Working ‘Beyond Boundaries’ to deliver Quality care for everyone, every time

ICT Strategy

Our plans to develop our ICT to enable us to deliver our vision and strategy

Appendix 8 to our Integrated Business Plan
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1. Executive Summary

A uniquely integrated information solution

The Information Management and Technology Programme for the Isle of Wight NHS Trust is probably broader than anywhere else in the NHS in England. It aims to integrate information across all care settings – ambulance, primary care, acute, community, mental health and social care.

In June 2010 the Board of NHS Isle of Wight approved a five year ICT strategy to take the organisation forward and to integrate information across a uniquely integrated healthcare provider and beyond. This document is a refresh that builds on the original, and reflects both the DH information strategy (The Power of Information) and our local plans to become paperless by 2018.

Whilst the Trust is a relatively new organisation, healthcare on the Island has always been focused on an integrated approach to delivery and as with the original iteration of this strategy; integration of information is the chief aim. As part of that work the Trust signed a contract with a strategic partner in March 2011 and project ISIS (Integrated Services Information System) was born. ISIS is now the backbone of our strategy to integrate information across all care settings, including social care and the third sector. We are now developing an integrated ‘whole system’ solution that will also facilitate access by patients to their healthcare records – a key tenet of the Power of Information.

To realise the potential benefits of information to improve our care and our health outcomes, this strategy sets the following ambitions:

- Information used to drive integrated care across the entire health and social care sector, both within and between organisations
- Information regarded as a health and care service in its own right.
- Information recorded once, at our first contact with professional staff, and shared securely between those providing our care.
- Our electronic care records become a key source of the health and care information used to improve our care, improve services and to inform research, etc. – reducing bureaucratic data collections and enabling us to measure quality.
- A change in culture and mindset, in which our health and care professionals, organisations and systems recognise that information in our own care records is fundamentally about us – so that it becomes normal for us to access our own records easily
- Provision of information to enable self-care and the monitoring of long-term conditions via tele-health and tele-care technologies
- Kit and infrastructure to support ‘agile’ working and hot desking and the reduction in estate as set out in the Estates Strategy

In addition to the work to integrate systems and provide ready access to the underlying information, the Trust has been working hard to fill the gaps left by the National Programme for IT (NPfIT) and as such adopted a ‘best of breed’ approach to systems. i.e. we will keep systems that are fit for purpose and purchase the best where there is a gap, ensuring that systems connect where necessary.
Within this strategy the Trust will deliver best value through a combination of National and local procurement channels, tracking the return on investments made. Where any commercial and contractual commitments were made under NPfIT then these responsibilities will be met and integrated into a ‘Whole Island Architecture.’

Technology will be used to support our clinical directorates in finding new ways of managing their business in an efficient and productive way, improving their service to patients.

It will support the Estates and HR strategies, enabling plans to reduce our estate costs through agile or smart worker solutions and supporting new ways of working and workforce redesign.

We will use technology to improve the patient experience whilst they are within St Mary’s by providing public wi-fi access that will enable patients and visitors to connect their own devices to the internet for personal use.
Summary of ICT Strategy supporting the Trust Clinical Strategy Goals

**Clinical Goals**

- A single point of contact for all urgent care will allow a streamlined and appropriate response
- Patients will spend the minimum time necessary in hospital before discharge
- Fewer patients will attend clinics at the Trust.
- Patients will move seamlessly between traditional care providers using a trusted referral process, facilitated by one seamless record spanning primary, secondary and social care
- Our care will be delivered by a skilled and sustainable workforce

**ICT Strategy**

- Integrated information supporting the most appropriate allocation of resource for a given situation
- Immediate access to patient information; support for workflow driving the discharge process; integrated information with community & primary care; use of tele-health & tele-care technologies
- Integrated information with community & primary care; use of tele-health & tele-care technologies; shared information with social services & the 3rd sector
- ISIS – shared health & care record
- Decision support information & apps
2. Background and Introduction

Our Service Vision

Introduction

Isle of Wight NHS Trust was created in April 2012 and is a unique combined provider of healthcare services – acute, community, mental health and ambulance. This was done to help achieve better critical mass for a location that is:

- Rural and relatively poor by South of England standards
- Has significant population challenges (particularly the older and prison population) and
- Is far enough in travelling time from mainland hospitals to require local acute emergency care in a hospital setting.

