

EPR Project – Paris Implementation

This report provides an overview of the third roll-out of the PARIS system within the Trust. It completes Phase 1 of the PARIS Implementation. The report describes the process undertaken during the final migration, lessons learnt from previous rollouts and the current status of the Project.

Executive Summary

- All activities prior to implementation were completed successfully
- Data had been successfully migrated from the CareNotes system to the Paris system for all remaining services.
- The Paris system went live for Older Adult Services and Specialist Services Teams as scheduled on 24th November.
- All Services which had previously used CareNotes had been successfully migrated to Paris.
- Continued training, guidance, support and communication is going to be key over the next 12 months to ensure that PARIS becomes embedded into operational and clinical practice. Staff need to become as familiar with PARIS as they have been with Carenotes which they have used for 15 years.
- Work is now progressing on Phase Two of the project.

Strategic considerations

The Delivery of the PARIS system is supportive of the Trusts Strategy. Specifically;
Outcome 1: People receive the best quality care- The migration to PARIS is the first step towards a fully electronic patient record system. This provides one single source of clinical information relating to a patient and visibility of the patient record (with appropriate controls) across team irrespective of geographic location.

Outcome 2: People receive care that is joined up and easy to access. PARIS provides a single view of the patient ensuring that the Trust internally are aware of all the information relating to that patient at the point of contact.

Outcome 3: The public have confidence in our healthcare and developments. Public perception that staff who are cognisant of all prior contacts with the Trust understand their needs more fully.

Outcome 4: Care is delivered by empowered and compassionate teams. Paris is a key enabler to allow teams to deliver services where the service user wants it.

(Board) Assurances

- To assure the committee that the first Phase of the PARIS Project has been successfully completed.
- To assure the committee that work continues to progress the second phase.

Consultation

- No prior consultation has taken place on this report

Governance or Legal Issues

- None

Equality Delivery System

- There are no EDS considerations within this report

Recommendations

The Board of Directors is requested to:

1. To acknowledge the significant amount of work that has been undertaken by the team to deliver the EPR system so far.
2. To note that all necessary activities set out in the Business Readiness Plan have been successfully completed.
3. The Paris system is now live in All Services which had previously used CareNotes. CareNotes is available in read only form for reference purposes

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REPORT ON THE IMPLEMENTATION OF THE PARIS SYSTEM

INTRODUCTION

This report provides summary information on activities carried out by the EPR project team leading up to implementation, the cutover weekend processes and a review of live running.

BACKGROUND

The Paris system is being implemented in two phases :-

In **phase one** Paris replaces CareNotes and any tasks currently completed in CareNotes are instead carried out in Paris. The first implementation into LD took place in April 2014. The second Roll-out was into Adult Services, Crisis teams and MHLT on 13th October and the final roll-out into Older Peoples Service and Specialist Services on 24th November.

In **phase two** users will be introduced to the extra features in Paris such as e-prescribing and off-line working, and all patient data will be updated electronically instead of paper. This second phase of the implementation project has now begun.

Within each roll-out a similar approach was taken to managing the implementation with the use of the Business Readiness Plan which covered the three phases of pre-implementation, Cutover and Go-live support. Previous Trust Board updates focused on the Roll-out One and Roll-out Two implementations. The final Roll-out, number three, included all of the remaining services within Older Peoples and Specialist Services including CAMHS.

LESSONS LEARNED

In line with good project governance a review of the activities undertaken during Roll-out Two had identified some areas where improvements could be made. The following lessons learned were put in place prior to the Roll-out Three cutover:-

| "Lesson Learned" | Actions |
|---|--|
| On-site support during the first few days of live running is very beneficial. | Identifying areas where support is required the most and having a floor walker present to resolve any issues during this period. There would be two weeks of go live support. Two more trained floor walkers were included for rollout 3 than were available for Roll-Out Two. |

