Essential eHealth for Hospital Docs
SCATA WG Meeting 10-Feb 2014
Association of Anaesthetists, Portland Place, London

Present :
Andrew Norton, SCATA Chairman
Grant Forrest, SCATA Webmaster
Paul Cooper
Harold Perreira
J.P. Lomas
Peter Ashford
John Fairfield

1015 Grant welcomed everyone to the meeting and gave an overview of the programme. There was some discussion around the target audience for the new course, in particular whether GPs would be included. This will be discussed further in the afternoon session.

1030 Outcomes, Mortality Rates and Quality Indicators on Healthcare
Controversies over data quality and outcomes – CQC vs ICNARC
HSMR – Define and include specialty-specific e.g. ACTA
Problems arise from Dr Foster data – mostly derived rather than measured directly.
Controversies around HSMR – BMJ discussion 2012.
Other providers e.g. ISD in Scotland
CDS – commissioning data sets
SHMI – Summary Hospital Mortality Indicator
(JF) Measures of unexpected deaths – subject to large variations in reporting. Point made that course/module should cover other examples rather than just anaesthesia.
Other indices of health outcomes – Medicaid are looking at top and bottom 10% and outliers. The group agreed that module should include some examples from European/US healthcare for comparison.
Hip # database – Richard Griffiths has a view on this.
National joint registry/SCAN – prospective data collections. RG suggested that controlled trials will be replaced with large scale observational studies based on data mining.
Surgeon outcomes – RcoS/HSCIC initiative ?NCEPOD
PROMS – patient-reported outcome measures

Module Leads ? Feedback ? MCQs – especially content

1130 Review of Dropbox Lectures

Healthcare Computer Systems/NPfIT – condense into:
"The Digital NHS – Past, present and future" - John Fairfield

Content – history going back to 1990s eg Wanless.
Parts of NpfIT/CfH that have been retained – NHS Mail, SCR, GP2GP, N3, ETP (Accenture/Agfa PACS), Secondary Users – currently controversial.
C&B, QMAS (closing)
Failure of clinical input at the beginning and reasons for failure more generally.
Lorenzo – deploment problems.
Cerner – ask Chris Hopkins
GP systems – relatively mature now, driven by clinicians, EMIS web, patient portal (future)

List of systems to be reviewed and slimmed down.
(email to SCATA members re. Systems)

Ross Anderson presentation – complexities of the "single record" approach eg role-based access.

"Paperless NHS by 2017" Jeremy Hunt story.

2. The Electronic Health Record – an overview, Lead Harold, 2ⁿᵈ Grant
Approaches – buy the lot vs integration e.g. portal
Pros and cons of both approaches
List components :
PAS, Order Comms, Identifiers, ePrescribing, PACS, SCR (ECS)
Platforms – Windows vs iOS tablets etc Hardware, network infrastructure ?
Standards e.g. W3C, backward compatibility. Microsoft contracts.

3. Mobile Healthcare – the future, Lead J.P., ? Adam Morley
Network infrastructure underpinning support eg H&I difficulties rolling out 4G etc
QA for mobile apps.
European commission looking at software regulation.

4. Security, Confidentiality and Information Governance – GF lead, Peter
Some slides from NpfIT/SCR transfer for controversies.
Audit systems eg fairwarning
Pseudonymisation
Social media – e.g. doctors and nurses posting on Facebook
Abuse of clinical information by staff.
GMC
Matrix mapping – remove
Review Calidicott 2. April 2013.
FOI and DPA requests especially Psychiatry
"Wall of Shame" - update with UK slant
Bobby Robson/ Gordon Brown's son – breaches
Nursing council – keep because related to professional misconduct
"How to stay out of trouble" - add thin client/web app/read-only c-drive on PCs
Keep Q&As, re-format to allow participants to respond.

5. Controlled Terminologies and the Importance of Coding, Lead AN,
Any recent quotes from e.g. Audit Commission on paper records ?
21ˢᵗ Century – Jeremy Hunt "paperless by 2017"
Need an updated slide to replace the anaesthetic record - cumulative lab report/nursing observation chart.
EPR slides – move to EHR module.
WHY ? Terms with same meaning – need a more generic example.
Clinical conditions – 10 synonym terms for Hypertension in SNOMED.
WHAT
ICD-10 http://apps.who.int/classifications/icd10/browse/2010/en
OPCS 4.x ? Nod in the direction of the private insurers
HES Data – move slide into a more logical position
Provenance of the different systems

www.ihtsdo.org
Concepts, relationships and directed acyclic graphs need simplified but still explained
Relationship between ICS-10, OPCS 4 and HRGs/PBR needs explained, also the drivers behind HRGs and PBR.
All set on a background of CCGs and Clinical Commissioning in NHS E&W.
Subsequent slides to be moved to the Outcomes module
CCSD slides – move into the OPCS/private insurers section

6. Information, Knowledge Management and Search Methodology Lead Paul, 2ⁿᵈ

Generic slides – data quality in general
The Cult of the Amateur – decreases signal-to-noise ratio.
Decision support e.g. Drug alerts
Data Mining/warehousing
Basic search methodology
Google (Scholar) /Crowdsourcing e.g. MedCrowd
Search Methodology is included because it is in the RCoA matrix.
How to get the results you want ?

7. Outcomes, Mortality Rates and Quality Measures in Healthcare, Lead Andrew, Seondary Shravan

Online resources to consider :
e-lfh.org.uk
http://www.lightbluetouchpaper.org/

Technical Notes :
Make modules available in limited content mode and expose to Googlebots – brings in participants based on content searches.

1530 Moodle Discussion

Attendees invited to login Moodle and evaluate its suitability for delivering a modular course.

15:45 Timescale/Deadline – aim for June SCATA meeting to demonstrate/present.
The meeting closed at 15:45.