



# **The National eHealth Programme**

## **CLINICAL eHEALTH TOOLKIT Indicators for Success**

**March 2009**



## About the Clinical eHealth Toolkit

The Clinical eHealth Toolkit is a practical tool to support clinical champions in taking forward engagement in eHealth and progressing local eHealth programmes. The toolkit draws together the collective experiences and insights of Nursing, Midwifery and Allied Health Professions (NMAHP) eHealth Leads from working in their roles so that they can be shared across the clinical and eHealth community. These experiences and insights were captured during the NMAHP eHealth Capability and Capacity Survey and provide practical pointers in the form of **indicators for success** and examples of **experience to build on**. See the Appendix for the methodology of the capability and capacity survey.

The toolkit divides into four themed sections giving indicators of success and examples of experience from around NHS Scotland:

- **Leadership and Engagement:** get together, clarify roles, be known and building influence, and promote the benefits
- **eHealth Tools:** know what you've got, learn from others, design for clinical benefits and create easy wins
- **eHealth Skills:** know what skills are needed, get eHealth on the education agenda, make the most of what is there and use champions
- **Knowledge Management:** identify what questions need answers and what information is needed, know what tools and resources exist, maximise the use of knowledge and exploit electronic information.

### Recommendations

1. **Share the Clinical eHealth Toolkit with clinical and eHealth colleagues to support clinical engagement in eHealth**
2. **Use the “indicators for success” to progress local and national eHealth programmes**
3. **Work together to share examples of good practice and learn from each others' experience**

The sharing of information and links to resources are facilitated via the NMAHP eHealth MKN on the eLibrary (<http://www.nmahp.scot.nhs.uk/home.aspx>) and the electronic portal for sharing good practice and innovation in using information to improve healthcare and services ([www.usinginfo.org](http://www.usinginfo.org)). A summary is also available on [www.eHealth.scot.nhs.uk](http://www.eHealth.scot.nhs.uk)

## Leadership and Engagement

Indicators for Success	Experience to Build on
<p><b>Get together</b> to create a stronger voice and impact by working together.</p> <ul style="list-style-type: none"> <li>▪ Create local clinical eHealth groups and identify others with whom you need to work, e.g. eHealth, library and knowledge management staff.</li> <li>▪ Understand together what is happening locally and nationally.</li> <li>▪ Build on each others' eHealth experiences.</li> <li>▪ Focus joint effort on priorities.</li> <li>▪ Manage succession planning and support new NMAHP/Clinical eHealth leads joining the team.</li> </ul>	<p>Ayrshire &amp; Arran</p> <ul style="list-style-type: none"> <li>▪ Recent formation of NMAHP Programme Management Group to ensure appropriate engagement, progression and support of the NMAHP eHealth agenda.</li> </ul> <p>Borders:</p> <ul style="list-style-type: none"> <li>▪ Created strong linkages between clinical and NMAHP eHealth Leads and Board Medical and Nursing Directors through involvement in, for example, the Information Management and Technology Clinical Advisory Board.</li> </ul> <p>Dumfries &amp; Galloway:</p> <ul style="list-style-type: none"> <li>▪ Recognised eHealth NMAHP leads group. Proactive in building credibility and collective voice.</li> </ul> <p>Lothian:</p> <ul style="list-style-type: none"> <li>▪ NMAHPs are established as a group and an action plan is in development.</li> </ul>
<p><b>Clarify roles</b>, remit and levels of accountability and influence from the NHS Board Nursing, Midwifery, AHP, Medical and eHealth Directors.</p> <ul style="list-style-type: none"> <li>▪ Understand the Board eHealth structure and where clinical champions (eHealth NMAHP leads and eHealth clinical leads) can influence.</li> <li>▪ Gain understanding of the terms of reference and accountability for roles.</li> </ul>	<p>Nationally</p> <ul style="list-style-type: none"> <li>• The Clinical Change Leadership Group exists to provide a clinical eHealth consensus across NHS Scotland. (<a href="#">Terms of Reference</a>).</li> <li>• NMAHP eHealth Leads Network exists to facilitate engagement of NMAHPs in eHealth and share information, learning and best practice. (<a href="#">Terms of Reference</a>).</li> </ul>

