



Healthcare Conference 2022

17 - 18 March 2022 | QEII Centre, London

Digital safety and ePOCT implementation

Dr Kelsey Flott

Deputy director of patient safety, NHS England
Transformation Directorate

[#bettercarecostsless](#)



ePOCT Implementation

Dr Kelsey Flott, Deputy Director of
Patient Safety, NHS England
Transformation Directorate



Our vision is for the NHS to be the safest digital health system in the world



What does that look like?

Digital safety is part of the culture

Everyone understands their role in digital safety, with clear national and local governance structures.



Safety solutions are digitally-enabled

Digital technologies are applied to tackle major patient safety issues.



Processes are easy to follow

Digital safety standards and guidance are clear, easily accessible and targeted.



Individuals are equipped and empowered

Digital safety training is expanded and promoted across the system.



Decisions are data-driven

Digital safety data is captured, reviewed and used to drive improvements.



Principles: Iterative change, Proportionality, Openness, Collaboration, Inclusion

The NHS's first digital clinical safety strategy was published last year



NHS^x Search

About us Key tools and info COVID-19 response News Blog Contact us

[Home](#) > [Key tools and information](#)

Contents

- [Foreword](#)
- [Executive summary](#)
- [PART 1: Introduction and strategic alignment](#)
- [PART 2: Digital clinical safety strategy](#)

Digital Clinical Safety Strategy

Published 17 September 2021

The DCS strategy is aligned to the NHS Patient Safety Strategy

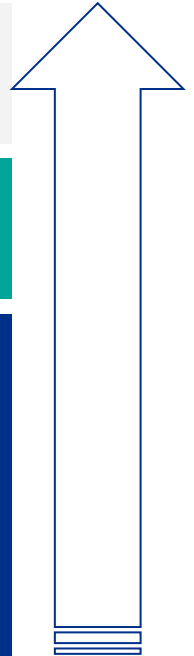


Safer systems & Safer cultures

Improvement: Designing and supporting programmes that deliver effective and sustainable change in the most important areas

Insight:
Improving understanding of safety by drawing intelligence from multiple sources of patient safety information

Involvement:
Equipping patients, staff and partners with the skills and opportunities to improve patient safety throughout the whole system



NHS Patient Safety Strategy

The DSC Strategy aims to make technology safer and use technology for safety



Digital clinical safety refers to the avoidance of harm to patients and staff as a result of digital technologies (i.e. health IT) manufactured, implemented and used in the health service.

In partnership with NHSD and NHSEI and the MHRA, the **NHS Transformation Directorate Digital Safety Team** has a critical role to play driving digital clinical safety. It aims to:

- 1 Improve the safety of digital technologies in health and care, now and in the future
- 2 Identify and promote the use of digital technologies as solutions to patient safety problems.

The DCS Strategy has 5 National commitments



Insight

- Collect information about digital clinical safety, including from the Learn from patient safety events (LFPSE) service and use it to improve system-wide learning.



Involvement

- Develop new digital clinical safety training materials and expand access to training across the health and care workforce
- Create a centralised source of digital clinical safety information, including optimised standards, guidelines and best practice blueprints



Improvement

- **Accelerate the adoption of digital technologies to record and track implanted medical devices through the Medical Devices Safety Programme**
- Generate evidence for how digital technologies can be best applied to patient safety challenges

Planned hip replacement

- Theatre nurse collected and checked first two prostheses
- 15 mins later, next two prostheses collected and checked
- *Check did not identify that the prostheses were made by different manufacturers and not compatible*
- All four implanted
- Several days later, details entered in the NJR
- NJR generated alert
- Patient informed



Scanning has been highlighted as a patient safety solution



The HSIB investigation found....



1. Human factors which may hinder the identification and verification of the correct prosthesis
1. Variations in practice in how the prosthesis verification is carried out by theatre teams.
1. Existing standards for labels or prosthesis packaging are not sufficiently detailed to ensure labels can be easily read in the operating environment
1. The automated message that appears when data is entered in the National Joint Registry suggesting that the wrong prosthesis has been implanted due to incompatible manufactures is not as compelling as the alert that occurs when data is entered indicating the wong size has been implanted



1. A barcode scanning system could strengthen prosthesis verification

We can take actions to respond to patients and the Cumberlege Review



“We have found that the healthcare system....is disjointed, siloed, unresponsive, and defensive. It does not adequately recognise that patients are its raison d’être.”