The recession and a range of national policy initiatives give the Trust significant future challenges to be a sustainable model of healthcare.

Our Clinical Strategy and the Integrated Business Plan (IBP) summarise how our clinicians, management and stakeholders across the health and social care system believe we need to change and with a focus on the patient. At its heart lies the Integrated Care Organisation.

An Integrated Care Organisation

There are a number of themes we see as crucial to our future as an integrated care organisation. In contrast to where we are now, as we develop we will

- Place a much greater emphasis on integrated service delivery – including social care, between physical and mental health care, and between primary, community and acute care delivery.
- Increasingly focus on improving patient’s experience of services, as well as the outcome and safety of those services.
- Support individuals as they increasingly take more responsibility for their health and healthcare, and we will place a greater emphasis on shared care.
- Increase availability of community based alternatives to hospital care, giving higher priority to keeping patients out of hospital.
- Increase the resources we deploy in community services relative to other sectors to enable an increasing focus on helping people stay healthy.
- Deliver more services as part of strong clinical partnerships with other provider organisations.
- Develop more active case management of patients.
- Focus more on developing the role of clinicians as leaders – particularly by bringing improvements in quality, patient safety and delivering value as a means of improving all round performance.
- Use more technology, information and information systems to improve quality and productivity.
- Search harder for innovative solutions to deliver health care and seek to continuously improve these.
- Mature our capabilities to allow the greater creation of value driven partnerships with both public and commercial organisations.
3. Strategic direction: supporting delivery of the Trust’s objectives

The Trust has a guiding principle to provide **quality care for everyone, every time** and has developed a shared vision with partners in the health economy to deliver **person centred, coordinated health and social care**.

The strategy to deliver this is for staff and the wider organisation to work **beyond traditional boundaries**; internally between professions, vocations and services; and externally with our partners. Five **strategic objectives** have been developed to support delivery of the **vision** and underpin our strategic direction:

1. **QUALITY** - To achieve the highest possible quality standards for our patients in terms of outcomes, safety and positive experience of care
2. **CLINICAL STRATEGY** - To deliver the Trust’s clinical strategy, integrating service delivery within our organisation and with our partners, and providing services locally wherever clinically appropriate and cost effective
3. **RESILIENCE** - Build the resilience of our services and organisation, through partnerships within the NHS, with social care and with the private and voluntary/third sectors
4. **PRODUCTIVITY** - To improve the productivity and efficiency of the Trust, building greater financial sustainability within the local health and social care economy
5. **WORKFORCE** - To develop our people, culture and workforce competencies to implement our vision and clinical strategy, engendering a sense of pride amongst staff in the work they do and services provided and positioning the Trust as an employer of choice

As ICT is a strategic enabler, our ICT arrangements will play a fundamental role in the delivery of these strategic objectives and, consequently, delivery of the Trust's vision.
4. Our Vision for Information & the Journey to Paperless

As an integrated provider our vision is quite naturally that information should be integrated, seamlessly across care pathways. There will be no inter-organisational boundaries. Indeed there should be no organisational boundaries in terms of care records for our residents, visitors and patients.

A doctor or nurse on a ward will be able to access relevant information relating to their patients from ambulance, A&E, GPs, diagnostic services, prescribing, community and mental health. Access will have appropriate information governance controls in place, ensuring only those with justification have a right to information.

Social care and third sector information will be shared and accessible where appropriate, ensuring a timely and efficient use of resources across care settings.

Our ambulance service will have access to summary records and patient contacts and their electronic patient record (EPR) will be integrated with the wider organisations and with NHS number.

Our integrated information will support the organisation’s Hub, helping to coordinate the most appropriate use of resources for the delivery of outstanding patient care.