## Leadership and Engagement

Indicators for Success	Experience to Build on
<p><b>Be known and build influence as clinical champions:</b> collectively seek to build linkages nationally and with local clinical, management and eHealth colleagues.</p> <ul style="list-style-type: none"> <li>▪ Be represented at national level.</li> <li>▪ Be known within the Board to help embrace e-Health clinically.</li> <li>▪ Help build useful connections between clinicians, people driving eHealth projects and IT support.</li> <li>▪ Explore options for being able to influence the right people to build support and create maximum impact.</li> </ul>	<p>Lothian:</p> <ul style="list-style-type: none"> <li>▪ A Director of eHealth with a NMAHP background ensures very high level NMAHP involvement.</li> <li>▪ The Director of eHealth works strategically with the Director of Nursing and other NMAHP Leads in the Board and nationally.</li> <li>▪ Regular communication with staff about eHealth: during Personal Development Plans, mail shots with payslips.</li> <li>▪ Involvement in national eHealth strategy.</li> <li>▪ NMAHPs link with Local Information Management Groups.</li> <li>▪ A local review of the community systems in Lothian helped inform a national project.</li> </ul> <p>Good practices have been highlighted across a wide range of health boards. Common aspects included:</p> <ul style="list-style-type: none"> <li>▪ Personal commitment - from individual goodwill of NMAHP eHealth leads, good things have happened.</li> <li>▪ Personal enthusiasm and engagement with local networks and ensuring that eHealth is on all meeting agendas and local conferences.</li> </ul> <p>Conscious focus on building a stronger voice through relationships which build credibility and influence</p>
<p><b>Promote the benefits</b> of eHealth, however small, to help things scale up.</p> <ul style="list-style-type: none"> <li>▪ Help promote the understanding of the clinical benefits of eHealth.</li> </ul>	<p>Many health boards cite examples of how benefits are promoted including;</p> <ul style="list-style-type: none"> <li>▪ Reference groups, awareness and development days (Dumfries &amp; Galloway).</li> </ul>

## Leadership and Engagement

### Indicators for Success

- Be realistic in selling benefits and affordability.
- Celebrate successes however small.
- Explore options for communicating and promoting eHealth across the NMAHP communities through inclusion of successes in newsletters and articles, through meeting agendas, word of mouth etc.
- Enable clinicians to be the advocates of the benefits to their clinical practice.

### Experience to Build on

- Clinicians selling to clinicians – advocate for eHealth e.g. that referrals in eWARD have improved in quality (not just because of the handwriting). Easier to use labels – not easy to write on blood bottles! Using other names (considering language/jargon issues) rather than eHealth if it helps acceptance of systems (Forth Valley).
- Learning from elsewhere and identified champions. Tackle projects in manageable chunks; getting things moving, getting things plugged in, understanding the language (eHealth and clinical) both ways (Highland).

## eHealth Tools

<b>Indicators for Success</b>	<b>Experience to Build on</b>
<p><b>Know what you've got</b> and understand its current and potential uses: locally and nationally.</p> <ul style="list-style-type: none"> <li>▪ Know what infrastructure and tools exist, how they are used and what issues prevent them being used to full advantage (gaps in tools/training/perceptions of what exists).</li> <li>▪ Build dialogue with eHealth, IT and clinicians to understand the current status and progress of eHealth activity.</li> <li>▪ Understand national plans and seek to ensure they fit with local strategy.</li> <li>▪ Reuse and adapt software tools.</li> </ul>	<p><b>Ayrshire &amp; Arran:</b></p> <ul style="list-style-type: none"> <li>▪ A regional procurement of a new Patient Management System is expected to deliver significant NMAHP functionality.</li> <li>▪ Tailored initiatives: Mobile devices for health visitors and school nurses; access to IT Group; wireless networking using various devices.</li> </ul> <p><b>Greater Glasgow &amp; Clyde:</b></p> <ul style="list-style-type: none"> <li>▪ Use of SCI Gateway for AHP referrals saves time by getting the right referral information to the service.</li> </ul> <p>Many examples of the tailored use of eHealth infrastructure and tools across Borders, Dumfries &amp; Galloway, Fife, Golden Jubilee, Shetland.</p>
<p><b>Learn from others'</b> experience and investment in infrastructure and tools.</p> <ul style="list-style-type: none"> <li>▪ Explore what can be learnt across health boards and across specialities.</li> </ul>	<p><b>Forth Valley:</b></p> <ul style="list-style-type: none"> <li>▪ The philosophy is to take a pragmatic approach and recognise that even where systems might not be perfect, benefits can be achieved.</li> </ul> <p><b>Shetland:</b></p> <ul style="list-style-type: none"> <li>▪ We evaluate the benefits of what is done elsewhere and explore the opportunity for installation in Shetland.</li> </ul>

