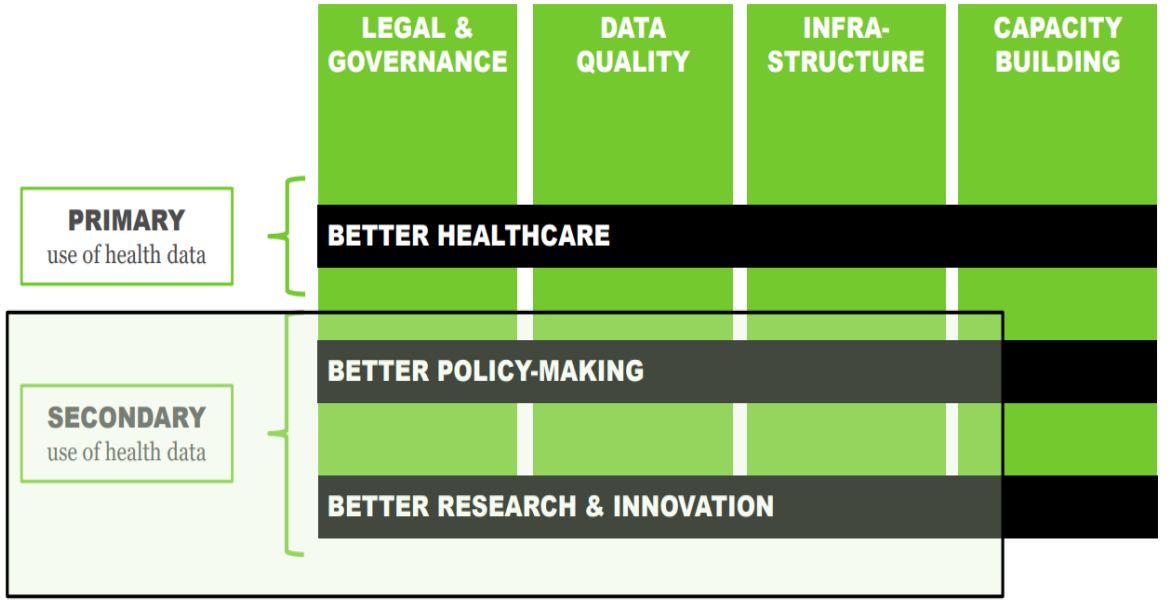


Digital Health Strategic Implementation Roadmap

What is the European Health Data Space

Two new infrastructures will support access to electronic health information

- **MyHealth@EU**
  - standardised and interoperable Electronic Health Records within the EU.
- **HealthData@EU**
  - A consistent, trustworthy and efficient set-up for the use and re-use of health data

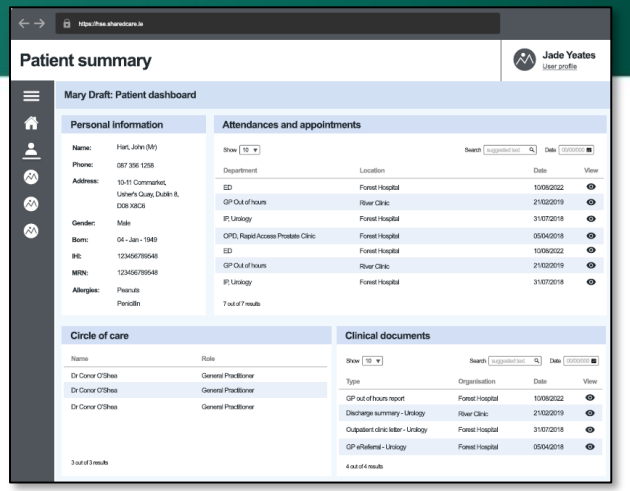


Through **MyHealth@EU** – each person will have access to their personal health records for medical treatment (in Ireland and EU).

Through **HealthData@EU** – access to health datasets for public interest uses.

An Roinn Sláinte
Department of Health

MyHealth@IE Programme

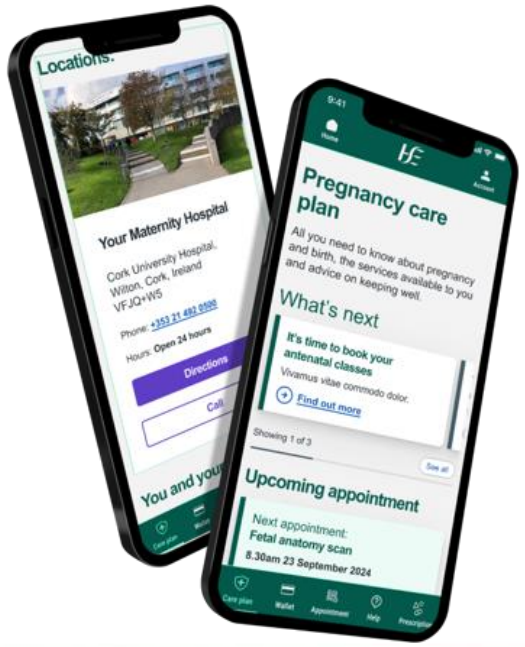


The MyHealth@IE Programme will deliver three important things:

- National Shared Care Record – A new system to bring together health information from lots of different Health Service IT systems, GPs, Hospitals, Community Services, Primary Care Reimbursement Service (Medical Cards), Pharmacies.

- HSE App – Giving patients access to their health information and making it easier to manage your health care through a secure mobile app

- Open NCP/MyHealth@EU – Making the shared care record and HSE App work with other health service systems across Europe. Good for patients when you travel and good for people when they visit Ireland.



Currently CAMHS

Overview of CYPMHS Pathways of Care

Documentation under review for Data Standardisation to realise Integrated Care

CYPMHS Pathway Documentation

Discovery Overview

CAMHS Data Glossary_Pathways

| PATHWAYS | TITLE / PATHWAY STEPS | ELEMENT(S) | | |

Overview of CYPMHS Pathways of Care

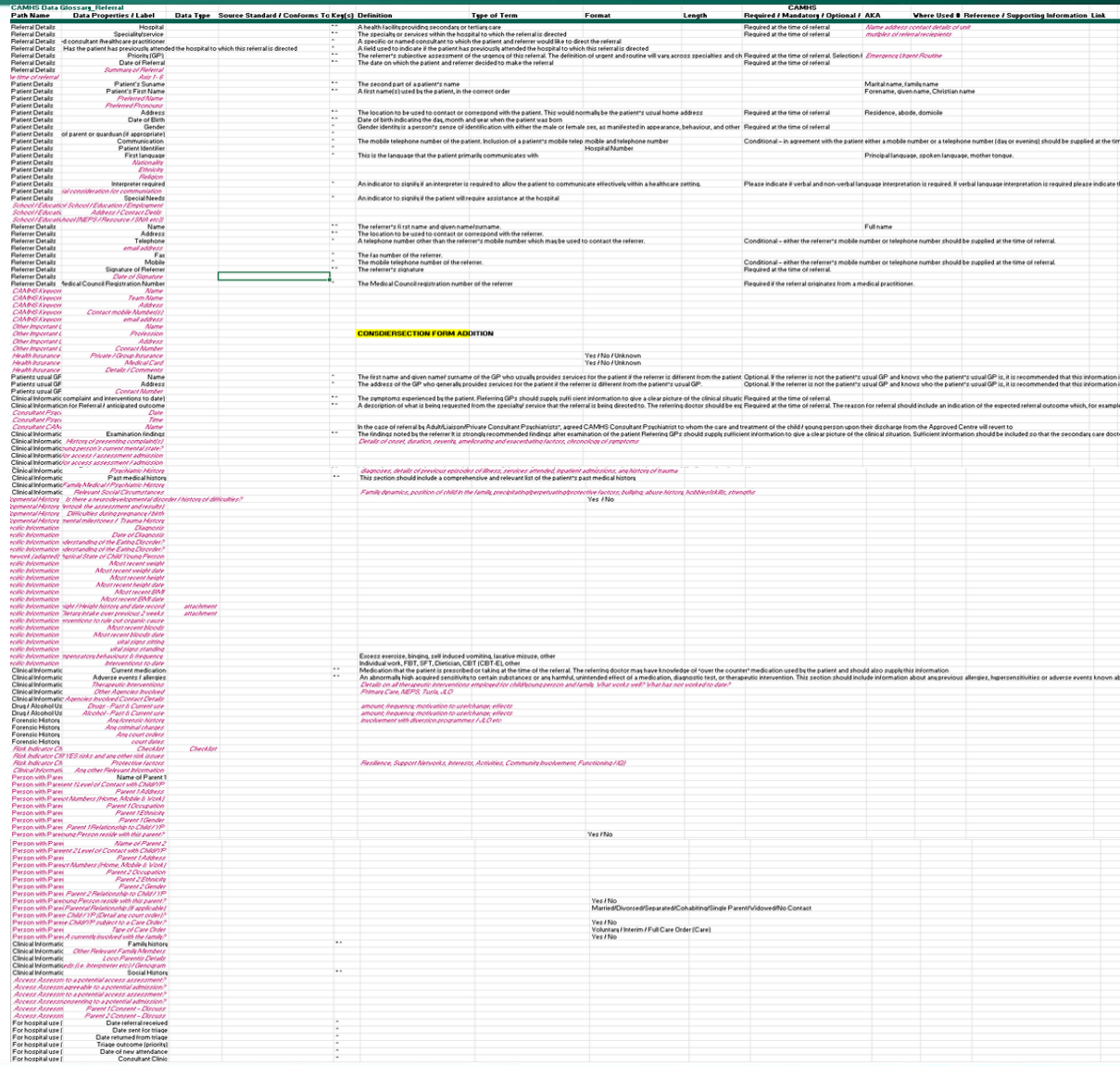
A closer look at one document:

CYPMHS Approved Centre Referral

= Standardised fields

= No Standardisation:

requires review against clinical requirements, governance and standards data requirements, governance and standards etc.



What our clinicians tell us…….

1. Integrated Healthcare Prioritises the Patient:
To put patients at the centre, healthcare systems need standardised and integrated data to effectively use digital solutions. Data and processes must be aligned to ensure continuity, providing one care plan for each patient, avoiding siloed care experiences.

2. Safe and Effective Care is Clinician-Led and Technology-Supported:
Safe and effective care is driven by clinicians, not by introducing ICT solutions or software. Clinicians need to work in safe environments, have the right skills, and follow well-supported standardised workflows. Electronic Health Records (EHRs) should then enhance workflows and allow for greater efficiencies, greater clinical understanding and fundamentally better outcomes. Digital clinical infrastructure must be clinically sponsored, driven, and overseen to provide the necessary assurance to healthcare professionals who rely on them for patient care. In this context, EHRs act as tools to support—not replace—clinicians in delivering high-quality, patient-centred care.

3. National Standardisation is Urgently Needed:
Digital solutions should be built upon standard clinical workflows that apply across healthcare institutions. This requires national effort and ownership of leading standardisation, involving regulators and health service bodies, to ensure consistency in care delivery across the system.

Learning from others

The National Programme for IT in the NHS – A Case Study

The 1992 NHS Information Management and Technology (IM&T) strategy was the first truly nationwide NHS IT strategy, and identified five main principles for the use of information in the health service (Brennan, 2005):

1. Information should be person-based;
2. IT systems should be integrated;
3. Information should be derived from existing operational systems;
4. Information should be secure and confidential; and
5. Information should be shared across the NHS.

The 1992 IM&T strategy saw the introduction of a number of key pieces of infrastructure which still exist today, such as the NHS Number, shared NHS administrative registers (NHSARs) and the NHS-wide information network *NHSnet*.

Programmes initiated under the 1992 strategy included the EPR Programme, which ran from 1994-97 in Queen's Hospital, Burton, and Arrowe Park Hospital, Wirral. This six-level EPR system was a great success in the two hospitals covered, and enjoyed overwhelming 'buy-in' from stakeholders at both sites. However, the programme's full evaluation report was never made public, which may have led to later opposition to similar EPR systems elsewhere (Brennan, 2005).

Aim of this case history

This case history of NPfIT investigates what went wrong with the programme, identifying three main themes:

- *Haste*. In their rush to reap the rewards of the programme, politicians and programme managers rushed headlong into policy-making, procurement and implementation processes that allowed little time for consultation with key stakeholders and failed to deal with confidentiality concerns;
- *Design*. In an effort to reduce costs and ensure swift uptake at the local levels, the government pursued an overambitious and unwieldy centralised model, without giving consideration to how this would impact user satisfaction and confidentiality issues; and
- *Culture and skills*. NPfIT lacked clear direction, project management and an exit strategy, meaning that the inevitable setbacks of pursuing such an ambitious programme quickly turned into system-wide failures. Furthermore, the culture within the Department of Health and government in general was not conducive to swift identification and rectification of strategic or technical errors.

Consequences of not standardising

- **Impact successful implementation of our national health policies** - Integrated care requires integrated information
- **Patient safety -** clinical documentation and the data it is based on are foundational for successful clinical interactions and outcomes
- **Professional risk to clinicians**
- **Overwhelm – too much data in too many different places**
- **Different ways of representing what we do**
- **Documentation burden**
- **Decreased efficiency and accuracy**
- **Poor reporting, analytical and visualisation capability**
- **Poor research capability, quality measurement and performance benchmarking**
- **Interoperability problems**
- **Higher operational costs resulting in financial loss**

The ASK

Stand up a clinically led clinical data and clinical documentation standardisation programme

Thank you