| “Lesson Learned” | Actions |
|---|---|
| <p>Staff need to book onto training courses earlier. Many of the earlier training places were “lost” as staff had not booked onto them at the beginning of the training period. More courses had to be provided. Bookings for Roll-out Three courses are already being monitored and staff and their managers are being reminded that they must book onto training courses. Trainers provide on-site go-live support so any additional courses required will dilute the level of support.</p> | <p>Managers had received regular email reminders to show who had booked on with the managers responsible for chasing staff members. Updates were provided in manager meetings and managers reminded face to face that they need to ensure staff booked on.</p> |
| <p>Attendance at classroom training is a pre-requisite to being given access to Paris. Staff receiving training on the Friday immediately prior to the go-live Monday did not have access as the process was too slow. This process has been improved.</p> | <p>Rather than submitting names after staff have attended classroom training, names of all staff booked onto courses this week were included in the Staff & Team Setup during migration.</p> |
| <p>During the loading of migrated data into Paris an attempt was made to process two programs simultaneously. This resulted in both programs running extremely slowly. Once they were changed to run consecutively the processing speeded up considerably. The programs will process consecutively in Roll-out Three. This did not affect the overall cutover timescales but more time/resource was spent rectifying this issue.</p> | <p>The cutover schedule was changed so that these two jobs run consecutively not simultaneously.</p> |
| <p>It was anticipated that the lack of access to systems during the cutover would adversely impact letter processing and distribution. A combination of an existing backlog going into cutover, technical format problems with letters on Paris and staff being unfamiliar with Paris resulted in a higher impact than expected. Before Roll-out Three the formatting issues will be fixed.</p> | <p>It was agreed with Joe Wileman and Julie Scattergood that typing will continue throughout the cutover period into MS Word so that letters could be processed and distributed. When Paris became available on 24th November these completed letters were be loaded into Paris.</p> |

| “Lesson Learned” | Actions |
|--|---|
| <p>By the time we implement the remaining services on 24rd November staff will have had six weeks to get familiar with the new system. These staff could provide “advice and guidance” to their counterparts in the Older Peoples service.</p> | <p>Request made to General Managers to support and encourage knowledge sharing between roll out 2 and roll out 3 staff. This message was included in communications.</p> |
| <p>Despite users being involved throughout the design, development and testing stages they are not able to fully understand all features until they are used in a live environment. A “hints and tips” feature has been incorporated into the EPR site on Connect to enable staff to support colleagues.</p> | <p>A guidance page was set up on the EPR site which contains guides for users. These were topics which haven’t been covered in detail in training. To support Roll Out 3 staff who produce letters, a crib sheet containing hints and tips which focuses on the production of letters in Paris was created and distributed.</p> <p>A specific “instruction sheet” was distributed before Roll-out Three implementation advising all staff how to use the most commonly used features of Paris eg letter printing.</p> |
| <p>More focus will be placed on ensuring that data in CareNotes is cleansed prior to migration and staff and team details are correct. This reduces the need for post implementation updates on the Paris system.</p> | <p>Staff to Team List was emailed to all individual staff for verification.</p> |
| <p>Staff were encouraged to report ALL issues to the IT Helpdesk in the first instance. This resulted in a dramatic increase in the number of helpdesk calls. The number of staff in this roll-out was four times greater than LD and across a far more disparate range of services. The range of calls included software bugs, requests for “advice and guidance” and Business As Usual requests. This made it difficult to categorise and prioritise issues which were being experienced by several users.</p> | <p>Calls would be identified by keywords eg “letters” or “clinics” etc so that like calls could be grouped together for more effective resolution.</p> |

| “Lesson Learned” | Actions |
|---|--|
| Priority issues have been identified relating to production of letters and clinic configuration. Action plans have been put in place to address these. Letter formatting issues will have been resolved for Roll-out Three and a more structured plan to configure clinics will form part of the Business Readiness plan. | The major letter printing issues experienced in Roll-out Two had been resolved. The way in which Paris works is different to CareNotes and users were still getting familiar with how Paris works operationally. If necessary, change requests would be made to Civica to incorporate additional Trust requirements. |
| To enable support staff to deal with calls more effectively both user staff and staff manning the IT service desk will be asked to include more detail with the call and categorise for prioritisation. | Instructions had been sent out to GEM and Trust staff |
| The detailed Business Readiness Plan ensured that all actions which needed to be carried out were successfully completed | All relevant tasks were on the business readiness plan for the cutover period and marked as done once complete. |
| Regular updates to project board during pre-implementation, cutover and live running provided the project board with the assurance that work was progressing satisfactorily. | The same process was used that was used in Roll-out Two. Updated dates/times were published after the ATP meeting on Monday 17 th November. |

PRE-IMPLEMENTATION

Following the implementation of Roll-out Two daily conference call meetings had been held with Project Board to review go-live support.

- The final cutover would begin at 22.00 Tuesday 18th Nov. The first activity of extracting data from CareNotes would require all users to be logged off.
- During the cutover period no updates would be applied to CareNotes but all users would have READ ONLY access
- During the final stage of data migration – the loading of data into Paris – no updates would be applied to Paris but users would have READ ONLY access.
- A Project Board Meeting was held at 17.00 Monday 17th Nov to approve the Clinical Safety Case which gave the approval to proceed (ATP) with the cutover.