## eHealth Tools

Indicators for Success	Experience to Build on
<p><b>Design for clinical benefits</b> by ensuring cross working with clinicians, eHealth &amp; IT.</p> <ul style="list-style-type: none"> <li>▪ Be in the know of developments locally and nationally.</li> <li>▪ Engage practice development and professional leadership to support changes.</li> <li>▪ Ensure design is 'clinical' and not 'IT' driven through involvement of multi-skilled clinical and technical teams.</li> <li>▪ Understand how your business or clinical processes work and identify how IT can support them.</li> <li>▪ Adopt <a href="#">Benefits Realisation Toolkit</a> to ensure benefits are identified and understood from the outset.</li> </ul>	<p>Ayrshire &amp; Arran:</p> <ul style="list-style-type: none"> <li>▪ Multi skilled teams with IT, eHealth, project management and clinical process mapping skills e.g. DATIX System, Maternity System, and Mental Health System.</li> <li>▪ Justification of business cases and development requests (avoid pet projects); e.g. use of development request pro forma and hardware request pro forma.</li> <li>▪ Process mapping to understand the business process and use of technology.</li> </ul> <p>Experience and good practice in benefits realisation processes include:</p> <ul style="list-style-type: none"> <li>▪ A local Benefits Management strategy supports logging of benefits for each system that is implemented (Forth Valley).</li> <li>▪ Lessons have been learned from the process of using the benefits realisation toolkit when introducing PACS system (Golden Jubilee).</li> <li>▪ Proving concepts by benefits realisation and post implementation review (Tayside).</li> </ul> <p>Good practices across health boards where practice has informed the design of systems and technology has enabled clinical practice include; Dumfries and Galloway, Greater Glasgow and Clyde, Highland, Lothian, Western Isles.</p>

## eHealth Tools

Indicators for Success	Experience to Build on
<p><b>Create easy wins</b> by seeking out opportunities to deliver and promote them.</p> <ul style="list-style-type: none"> <li>▪ Start small and build incremental benefits.</li> <li>▪ Use early wins to demonstrate what eHealth is about - clinical benefits.</li> <li>▪ Maximise opportunities to promote benefits (see 'Promote the Benefits' in 'Leadership and Engagement').</li> </ul>	<p>Greater Glasgow &amp; Clyde:</p> <ul style="list-style-type: none"> <li>▪ Use of mobile devices for Physiotherapy and Dietetics clinics which are used off line in the community and synchronises on return to base. Standard reports provide information for clinical audit, activity analysis and service planning.</li> <li>▪ Community nursing system – aids communication especially for out of hours cover.</li> <li>▪ Midwifery induction training uses ipods for 'guided tours'.</li> <li>▪ Tablet PCs in Children Services with handwriting recognition has saved administration time and made reports available more quickly.</li> </ul> <p>Good examples where some of the most practical things are the most beneficial also in Fife, Tayside, Western Isles.</p>