We will be paperless where there are clear benefits from such a model, minimising printing and postage costs and providing real-time access to information in a safe and efficient way. Such an approach will reduce the burden on storage and estate as well as providing a medium to facilitate patient access to their information via a portal.

We will move away from traditional paper based processes for appointments and check in, improving patient experience and reducing inefficiencies.

Information will support our patients, our clinicians and our business leaders to become empowered and efficient, resulting in improved outcomes and experiences for all.
Isle of Wight’s Paperless Journey

- **2014**
  - Ward View & Bed State
    - Removing the ‘manual’ element to bed management, with a real-time view of availability
  - Electronic Discharge Summaries
    - Direct to GPs – efficient, timely & post free

- **2016**
  - Paperless Outpatients
  - Paperless Inpatients
  - Nursing Obs
  - Access for GPs
  - Full Electronic Ordering
    - Pathology then imaging & other services, with results back to requester

- **2018**
  - Departmental CIS’
  - Standardisation
  - Self check-in
  - Integration with Community
  - Patient Portal
    - Access to their record, appointments, correspondence
  - Electronic patient pathways
    - Full electronic paper record

*June 2014*
5. Supporting Patients

Using information and technology to put people in greater control of their health and care is at the heart of the Government’s strategy – *The power of information (DH May 2012)*.

**Our ICT strategy puts a focus on:**

Further key elements of ‘The power of information’ will make using the NHS easier for patients by providing online access to many of the most frustrating interactions people have with the NHS such as booking appointments.

By developing a patient portal as part of our ISIS programme, patients will have access to information concerning both their health record and details of appointments, correspondence and other relevant information concerning their care.

Information services will include:

- GP summary information available to other healthcare professionals enabling both the timely access to information directly supporting care and the avoidance of repeat questions to patients.
- Electronic correspondence available via the patient portal
- Patients’ medical records will be available securely to them online so they can be viewed and referred to easily by patients and shared with anyone they choose to.
- The ability to check when an outpatient appointment is booked for
- Use of tele-health & tele-care supporting patients in their own homes & reducing the need for hospital attendance

By implementing ISIS we will enable much of this vision to be possible without requiring additional systems and infrastructure.

In addition to providing patients with access to information electronically we will use technology to improve the patient experience whilst they are at St Mary’s, be that as an outpatient or inpatient, by providing wi-fi access that will enable patients to access the internet for personal use.

**Community based care**

A key tenet of our clinical strategy is to move care from an acute based setting and out into the community. Reducing the need for hospital based care not only reduces costs, but also benefits patients as care is delivered in their homes with less disruption to daily life. The Civica PARIS system will support the initiative to develop joint care initiatives between primary, secondary and social care, under the My Life a Full Life programme. Roll out will be completed by 2014/15 and Social Services are in plan for 2015/16.
6. What Healthcare Professionals and Clinicians Want

As part of the work to develop this strategy, numerous face-to-face interviews were conducted with clinicians and other healthcare professionals across the organisation. The following themes emerged:

- access to a patient record from a single ‘home’ system with accurate, complete and immediately available information on history, attendances, investigations and interventions, across all agencies, centred on identifiable patients, and available from all clinical locations, within and outside the organisation;
- access to guidelines and knowledge which will support decision making about patients’ treatment and care and to support life-long learning including best-practice, evidence and access to on-line databases;
- access to information to evaluate the effectiveness of the treatment and care that they give patients including clinical outcome indicators, such as rates of preoperative deaths, complications, complexity of case mix, etc;
- communication with and access to information from other specialists, including support for direct booking, electronic referrals and telemedicine, and inter-agency communication including Social Services;
- GPs and other care professionals outside the hospital also want electronic requesting and results reporting, and electronic transmission of all discharge and clinic letters;
- Clinicians want to be able to communicate rapidly with each other within the hospital setting, as well as across organisational boundaries. This could include forwarding results or documents to clinical colleagues for advice or an opinion.
7. Integrated Services Information System – ISIS