- The process for updates to Project Board during the cutover period were agreed at that meeting
- Times of decision checkpoints including the “go-live” decision were agreed at that meeting.
- It was felt that the way the Project Board had been kept informed during previous implementations had worked well and arrangements for Roll-out Three were based on that model.

(Minutes of all Project Board meetings are forwarded to ELT)

The pre-scheduled Project Board conference call to request ATP was held at 17.00 on Monday 17th November.

The purpose of the meeting was to review the Clinical Safety Report and give approval that the cutover could go ahead.

It was noted that a Clinical Safety Report was not strictly necessary as Paris was not connected to the central spine but it was agreed that it was “best practise” to adopt this approach which had also been used for Roll-out One.

It was noted that:-

- Staff involved in Roll-out Three had received training
 - 478 staff had attended Core Community courses
 - 145 staff had attended core inpatient courses.
 - 62 staff had attended specialist outpatient courses
 - 25 staff had attended specialist day hospital courses
- As some staff had not been able to attend training courses prior to implementation additional courses were scheduled for immediately after the go-live date.
- “Super Users” had received additional training to enable them to support colleagues
- A cutover plan was in place and used to monitor progress
- There were no HIGH priority testing issues (showstoppers) outstanding
- Staff would have READ ONLY access to CareNotes during the cutover.
- Staff had been reminded that following this implementation all electronic patient records can only be updated in Paris. CareNotes would still be available as read-only for reference and paper records were still being used.

It was agreed that:-

- The Clinical Safety Case Report be approved
- The cutover could begin as scheduled.
 - During the cutover period Project Board would be kept informed of progress by daily telephone conference calls.

CUTOVER

The actions set out in the Business Readiness Plan were followed. The first task, to extract data from the CareNotes system, began at 22.00 on Tuesday 18th November. These records from CareNotes were transformed into a format required by the Paris system, loaded into Paris and then extracted into the Data Warehouse. Records of 75,951 patients were migrated.

On Saturday 22nd November all members of the EPR Project Team, including Dr Mary Wheatcroft, and representatives from the teams who had supported the User Acceptance Test process, worked on visual validation of the data, using the system to enter live data and reconciling record counts to ensure that all patient records had been successfully migrated.

User representatives on site:-

| Name | Service | Location |
|--------------------|----------------------------|------------------------------------|
| Angela Wilkinson | Memory Clinic | Albany House, Kingsway |
| Robert Abercrombie | Resource Centre OPD | LRH |
| Tracey Gore | YPSS City | Temple house, Millhill Lane, Derby |
| Anne Munnien | YPSS County | Temple house |
| Jayne Bradshaw | Amber Valley Recovery & PF | Belper, Ripley Library |
| Louise Hamilton | CMHT older adults | Chesterfield |
| Kara Whitford | CAMHS | Dale Bank View |
| Graham Halden | CAMHS | Temple House Clinic |
| Joanne Longdon | Midway Day Hospital | Ilkeston |
| Hannah Cook | CMHT older adults | |
| Ann North | Amber Valley Recovery & PF | Belper, Ripley Library |

The outcome of the cutover weekend activities was:-

- An “end to end” reconciliation confirmed that all records extracted from CareNotes had been successfully loaded into Paris and subsequently the DataWarehouse.
- A total of 10 patient records were visually checked in detail, each patient record taking approx. one hour to check.
- All scheduled activities included in the Business Readiness Plan had by then been successfully completed

Throughout the cutover process all Project Board Members had been kept informed of progress against the plan. At 14.00 on Saturday, as scheduled, a further “Go/No Go” conference call took place with members of the Project Board and members of the Project Team who had been undertaking the checks outlined above at Kingsway House also on the call.

Discussed on the call were:-

- All planned actions had been completed successfully
- Record counts had been fully reconciled
- Each visual check of how the patient record now appears in Paris is a very thorough, field by field comparison of what it looked like in CareNotes.