## eHealth Skills

Indicators for Success	Experience to Build on
<p><b>Know what skills are needed</b> by understanding what ‘eHealth capabilities’ means.</p> <ul style="list-style-type: none"> <li>▪ Collectively explore and learn with other health boards how best to tackle this.</li> <li>▪ Develop dialogue with partners and colleagues who can bring understanding and support skills development.</li> </ul>	<p>Lothian:</p> <ul style="list-style-type: none"> <li>▪ Building an understanding of eHealth skills is currently a focus of attention in NHS Lothian as part of its Knowledge Management Strategy and involves working with partners across Research &amp; Development, eHealth, Professional Development, Human Resources, University and the Local Authority.</li> </ul> <p>Dumfries &amp; Galloway:</p> <ul style="list-style-type: none"> <li>▪ Description of eHealth as electronic health record, information sharing, shared records which have relevance and clear meaning for practitioners.</li> </ul>
<p><b>Get e-Health on the education agenda</b> and integrate into training and development plans.</p> <ul style="list-style-type: none"> <li>▪ Help ensure eHealth skills are recognised as a basic skill set needed for clinical care (<a href="#">BCS Health Informatics</a>)</li> <li>▪ Get eHealth integrated into Knowledge and Skills Framework (KSF) and Personal Development Plans (PDP).</li> </ul>	<p>Forth Valley:</p> <ul style="list-style-type: none"> <li>▪ Embedding use of computers in clinical training and promoting in terms of benefits e.g. not a PACS course but “How to interpret radiology images” course.</li> </ul> <p>Lothian:</p> <ul style="list-style-type: none"> <li>▪ A well resourced training function developing training initiatives which impact directly on the KSF dimensions of frontline staff.</li> <li>▪ eLearning competencies – and by association eHealth engagement will be integral to renewed training strategy. KSF Outlines – <a href="#">Advisor</a> &amp; <a href="#">Information Manager</a></li> </ul> <p>Good practices also cited in Dumfries &amp; Galloway and Shetland.</p>

## eHealth Skills

Indicators for Success	Experience to Build on
<p><b>Make the most of what is there</b> by exploring opportunities for getting the most out of existing learning resources.</p> <ul style="list-style-type: none"> <li>▪ Build linkages internally and externally to explore options for building capabilities.</li> <li>▪ Explore opportunities to use external resource: e.g. suppliers, professional partners.</li> <li>▪ Accepting that time and capacity are major challenges – explore with others if different tactics can help.</li> </ul>	<p>Ayrshire &amp; Arran:</p> <ul style="list-style-type: none"> <li>▪ Using suppliers, user groups and online problem solving.</li> <li>▪ Easy access to training systems allows staff to practice on site and become proficient.</li> <li>▪ There is” Lean” training across clinical areas.</li> <li>▪ eLearning packages and management systems are used on a daily basis and help increase people’s competence and confidence.</li> <li>▪ There is strong leadership in operational areas which drives progress.</li> </ul> <p>Good practices and useful experiences also cited in Dumfries &amp; Galloway, Golden Jubilee, Greater Glasgow &amp; Clyde, Lothian, Shetland, Tayside, Western Isles.</p>
<p><b>Use Champions</b> for on site and continued support.</p> <ul style="list-style-type: none"> <li>▪ Create ‘on job clinical champions’ or ‘super users’ that are key users and will enable cascade of training and continued support on site.</li> </ul>	<p>Strong experience in the use of champions across a range of health boards, for example:</p> <ul style="list-style-type: none"> <li>▪ Super users and facilitators, helpdesk structure, direct access for clinical areas to support and cover 24/7 (Ayrshire &amp; Arran).</li> <li>▪ Local champions (practitioners) who are also administrators can trouble shoot and provide shadowing whilst practitioner is working on screen (Dumfries &amp; Galloway).</li> <li>▪ Use of ‘super users’ (but care with this term). ‘Sitting next to Nelly’ – champions in departments (Greater Glasgow &amp; Clyde).</li> <li>▪ Super users on every ward area for midwifery who manage and maintain passwords etc (Lothian).</li> </ul>

## Knowledge Management

Indicators for Success	Experience to Build on
<p><b>Identify what questions need answers and what information is needed:</b> then explore how this information can be most easily obtained, where possible, from eHealth systems as part of clinical processes.</p>	<p>Ayrshire &amp; Arran:</p> <ul style="list-style-type: none"> <li>▪ Process mapping to understand the business process and use of technology.</li> <li>▪ Baseline audit of data quality.</li> </ul> <p>Highland:</p> <ul style="list-style-type: none"> <li>▪ Process for approving patient information through the clinical policy ratification group.</li> </ul>
<p><b>Know what tools and resources exist:</b> to support best use of knowledge for clinical practice, whether paper or electronic:</p> <ul style="list-style-type: none"> <li>▪ Recognise the range of tools in place: eLibrary; guidelines and evidence based templates; <a href="#">MKNs</a>; Royal Marsden Procedure Manual; <a href="#">Johanna Briggs Institute COnNECT</a>; Telemedicine</li> </ul>	<p>Broad base of good practice across health boards, such as;</p> <ul style="list-style-type: none"> <li>▪ Maximise the use of systems that are proved to work well (Ayrshire &amp; Arran).</li> <li>▪ Vast array of tools and guidelines available for staff (Dumfries &amp; Galloway).</li> <li>▪ Good pockets of work taking place i.e. A&amp;E, Ophthalmology, Diabetes (Fife.)</li> <li>▪ Good knowledge of tools and resources: clinical portal; Managed Knowledge Networks; discussion forums; eLibrary; quality indicator resources; sharepoint on Board's intranet (Greater Glasgow &amp; Clyde).</li> <li>▪ Shared space developed for NMAHPs working with children and includes public access point; eLibrary shared space for occupational therapists (Highland).</li> <li>▪ Physiotherapist access and share best practice in their virtual community (Shetland).</li> </ul>