- *First Do No Harm*

The Cumberlege Review & response challenges us to:

- Collect the right data to monitor the safety of medical devices and respond to problems
- Use global standards to support efficient data capture
- Apply the “Collect once, use often” principle



How can we help NHS Trusts capture patient safety-critical data at the point of care?



Electronic Point of Care Traceability (ePOCT) uses barcode scanning technology to capture and link:

Device: the implantable medical device and associated consumables

People: the people involved in a procedure, clinicians as well as patients

Location: the specific theatre where a procedure took place.

Collaboration between



NHS Trusts



Clinical scanning technologies suppliers



Medical device suppliers



Barcode standards bodies.

ePOCT collects extremely valuable data that can revolutionise patient safety



Electronic points of care traceability (ePOCT) is the mechanism of **capturing patient and device data digitally at the point of care**. This is best enabled by using scanning technologies.

ePOCT enables full visibility of the patient journey and paves the way to realising the patient-safety, efficiency, and data benefits associated with tracking Class IIb and Class III implantable medical devices.



ePOCT has a wide range of benefits for trusts to realise



Patient Safety

- Fewer errors and faulty implantations
- Faster device recalls
- Better clinical analysis



Financial

- Better stock management
- Better operational decision making
- Less wastage



Data collection and accuracy

- Faster data collection than manual entry
- Fewer errors
- More efficient central submissions

Scan4Safety is a well regarded brand and those trusts who worked with Scan4Safety tend to be already scanning at the point of care. Some also use scanning for inventory management. ePOCT goes further to unlock additional patient safety and financial benefits.



ePOCT is of strategic importance; it aligns and supports major national strategies



Digital Transformation Portfolio

ePOCT supports the commitment to digitally transform the NHS and enable interoperability between the organisations by collecting, and making available, interoperable data on IMDs

Levelling Up Agenda

The digitally enabled data capturing (e.g. scanning) will be used to improve current clinical practices related to IMDs for all types of patients, reducing unwarranted variation and healthcare inequalities



Digital Clinical Safety Strategy

ePOCT directly supports the national Commitment 4 and Commitment 5: “Generate evidence for how digital technologies can be best applied to patient safety challenges.”

Data Saves Lives

ePOCT ‘makes appropriate data collection the norm and not the exception across health, adult social care and public health’ and ‘building the right foundations – technical, legal, regulatory – to make that possible

Our pilots bring the voice of ePOCT to life



The ePOCT workstream has been built on extensive Trust and supplier engagement



Problems we uncovered and helped to solve:

- Senior stakeholder buy in
- Project planning and oversight
- The procurement process and creating business cases
- Data mapping & extraction strategies
- PIM development