The following list of issues had been identified during the validation process were discussed concentrating on those that remained outstanding. Clarification questions were asked – and answered. It was agreed that none of these was a HIGH priority which would prevent go-live. (after meeting note – all of the outstanding issues were successfully fixed during the weekend with the exception of the issue of inbox notifications which was a Paris problem which had to be referred to Civica).

| Severity | Description | Action | status |
|-----------|--|--|-------------------------------------|
| 1: Major | CNID 68083 - missing text in FACE Risk | | Resolved |
| 1: Major | CYP-IAPT session - Yes/No values reversed | | Resolved |
| 2: Medium | GP name not appearing in Paris | GP no longer at that practice. User needs to update in Paris. | Resolved |
| 2: Medium | CYP-IAPT Psychology profession count not present | Reprocessing to re-migrate | In Progress. Completed 4pm 22/11/14 |
| 2: Medium | Inbox notifications not working correctly - when notifying an individual member of staff it send the same notification to all in that team | This is not incorrect but how Paris works. This is a user perception of how notifications could work | Logged with Civica |
| 2: Medium | Paris ID 197295 and others... care docs. Symptom Tracker group rating scales not migrated across. Clinician feels this is essential information. | Reprocessing to re-migrate | In Progress. Completed 4pm 22/11/14 |
| 2: Medium | Paris ID 204167 Care docs RCADS document information has not been populated. | To be investigated | In Progress. Completed 9am 24/11/14 |
| 3: Minor | When creating a new face risk screen assessment CAMHS form (and when doing a Face risk profile older adult) A message box appears with nothing in it saying 'Review assessment links to planned reviews (see screen shot below) this happens in all client records | As designed | Resolved |

- Clinical staff stated that they were happy with the work which had been carried out over the weekend.
- Civica confirmed that they were happy with the work which had been completed
- Each project Board member was asked in turn if they could give approval for Paris Roll-out Three to go live. All members agreed. Paris Roll-out Three would go live at 9.00 24th November 2014.
- It was, therefore, confirmed that the system could go live and Ifti Majid thanked all staff who had worked during the cutover to get to this stage.

- It was agreed that Project Board would hold a daily conference call at 16.30 each day w/c 24th November to review live running.

GO LIVE SUPPORT

All go-live support arrangements had been documented in the Business Readiness Plan. It was not possible to have a member of the team in all locations so this was limited to the key sites :-

- Hartington Unit/CRH
- Radbourne Unit/RDH
- London Road Community Hospital
- St James House
- Temple House
- Bankgate (Swadlincote)
- Ilkeston Resource Centre
- Kingsway

Super users who had received training additional to the core classroom training were also able to provide on-site support.

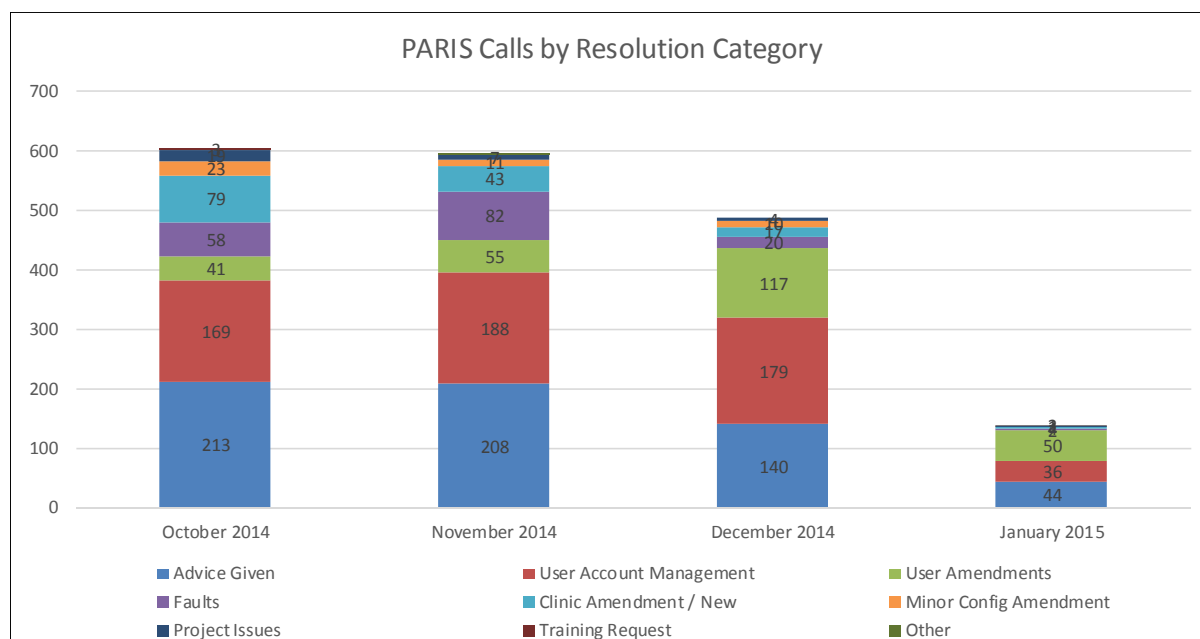
All other members of the Project Team were based centrally at Kingsway House.