## Knowledge Management

Indicators for Success	Experience to Build on
<p><b>Maximise the use of knowledge</b> in guidance, communication and best practice processes and tools.</p> <ul style="list-style-type: none"> <li>▪ Where there is limited experience in using available tools, seek to learn what benefits can be gained from other experienced users.</li> <li>▪ Identify what restricts good use of knowledge through available tools and processes and explore the best ways to address – considering leadership, infrastructure and skills development.</li> </ul>	<p>Western Isles:</p> <ul style="list-style-type: none"> <li>▪ Strong use of technology and tools for supporting communication between staff, patients and consultants throughout Western Isles and mainland.</li> <li>▪ e-library – very well used.</li> <li>▪ Templates and guidelines exist in various formats and they are well utilised: The Royal Marsden Manual of Clinical Nursing Procedures; Joanna Briggs Institute to create evidence based manuals and policies; <b>ORAS tool</b> is used for blood transfusion competencies.</li> <li>▪ Tynedale and Social Work’s system are linked to receive child protection messaging and development in progress to link Single Shared Assessment.</li> <li>▪ Paediatrics services staff link with mainland staff using Telemedicine.</li> <li>▪ Practice Education Facilitators in post who look at best practice and e-mail our relevant information to staff and run various courses.</li> </ul> <p>Strong base of activity also across Shetland, Greater Glasgow &amp; Clyde, Ayrshire &amp; Arran, Borders, Dumfries &amp; Galloway.</p>
<p><b>Exploit electronic information</b> to make it easier to do what is needed to support and improve clinical practice.</p> <ul style="list-style-type: none"> <li>▪ Help ensure eHealth is used as a means to enable improvements and make things easier. (<a href="http://www.usinginfo.org">www.usinginfo.org</a>)</li> </ul>	<p>Broad base of good practice across health boards, examples being:</p> <ul style="list-style-type: none"> <li>▪ Pushing the boundaries in the use of technology by equipping Health Visitors to enable the electronic recording and sharing of children’s Integrated Assessment Framework (Ayrshire &amp;</li> </ul>

## Knowledge Management

Indicators for Success	Experience to Build on
<ul style="list-style-type: none"><li>▪ Ensure eHealth information is integrated into, for example: clinical effectiveness; clinical support; risk management; clinical decision making; professional development.</li></ul>	<p>Arran).</p> <ul style="list-style-type: none"><li>▪ Now reaping the benefits of good ground work done both locally and nationally (Borders).</li><li>▪ A lot of solid work is in place to ensure that the right decision support tools are electronic as, for example, with PACS and RIS (Golden Jubilee).</li><li>▪ Intranet site and local patient information centres in hospital and in Livingston shopping centre (Lothian).</li><li>▪ Intelligent use of infrastructure e.g. maternity utilise telemedicine (video conferencing) to link with specialist consultants based on the mainland, and to communicate with staff in other parts of the Island (Western Isles).</li></ul>

## APPENDIX

### The NMAHP eHealth Capability and Capacity Survey Methodology

The purpose of the NMAHP Capability and Capacity survey was two-fold:

- To support NMAHPs develop specific action plans for progressing the national eHealth programme
- Provide a high level assessment of capability and capacity that will inform the national eHealth programme development and implementation.

The approach was to provide self assessment tools for NMAHPs to map their eHealth capability and capacity; and the output to be used to support action plans developed and owned by the health boards. It was focused on identifying at a high level, the readiness and needs of clinicians for progressing eHealth. To this end the participants in the survey were NMAHP eHealth Leads within each health board with involvement of key colleagues such as; eHealth, Knowledge Management and library, who together acted as representatives for the wider NMAHP community.