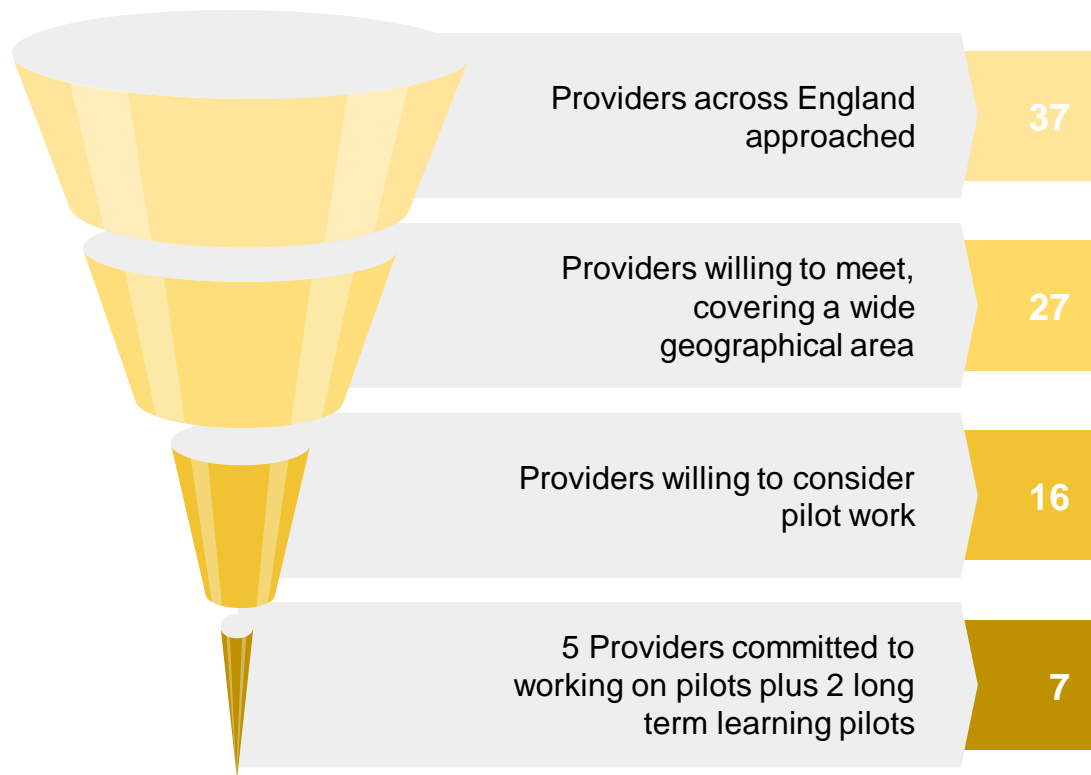
Lessons learned for sharing elsewhere

- Feasibility of existing market solutions
- Options for what to scan
- Options for 'who scans' including skill mix
- Models for training

Problems we discovered which require more work to solve:

- Information governance policy
- Digital maturity, esp. EPRs

We conducted interviews with 27 Trusts across England, resulting in 7 longitudinal pilots



The scanning journey is perhaps 5 steps long



Awareness

Organisations are aware of scanning and the benefits it can have for patient safety



Interest & Buy-in

Organisations are interested in scanning and senior-level buy-in to prioritise



Scanning

Organisations are digitally mature and have some scanning (meds, inventory etc)



Point of care

Organisations are regularly scanning at the point of care



Using data for safety benefits

Organisations are using their scanning data to improve patient safety and other aspects of quality

Note - this journey is not perfectly linear in reality

Where there's a will to capture this data at the point of care, there's usually a way



Measurable benefits

Trusts who have implemented ePOCT have been able to demonstrate benefits to patient safety and cost savings. One reported their solution paid for itself inside 2 months.