In order to monitor how the system was performing and review all reported issues a daily review took place from 15.00 – 16.00 involving representatives from the project team, DHIS and Civica.

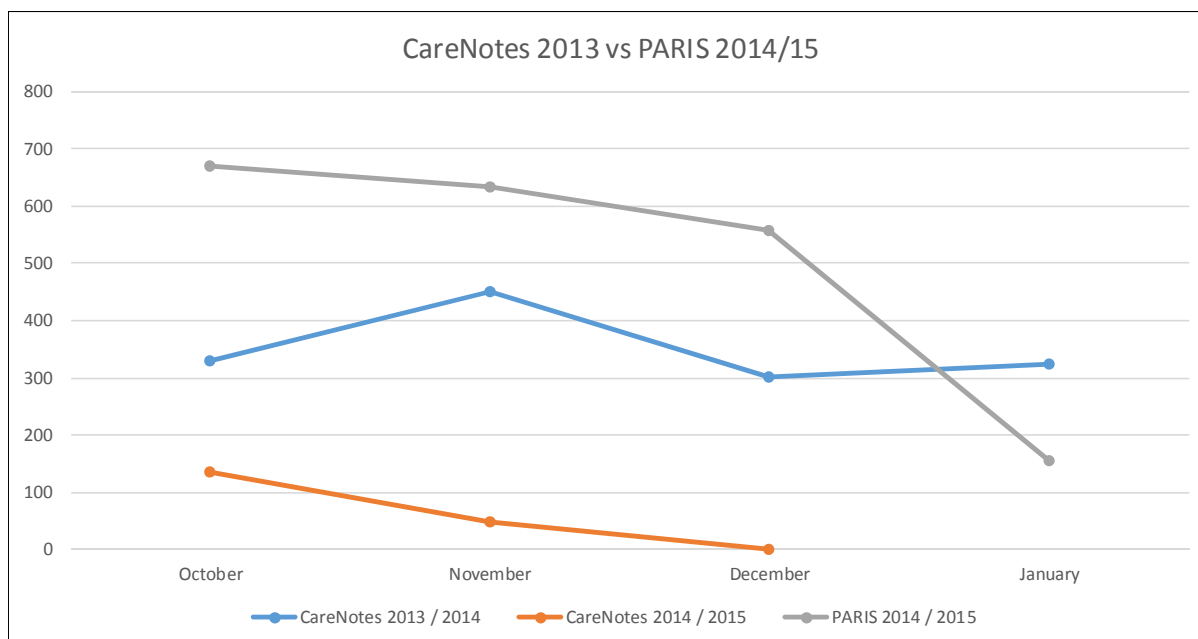
Daily updates to the Project Board were provided.

Summary of reported issues:-

All users and the project team providing on site support were requested to report all issues through the IT help desk in the first instance to enable a complete picture of problems to be seen.



| Type | Description |
|--------------------------|---|
| Advice given: | General advice on how to use the system |
| Faults: | Reported and resolved faults |
| Project Issues: | Issues which were as a result of the migration to the PARIS system which have been resolved |
| User Account Management: | New accounts created, password resets, amendment of access rights |
| Clinic Amendment / New: | Creation and amendments of outpatient clinics |
| Training Request: | Requests for training |
| User Amendments: | Correction of user errors, such as adding documents to the wrong patient record |
| Minor Config Amendment: | Additions to pick lists etc. for non NHS Data Dictionary items i.e. case note types |
| Other: | Others not specified above |



| Type | Description |
|---------------------|---|
| CareNotes 2013/2014 | Showing the number of CareNotes calls during October, November and December 2013 and January 2014 |
| CareNotes 2014/2015 | Showing the number of CareNotes calls during October, November and December 2014 and January 2015 (up to 14th January 2015) |
| PARIS 2014 / 2015 | Showing the number of PARIS calls during October, November and December 2014 and January 2015 (up to 14th January 2015) |

On-going support

A key issue following both implementation roll-outs was that staff were taking time to become familiar with the new system. Although the functionality is the same in Paris as that in CareNotes the way in which the systems is used is very different. All staff had received classroom training. In order to help staff familiarise themselves with the new system and provide complementary guidance on specific aspects the following initiatives were undertaken:-

Paris Guidance – If users are unsure how to do something in Paris they can look at the information held on the Paris Guidance page of the EPR site on Connect. On this page they can find the full training guides and extra information that focuses on the main topics raised by users, including Paris letters. To help users who work with letters, the Paris Training Team has produced guides for Clinical Letters and Outpatient Batch Printing.

