

Date: 29/02/2016


FREEDOM OF INFORMATION REQUEST 012620 – Length of stay/medication errors

In the interest of making this information as easy as possible for you to provide, I have worded my questions and provided simple, multiple choice answers.


Please can you provide information on the following:

What is the anticipated timeline for when your Trust shall focus upon these challenges?


1. Improving patient length of stay by improving patient flow through the Trust with the support of best practice guidance:

- ? It is currently a focus 
- ? 2017-2018
- ? 2018-2019
- ? Not a priority

2. Reducing prescribing and medication errors by improving utilisation of e-prescribing with the support of best practice guidance:

- ? It is currently a focus
- ? 2017-2018
- ? 2018-2019 
- ? Not a priority


3. Reducing inappropriate ordering of tests and investigations by utilising computerised order entry with the support of best practice guidance:

- ? It is currently a focus 
- ? 2017-2018
- ? 2018-2019
- ? Not a priority

How will your Trust realise the improvements to these problems:

On-going development and associated monitoring by use of internal reporting solutions and dashboards will identify the success of the aforementioned initiatives.

4. Improving patient length of stay by improving patient flow through the Trust:

- Do it ourselves with our own resource and utilise existing modules and/or functionality within our PAS/EMR 
- Use third party solution(s) that provide best practice guidance and simple integration with the Trust PAS/EMR *
- Use third party solution(s) that provide best practice guidance and advanced integration with the Trust PAS/EMR **

Simple integration example: HL7 ADT between a PAS and a third party software solution

Simple integration example: bi-directional data transfer between EMR/white board and third party software solution

5. Reducing prescribing and medication errors by improving utilisation of e-prescribing:

Do it ourselves with our own resource and utilise existing modules and/or functionality within our PAS/EMR

Use third party solution(s) that provide best practice guidance and simple integration with the Trust PAS/EMR *

Use third party solution(s) that provide best practice guidance and advanced integration with the Trust

PAS/EMR ** ✓

Simple integration example: HL7 ADT between a PAS and a third party software solution

Simple integration example: bi-directional data transfer between EMR/white board and third party software solution

6. Reducing inappropriate ordering of tests and investigations by utilising computerised order entry:

Do it ourselves with our own resource and utilise existing modules and/or functionality within our PAS/EMR ✓

Use third party solution(s) that provide best practice guidance and simple integration with the Trust PAS/EMR *

Use third party solution(s) that provide best practice guidance and advanced integration with the Trust PAS/EMR **

Simple integration example: HL7 Admission/Discharge/Transfer between a PAS and a third party software solution

Simple integration example: bi-directional data transfer between EMR/white board and third party software solution

We're also interested in your awareness of the following solutions:

	I'm aware of this	Our Trust uses this
Wolters Kluwer – UpToDate	Y	N
Elsevier – In Order	N	N
Medworxx – Medworxx	N	N
Hearst Health – Zynx	Y	N
Oak Group – MCAP	Y	N
McKesson – Interqual	N	N
BMJ – ActionSets	Y	N
Allocate – RealTime PatientFlow	Y	N
Cerner – Multum	N	N
First Databank – Multilex	Y	N
Hearst Health – MCG	N	N