Like all NHS healthcare organisations in England, the trust had been part of the National Programme for IT and was due to deploy a single, organisation wide care records system. When that programme failed to deliver, the trust formed the view that it would adopt a ‘best of breed’ approach, keeping existing legacy systems where they were fit for purpose, such as our PAS (patient administration system), and fill gaps with new system deployments where necessary. For example, in community and mental health where we have a major project to deploy Civica Paris. These would then be integrated and the underlying information made available to clinicians and managers via a web based electronic patient record (EPR). To take this vision forward the organisation has a contract with a commercial strategic partner to develop ISIS – Integrated Services Information System. ISIS is now the cornerstone of our strategy to integrate information right across health and eventually social care and the third sector.

ISIS supports the Clinical Five:

- An integrated Patient Administration System to allow sophisticated reporting. Integration of the existing PAS is underway beginning with the Emergency Care Pathway.
- Order Communications and Diagnostics. The project to enable order comms and diagnostics in real-time is in plan for the 2014/15 financial year.
- Letters with coding; discharge summaries; clinic and Accident and Emergency Letters. Letters with coding and discharge summaries are live and generated from within ISIS and then sent electronically via an encrypted link to GPs.
- Scheduling in real-time for beds, tests, theatres. Real-time Scheduling for beds is live.
- E-prescribing including ‘To Take Out’ medicines. Real-time E-prescribing is now live across mental health and acute.

Having integrated acute and community care makes it easier to move patients between hospitals and the community, including into community facilities when needed. This results in clinicians ‘de-coupling’ from the traditional part of the system they relate to, enabling them to focus on providing care in the most appropriate way in the most appropriate place. ISIS will give clinicians a whole system view of the patient, with relevant information of their journey and the contacts they have had with other healthcare professionals.

Specialists from both on and off the Island will be working alongside generalists, sometimes physically co-located and other times virtually, within multi-specialty teams facilitating high quality care with excellent communication and continuity. There will be no incentive to build up facilities and resources unnecessarily in one part of the system at the expense of other settings where they would generate the greatest overall benefit for patients.

Integrating prevention, diagnosis, treatment and care will mean higher priority being given to keeping people healthy and avoiding the use of hospital services. This will be apparent in relation to chronic disease management and all aspects of rehabilitation services where are will be delivered within a framework of evidence based clinical guidelines, created and maintained by clinicians, and actively managed at all stages.
Integrated health and social care will help drive closer working relationships to create successful prevention strategies for keeping people healthy, supporting their wellbeing and the wellbeing of their carers, and facilitating the sharing of information to better manage risks. This would also help tackle inequalities. Health and social care professionals will be co-located in clusters around the Island working both physically and virtually with primary care professionals for the populations these clusters support. This will leverage all the information within the health and social care systems to enable the creation of evidenced based plans for the health and well being of the residents within these clusters.

The diagram overleaf, shows the Isle of Wight healthcare landscape, it’s stakeholders and how the ISIS programme supports access to information via integration and the use of clinical, business and patient ‘portals’. The model is scalable and could link with mainland sources of information such as the Hampshire Health Record.

**Summary Care Record (SCR)**

Here at Isle of Wight NHS Trust we have developed an Island wide SCR using the Vision 360 platform which is used as the information hub for primary care data, enabling primary care data to be shared with other healthcare professionals involved directly in the care of patients.

Regional solutions for SCR such as Hampshire Health Record will also be reviewed for integration as they develop.

The national SCR solution will be reviewed and could be integrated into ISIS.

**Supporting patient care irrespective of setting**

The ISIS solution is flexible enough to evolve with the changing provision of health care. As the organisation moves to greater provision in the community our strategy is to provide access to clinical information right across the care pathway. The Paris system used by mental health and community will have a link into ISIS (2014/15) enabling those responsible for delivering care in a community setting access to information recorded by acute colleagues. Equally there will be a link within ISIS into the Paris system.