IT Helpdesk – All Paris issues were raised by email through the IT Service Desk or, if urgent, by telephone. Paris calls were 'fast tracked' to the IM&T Service Management help desk. To help the team resolve queries as promptly as possible, individuals are instructed to provide as much detail as possible.

Paris Top Tips – the most Frequently Asked Questions posed by users, when contacting the IT Helpdesk or a member of the EPR Project Team, are answered and circulated to all Paris users on a weekly basis. These Paris Top Tips can also be found on the Paris Guidance page. Topics covered so far:

- Entering Emergency Events
- Organising your Tree
- Searching for older Case Notes
- Associated People – Updating Contacts Migrated from CareNotes
- Clustering
- Navigating my history in Paris
- Reversing a discharge
- CPA Reviews
- Referring on to another Team
- Recording Armed Forces Veterans
- Creating Admin letters
- Re-opening/un-authorising e-signed letters
- Letters that print off twice
- Re-instating clinic sessions
- Waiting lists
- Unable to Cut and Paste into Paris
- Using Cut and Paste with Calibri font
- Team address in Letters
- Deleting Admin

Paris User Groups have been set up for :-

- Users – The initial meeting was held in December. In January 'refer on and Duty Desk' will be covered. In February the topic will be production of reports.
- Medical Secretaries – initial meeting on 28th January covering Letters and Clinics.
- Medics - visited TMAC to offer support/extra training and to establish the best way to deliver. Further engagement to provide more specific support to consultants and doctors is being progressed.

Paris News

- There are monthly updates on Connect

Manager Meetings

- EPR project is an agenda item for monthly operational management meetings.

Training

- Scheduled classroom training for Inpatient staff continues until the end of January.
- If requested, Specialist training is provided with teams/individuals (e.g, Research and Development)
- When the scheduled courses have finished all Paris training will be provided by Business As Usual once the EPR project comes to an end. The need for Paris training will be greater than that for CareNotes as more staff will be using the system and there is greater reliance on viewing and updating electronic clinical data. The model for training provision is currently being finalised and will be introduced from February onwards.

General

- Many of the issues which have been raised have been represented as “missing data”. Investigations have concluded that data – especially that migrated from CareNotes – is not missing but staff having difficulty locating it within Paris.
- The Paris system is designed differently to CareNotes and is essentially driven by referrals – the receipt of an external referral and subsequent internal referrals as the patient moves through their care pathway. Understandably some staff are finding it difficult to grasp this concept and are still thinking in terms of CareNotes rather than Paris. It is important, therefore, that all of the support initiatives above are continued to ensure that staff feel comfortable using the system and can make effective use of it.
- The EPR project team are also exploring the development of additional features in Paris such as an equivalent to the in CareNotes Caseload View (CAI) which succinctly summarised consultants’ caseloads and clearly indicated review dates for PbR, Risk Assessments etc. This will support the transition from CareNotes to Paris.

PHASE TWO

E-Prescribing

Civica are progressing with the development of the updated prescribing module. The Trust is currently in discussion with Civica to consider whether to partner with them to undertake Beta testing of the product.

Off-line working

Initial discussions and workshops have taken place with Total Mobile to finalise the design of a pilot solution which Total Mobile will develop. The Dales and High Peak team will be taking part in this pilot as they are representative of Community Teams and were also involved in the initial EPR pilot. Detailed cost quotations and project timescales will be received by the end of January 2015.

Electronic Forms

Work has now started to identify all paper forms currently in use and convert them to electronic input format.

| | |
|-------------------------|-----|
| Forms identified so far | 113 |
| Forms designs agreed | 35 |
| Forms developed | 34 |
| Forms tested | 25 |

All tested forms will be presented to Clinical Reference Group for final sign off prior to being introduced in a controlled way throughout the Trust.

SUMMARY

- All activities prior to implementation were completed successfully
- Data had been successfully migrated from the CareNotes system to the Paris system for all remaining services.
- The Paris system went live for Older Adult Services and Specialist Services Teams as scheduled on 24th November.
- All Services which had previously used CareNotes had been successfully migrated to Paris.
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