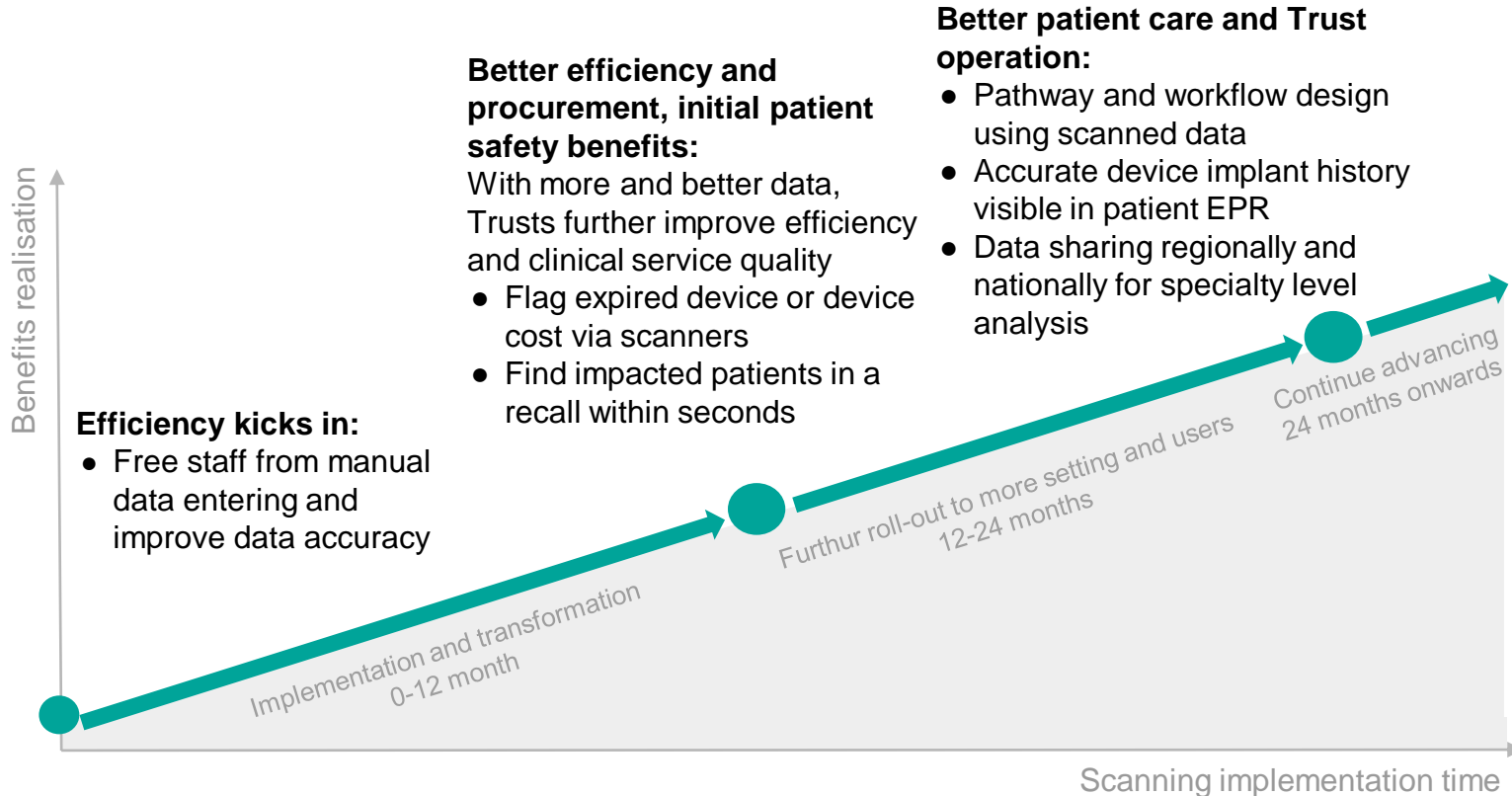
Staff adoption is achievable

Pilots have shown that implementing the solution and making the business change needed for adoption can be achieved with the right messaging.

The technology works

There are at least 5 valid solutions already in use in the NHS with several others on the horizon, so Trusts can choose what solution works best for them and their current infrastructure.

Trusts that have implemented scanning reported that scanning benefits grow over time



We are developing plans to overcome ePOCT barriers



Awareness and buy in is needed at all levels

ePOCT implementation was most successful where senior executives and staff on the ground understood its benefits.



We've developed template business cases and comms materials to support this.

ePOCT need Electronic Records (EPRs)

Trusts who have not yet implemented an EPR are less prepared for implementation of ePOCT.



Many Trusts have EPRs, so there is room for increased rollout.

Without a PIM there is no ePOCT

A PIM is a catalogue matching a medical device to its scannable barcode.



Trusts are creating their own PIMs, 95%+ of devices must be scannable to ensure credibility and uptake.

ePOCT implementation will be locally-led and centrally-enabled



Increasing the rollout of ePOCT will need to be **led by Trusts, with central NHS organisations playing only a supporting role**. The benefits of ePOCT largely go to Trusts, and Trusts will want to choose the right ePOCT technology for their local needs and existing IT setup.



Central organisations can support Trusts by reducing duplication and making installing ePOCT as easy as possible. We have created a **toolkit of resources for Trusts**.

This toolkit allows **Trusts to self-serve** and will limit duplication of effort. To increase the roll out velocity, ePOCT will need to cut through the **bubble of NHS priorities**.