The model used in some European healthcare systems removes the need for discharge summaries and other clinical correspondence to be sent to GPs by acute and community providers. This year (2014/15) it is planned to introduce a link between the Island GPs Vision system and our ISIS portal. This could remove the need to send correspondence in the future.
8. ISIS Benefits

Benefits for Patients

- Less risk and improved safety
- Faster care
- Fewer repeat questions
- Improved confidence in the service

Benefits for Clinicians

- Better access to information
- Improved support for clinical decisions
- Efficiency savings
- Joined up care across the health economy

Benefits for Operational Staff

- Easy access to data for reporting
- Work lists to focus activities
- Exception reports to identify issues
- Reduction in time spent looking for things

Benefits for Managers

- Dashboard views of hospital activity
- Activity and demand planning
- Data availability for patient level costing
- Reduced costs through consolidation
- Paper to electronic / efficient service redesign
9. **ISIS Model – sharing information across healthcare**
10. A patient journey supported by ISIS

Ambulance picks up 80 year old Mrs Jones, a diabetic

Information relating to the patient is input into the ambulance EPR. Once ID is established, ambulance staff can view info from the GP record.

A&E staff have ready access to ambulance & GP info incl allergies. Blood tests & X-rays requested electronically

Mrs Jones, is sent to Diagnostic Imaging - fractured hip

Imaging request received & report sent electronically. PACS image available via link within EPR

Mrs Jones, is sent to theatre for a hip replacement

Theatre staff have access to EPR with test & imaging results and medical history

Ward staff access & update EPR & produce discharge summary, which is sent electronically to the GP

Mrs Jones, is discharged

Mrs Jones is able to view information about her care online, including a copy of her discharge summary & details of follow up treatment via a Patient Portal

Clinical coders, finance, and other professionals have relevant access to information about Mrs Jones care, including patient level costing data
11. Individual Responsibility for Care

Self care will increasingly be at the heart of our philosophy and practice, with patients taking more responsibility for their health and maximising the value they receive from the health and social care system. Patients, carers and families will be encouraged and trained to be co-providers.

The ‘My Life, a Full Life’ programme aims to integrate care and support for adults on the Isle of Wight. Through better communication and sharing of information between organisations and with the people for whom support and services are provided, the aim is to enable patients to promote their own health and wellbeing and to help them identify their own needs, and be assisted to have greater control over, and responsibility for, the support and services provided.

ISIS will directly support this by bringing together information from different care settings, including social care and sharing that data with the appropriate clinicians, carers and directly with patients themselves.

Patients will be encouraged to do more for themselves, helped to exercise, and shown how to administer medication in their own home. Our staff will offer advice and support in person, by text, phone through email, dedicated web sites and ‘chat rooms’. Together we will manage the expectations of patients and their families so hospitals are used only when necessary.

Self care and shared care will be significantly more important components of chronic disease management and substantial investment in patient education and the provision of information to help people with conditions like diabetes and asthma remain independent and healthy. Group consultations involving several patients and a health care professional would be used to support self care both in person and ‘on line’.

12. Supporting Patients in the Community

As part of our ‘best of breed’ approach to underlying systems, the Trust has deployed Civica PARIS into Community and Mental Health. This provides an electronic clinical information system to teams that previously utilised paper. The next phase planned for 2014/15 is to provide a direct link between this system and the Trust’s ISIS solution, providing clinicians’ with a full and rich picture of a patient’s care.

The Island’s infrastructure is poor and 3G/4G access is limited or non-existent. This lack of reliable remote access in a community setting provides some significant challenges and constraints that will require imaginative ‘work arounds’ and commitment from suppliers to provide off-line solutions like store and forward, if we are to fully realise the benefits of an electronic patient record in the community.

Telecare and telemedicine technologies are having an increasingly important role to play in supporting this approach to care and the organisation is leading development of these technologies in partnership with a local company. The Trust has deployed telemedicine into for stroke care and this will be assessed to understand how else the technology might be utilised.

