

**WRITTEN QUESTION TO THE MINISTER FOR HEALTH AND SOCIAL SERVICES
BY DEPUTY T.A. VALLOIS OF ST. SAVIOUR
ANSWER TO BE TABLED ON TUESDAY 16th APRIL 2013**

Question

Would the Minister confirm the exact funding of the Integrated Care Record Project, advise whether there have been any problems with implementation and, if so, what were they and how have they been addressed?

Answer

The funding for the Integrated Care Record (ICR) project was £12,000,000. The actual spend to deliver this project was £11,971,463, comprising £6,809,693 of capital expenditure and £5,161,770 of revenue expenditure. This expenditure was included in the States 2011 audited accounts.

The ICR project was successfully implemented within budget and went live in June 2011, replacing the 25 year old Patient Administration System. Implementation of any major IT development will always be challenging and will, almost inevitably, bring with it problems that need to be addressed during, and after, the implementation process. TrakCare, the core element of the ICR project, is no different.

The implementation of TrakCare is a key enabler for the future, paving the way for developments such as a full Electronic Patient Record, electronic requesting and delivery of diagnostic test results, E-Prescribing and the potential to link directly with island GPs and others. All electronic medical records and patient related information is stored on secured servers, on Island.

The following are just some examples of the challenges experienced during and after the initial implementation, and how they were addressed. As a new system, TrakCare required initial setup, as well as training and the development of new skills for staff supporting the system

As part of the implementation, a team of experts was employed to support the in-house team in completing the work required to implement the system. This work comprised many components, including the 'build' of 900 clinics and the development of more than 100 system reports required for 'go live'.

During the ICR implementation stage, the local support team needed to gain the necessary skills and experience to continue supporting the new system, skills and knowledge that were transferred from the initial expert team. The in-house support team members are now considered 'experts' in their roles, and are currently maximising the benefits to be obtained from the new system, enhancing the functionality offered by the system to proactively support the delivery of healthcare services.

The old system had very restricted functionality. TrakCare offers the ability to design and fit workflow preferences without computer code changes, and these improvements can now be carried out by our own in house support team.

As with most system implementations there was a requirement to review, 'cleanse' and validate the data being transferred to the new system. The local support team, together with hospital staff, identified and cleansed data transferred to the new system.

Data quality issues continue to be addressed on an ongoing basis, with the in-house support team and hospital staff continually improving data collection and analysis within the new system. Exception reporting has been developed to identify data issues and is used to improve data quality assurance and reporting.

Now in place and operating effectively, the functionality provided by the new TrakCare system delivers many improvements, including an Electronic Patient Record for Maternity, Emergency Department and Theatres, as well as real-time patient information for bed management.

Such changes provide challenges in their own right. A key element of the Department's White Paper is the development of information to support patient and client safety, as well as service planning and development to meet future demands and improving efficiency.

The Department has identified the need to make further investment and improvements and is planning to address a number of issues over the coming years, including:

- Improved integration and data sharing, for example, better links with GPs, where improved IT infrastructure can reduce risk and improve the speed and quality of communication between hospital and primary care
- Utilising and enhancing existing systems, for example, electronic patient referral and discharge summaries to improve clinical care and efficiency.
- Implementation of comprehensive, integrated computerised records across all health and social care settings
- Taking advantage of technological solutions to improve efficiency and effectiveness, for example electronic prescribing and electronic ordering of tests and communication of results to clinicians