Resource coordination will help trusts implement ePOCT



Resources coordination

A slim central team to maintain the resources toolkit, performing engagement.

Here is what organisations can expect:

- Business case templates
- Benefits articulation
- Comms templates
- IG information
- IT Support materials



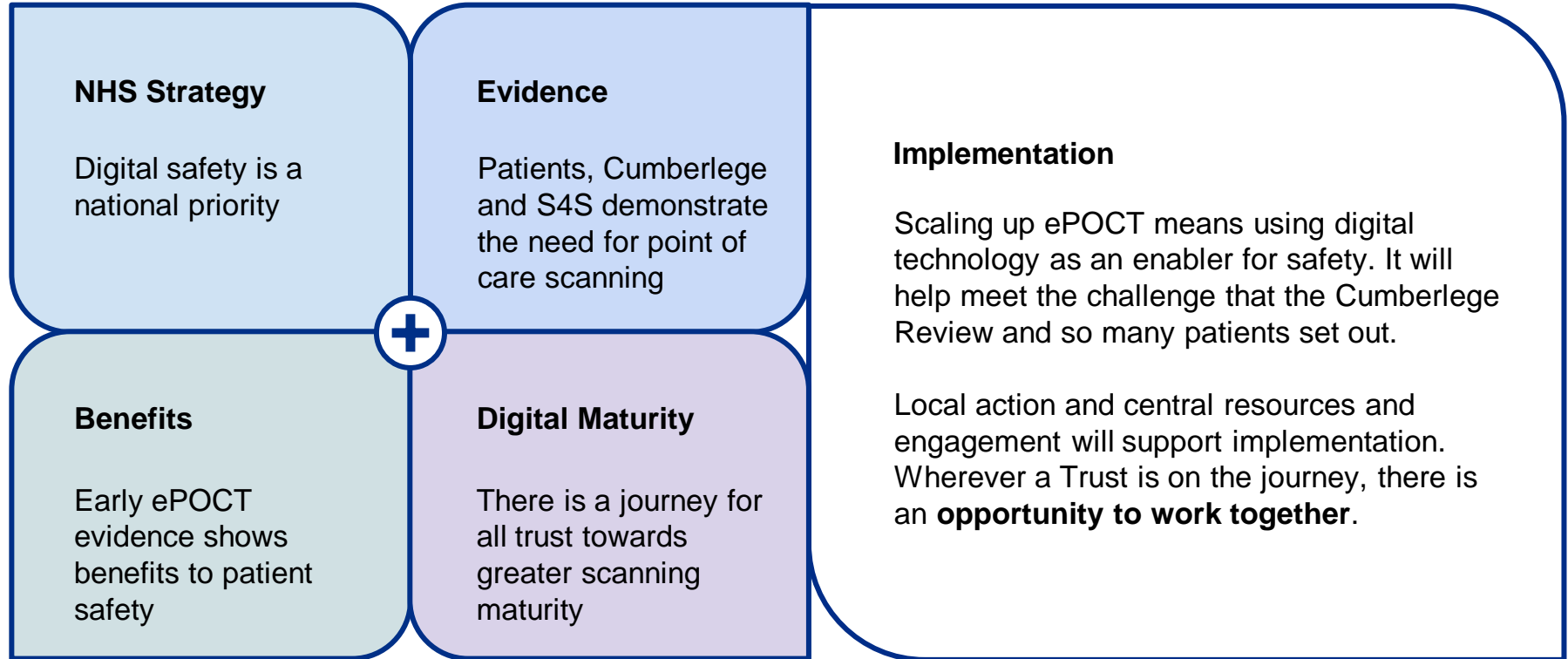
Engagement

An expanded central team following the lessons learned from this work will actively support Trusts with implementation, minimising the pressure on local resources. This team can be scaled to the extent that the central NHS organisations have the capacity and desire to do so.

Here is what the engagement team can support:

- Showcasing best practice
- Explaining lessons learnt
- One to one guidance

We are building towards greater implementation of ePOCT



ePOCT Implementation

Dr Kelsey Flott, Deputy Director of
Patient Safety, NHS England
Transformation Directorate