13. Ambulance
The organisation has one of the few truly integrated dispatch and electronic patient record form (EPRF) systems in the country. The Valentia system used also integrates into ISIS and the acute Patient Administration System (PAS) updates Ambulance with the NHS number. Further developments planned include a Patient Transport Service (PTS) system (2015/16) and wider access to ‘whole system’ information by ambulance crews.

14. The Use of Information Communication Technology

Our information systems will be genuinely seamless enabling easy access from different places to test results and patient records. Patient records and clinical systems will be linked with disease registries, databases and expert systems to support clinicians in the management of patients.

These systems help review compliance with the standards set out in the guidelines and to identify clinicians and patients whose practice or care may be departing from these guidelines. The data captured on the information system would be used in part to inform the incentive systems that are measuring the journey towards best practice.

Understanding our costs will be a vital part of our business and our sustainability as a foundation trust. Our ISIS (Integrated Services Information System) programme directly supports the drive for patient level costing and we will increasingly use bar code technology to capture data along the patient journey.

Patient access to information will become a focus and the organisation is committed to utilise ISIS as a means to provide all those who utilise healthcare services on the Island with access to information about their care.

15. Progress to date

Much work has already been completed supporting healthcare right across the Island. This includes:

- Campus wide wireless network, enabling bedside access to patient information, flexible working and the potential to deploy tracking and voice technologies.
- VOIP (voice over internet protocol) phone system, enabling more efficient and flexible working, including portable numbers that move with staff irrespective of where they work.
- Integrated Ambulance dispatch and electronic patient record system
- Vision 360 GP summary care record information
- A&E electronic patient record – paperless in both minors and majors
- 111 non-urgent call system
- Doctors out of hours patient information system
• Electronic prescribing across acute and mental health, including ‘to take out’ medicines

• ISIS now live and being actively used, providing a live bed state and ward view, production and transmission of discharge summaries and other clinical correspondence

16. People and Process

The key to successful delivery of the strategy will always focus on the change management aspects – how staff roles change and how processes are re-engineered. Much of this will be dependant on the culture, some of which will be embedded over years. Each project will require a change management work stream, with a focus on benefits delivery.

Real time data

A big cultural change required, is the move to real time data entry, particularly at the admission, discharge and transfer (ATD) points. Without real time ATD we will not achieve a live bed state and ward view because any delay in entering the patient details on the Patient Administration System (PAS) leads to inaccurate or missing information. For example, if a patient is physically discharged from the hospital, but this is not reflected on the PAS for a number of hours or even days, then the system will continue to show a bed in use.

Similarly, if a patient has not been admitted on the PAS, then it will not be possible to order a test electronically as the patient will not appear to be in the hospital.

17. IT/IS Disaster Recovery

Each department within the trust has a Business Continuity Plan and these are reviewed on an annual basis. Currently the organisation is developing a DR plan for information technology and information systems via the Emergency Planning Committee. An IT/IS disaster is defined as:

An unplanned incident that results in a significant or total loss of telecommunications, data or the ICT service to one or more of the Trust’s sites arising from:

Damage to, loss or destruction of critical parts of the ICT infrastructure; non-availability or destruction of information systems resulting from a virus attack or other external threat. Temporary loss of service due to equipment malfunction, cable breaks etc. are not classified as a disaster. An ICT Disaster can be natural (fire, flood etc.) or chronic (crime, equipment/power failure, human error etc.).

The plan sets out the priority systems in the organisation and the order in which these would be restored in the event of a disaster. The full plan is available on request.
18. Appendices

18.1 Roadmap

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<tr>
<td>ISIS further faster</td>
<td>ISIS additional functionality</td>
<td>PAS replacement</td>
<td>ISIS additional functionality</td>
<td>Paperless organisation</td>
</tr>
<tr>
<td>Paris</td>
<td>ISIS 2-way link to Paris</td>
<td>Patient Portal</td>
<td>LIMS replacement</td>
<td>Full integration</td>
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<tr>
<td>Windows 7</td>
<td>GP link to ISIS</td>
<td>ISIS additional functionality</td>
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<td>ISIS infrastructure</td>
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<td>Paperless in OP/IP</td>
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<td>Paris Social Care</td>
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<td>ICU system</td>
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## 19. Definitions