The survey was structured into 4 sections, each covering one of the four strategic aims of the NMAHP eHealth Action Plan <sup>1</sup> Each section was designed to draw out good practices that can be shared and built upon; the identification of barriers that can be alleviated; and key actions that will drive progress. Within each question there were requests to supplement responses with specific examples of evidence to help share approaches, solutions, and experiences. It is intended that these good practices will be captured on the MKN.

The survey involved all but one regional health board together with the Golden Jubilee National Hospital. The survey was undertaken as a facilitated process, undertaken usually in a single 4-hour event, occasionally two 2-hour events were necessary due to commitments. The findings were recorded 'live' into the survey forms during the event/s and any gaps filled and checks made subsequently. These completed surveys have been the basis for the development of this Clinical eHealth Toolkit.

The project was overseen and guided by the Project Board and particularly the Chair, Heather Strachan, NMAHP eHealth lead, Scottish Government. Members of the Project Board were John McConway (Head of Podiatry Services, Ayrshire & Arran), Rob Packham (Lothian), Margaret Hastings (Clinical Information Lead, Greater Glasgow and Clyde), Joan Robertson (Lead Nurse, Clinical Systems Development, NHS24) and Ann Wales (Programme Director Knowledge Management, NHS Education).

---

<sup>1</sup> The Nursing, Midwifery and Allied Health Professions contribution to realising the benefits of eHealth, Scottish Government, December, 2007

## **NHS Boards contacts for NMAHP eHealth Capability and Capacity Survey**

Ayrshire & Arran: John McConway, Head of Podiatry Service. [john.mcconway@aapct.scot.nhs.uk](mailto:john.mcconway@aapct.scot.nhs.uk)  
Borders: Tricia Mitchell, Head of Speech and Language Therapy. [tricia.mitchell@borders.scot.nhs.uk](mailto:tricia.mitchell@borders.scot.nhs.uk)  
Dumfries & Galloway: Lesley Robertson, Clinical Nurse Specialist. [lesley.robertson@nhs.net](mailto:lesley.robertson@nhs.net)  
Fife: Janette Owens, Depute Director of Nursing. [janette.owens@faht.scot.nhs.uk](mailto:janette.owens@faht.scot.nhs.uk)  
Forth Valley: Rosemary Fletcher, Head of Occupational Therapy. [rosemary.fletcher@fvah.scot.nhs.uk](mailto:rosemary.fletcher@fvah.scot.nhs.uk)  
Glasgow and Clyde: Margaret Hastings, Director Clinical Information. [margaret.hastings@nhs.net](mailto:margaret.hastings@nhs.net)  
Golden Jubilee Hospital: Shona Chaib, Director of Nursing. [Shona.Chaib@gjnh.scot.nhs.uk](mailto:Shona.Chaib@gjnh.scot.nhs.uk)  
Grampian: Linda Oldroyd, Nurse Manager. [loldroyd@nhs.net](mailto:loldroyd@nhs.net)  
Highland: Elizabeth Watson, 'Getting It Right For Every Child' (GIRFEC) Health Lead [Elizabeth.Watson@highland.gsx.gov.uk](mailto:Elizabeth.Watson@highland.gsx.gov.uk)  
Lanarkshire: Peter McCrossan, Head of Podiatry. [Peter.McCrossan@lanpct.scot.nhs.uk](mailto:Peter.McCrossan@lanpct.scot.nhs.uk)  
Lothian: Keith Brunton, Clinical Advisor. [Keith.Brunton@lpct.scot.nhs.uk](mailto:Keith.Brunton@lpct.scot.nhs.uk)  
Shetland: Karen Williamson, Hospital Children's Nurse. [karen.williamson@shb.shetland.scot.nhs.uk](mailto:karen.williamson@shb.shetland.scot.nhs.uk)  
Tayside: Alison Forbes, Clinical Nurse Specialist (IT). [alison.forbes@nhs.net](mailto:alison.forbes@nhs.net)  
Western Isles: Mary Smith, Family Health Nurse. [Mary.Smith@wihb.scot.nhs.uk](mailto:Mary.Smith@wihb.scot.nhs.uk)