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<tr>
<th>Acronym</th>
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<tr>
<td>BAM</td>
<td>Business Activity Monitoring is an enterprise solution primarily intended to provide a real-time summary of business activities to operations managers and upper management.</td>
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<tr>
<td>BC</td>
<td>Business Continuity is an interdisciplinary concept used to create and validate a practiced logistical plan for how an organization will recover and restore partially or completely interrupted critical function(s) within a predetermined time after a disaster or extended disruption.</td>
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<tr>
<td>BI</td>
<td>Business Intelligence refers to technologies, applications and practices for the collection, integration, analysis, and presentation of business information. BI systems provide historical, current, and predictive views of business operations, most often using data that has been gathered into a data warehouse or a data mart and occasionally working from operational data.</td>
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<tr>
<td>BPM</td>
<td>Business Process Management is a method of efficiently aligning an organization with the wants and needs of clients. It is a holistic management approach that promotes business effectiveness and efficiency while striving for innovation, flexibility and integration with technology. As organizations strive for attainment of their objectives, BPM attempts to continuously improve processes - the process to define, measure and improve your processes – a 'process optimization' process.</td>
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<tr>
<td>CfH</td>
<td>Connecting for Health is an agency of the UK Department of Health which was formed on the 1st April 2005. It has the responsibility of delivering the NHS National Programme for IT.</td>
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<tr>
<td>CI</td>
<td>Continuous Improvement While kaizen (at Toyota) usually delivers small improvements, the culture of continual aligned small improvements and standardization yields large results in the form of compound productivity improvement. Hence the English usage of &quot;kaizen&quot; can be: &quot;continuous improvement&quot; or &quot;continual improvement.&quot;</td>
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<tr>
<td>CRM</td>
<td>Customer Relationship Management is a customer-centric business strategy with the goal of maximizing profitability, revenue, and customer satisfaction.[1] Technologies that support this business purpose include the capture, storage and analysis of customer, vendor, partner, and internal process information. Technology to support CRM initiatives must be integrated as part of an overall customer-centric strategy.</td>
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<tr>
<td>DPA</td>
<td>Data Protection Act is a United Kingdom Act of Parliament. It defines a legal basis for the handling in the UK of information relating to living people. It is the main piece of legislation that governs protection of personal data in the UK.</td>
</tr>
<tr>
<td>DR</td>
<td>Disaster Recovery is the process, policies and procedures of restoring operations critical to the resumption of business, including regaining access to data (records, hardware, software, etc.), communications (incoming, outgoing, toll-free, fax, etc.), workspace, and other business processes after a natural or human-induced disaster.</td>
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<tr>
<td>EDRMS</td>
<td>Electronic Document Records Management System describes the combined technologies of an Electronic document management system and an Electronic Records Management System as a complete integrated system. An EDRMS aims to enable businesses to manage documents throughout the lifecycle of those documents, from creation to destruction.</td>
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<tr>
<td>EMEA</td>
<td>European Medicines Agency is a European agency for the evaluation of medicinal products. Until 2004, the European Medicines Agency was known as The European Agency for the Evaluation of Medicinal Products.</td>
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<tr>
<td>EPR</td>
<td>Electronic Patient Record refers to an individual patient's medical record in digital format. Electronic Patient Record systems co-ordinate the storage and retrieval of individual records with the aid of computers.</td>
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<tr>
<td>FDA</td>
<td>Food and Drug Administration is an agency of the United States Department of Health and Human Services and is responsible for the safety regulation of most types of foods, dietary supplements, drugs, vaccines, biological medical products, blood products, medical devices, radiation-emitting devices, veterinary products, and cosmetics.</td>
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<tr>
<td>FOI / FOIA</td>
<td>Freedom of Information Act is the implementation of freedom of information legislation in the United Kingdom on a national level. It is an Act of Parliament that introduces a public &quot;right to know&quot; in relation to public bodies.</td>
</tr>
<tr>
<td>GE</td>
<td>General Electric is a multinational American technology and services conglomerate incorporated in the State of New York.[1] In terms of market capitalization, GE is the world's second largest company.</td>
</tr>
</tbody>
</table>
| GIS | Geographical is any system for capturing, storing, analyzing and managing data and information in a reference framework.
<table>
<thead>
<tr>
<th>Information System</th>
<th>associated attributes which are spatially referenced</th>
</tr>
</thead>
<tbody>
<tr>
<td>GP General Practitioner</td>
<td>is a <strong>doctor</strong> who specializes in Family Medicine and who provides <strong>primary care</strong></td>
</tr>
<tr>
<td>HCP Healthcare Professional</td>
<td>is a person who delivers health care in a professional, systematic way to any individual in need of health care services.</td>
</tr>
<tr>
<td>ICT Information Communication &amp; Technology</td>
<td>is an umbrella term that includes all technologies for the communication of <strong>information</strong>. It encompasses: any medium to record information.</td>
</tr>
<tr>
<td>ICT Information Management &amp; Technology</td>
<td>is the collection and management of <strong>information</strong> from one or more sources and the distribution of that information to one or more audiences via the management of a collection of systems, infrastructure, and information that resides on them.</td>
</tr>
<tr>
<td>JD Job Description</td>
<td>is a list of the general tasks, or functions, and <strong>responsibilities</strong> of a position.</td>
</tr>
<tr>
<td>KM Knowledge Management</td>
<td>comprises a range of practices used by organizations to identify, create, represent, and distribute <strong>knowledge</strong>. Knowledge Management is frequently linked and related to what has become known as the <strong>learning organization</strong>, <strong>lifelong learning</strong>, and <strong>continuous improvement</strong>.</td>
</tr>
<tr>
<td>KSF Key Skills Framework</td>
<td>is a framework to support personal development and career progression within the <strong>National Health Service</strong> in the United Kingdom.</td>
</tr>
<tr>
<td>LIMS Laboratory Information management system</td>
<td>is <strong>computer software</strong> that is used in the laboratory for the <strong>management</strong> of samples, laboratory users, instruments, standards and other laboratory functions such as invoicing, plate management, and work flow automation.</td>
</tr>
<tr>
<td>NCRS NHS Care Records Service</td>
<td>is part of <strong>Connecting for Health</strong> of the <strong>English National Health Service</strong>. The project describes its objectives as follows: Patient-centred care requires information to follow the patient so that it is available wherever and whenever it is needed. The NHS Care Records Service will allow this to happen. For the first time, information about patients will be mobile - as patients are themselves - and not remain in filing stores in the buildings where treatment or care has been received.</td>
</tr>
<tr>
<td>NPfIT National Programme for IT</td>
<td>is an initiative by the <strong>National Health Service</strong> (NHS) in England to move towards an electronic care record for patients and to connect 30,000 <strong>General practitioners</strong> to 300 hospitals, providing secure and audited access to these records by authorized health professionals. The Department of Health agency NHS <strong>Connecting for Health</strong> (NHS CFH) is responsible for delivering this programme.</td>
</tr>
<tr>
<td>PAS Patient Administration System</td>
<td>is one of the basic components of a <strong>hospital computer system</strong> which records the patient's name, home address, date of birth and each contact with the <strong>outpatient</strong> department or admission and discharge.</td>
</tr>
<tr>
<td>SHIP Shared hospital Information Programme</td>
<td>See section 4.1.1</td>
</tr>
<tr>
<td>SSO Single Sign On</td>
<td>is a method of <strong>access control</strong> that enables a user to <strong>authenticate</strong> once and gain access to the resources of multiple software systems.</td>
</tr>
<tr>
<td>TRP Trust Resource Planning</td>
<td>See section 4.1.4</td>
</tr>
</tbody>
</table>