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Even after all this time, I don't picture myself when I think about what a medical student looks or sounds like. I have often felt out of place in this profession, worlds away from the tiny village I grew up in. Yet, the longer I spend at medical school, or working on medical journals, the more I realise there is no one way for a medical student to look or sound. As a profession, and as the future of the profession, we should resemble the population we serve.

I care deeply about patients, and I care deeply about medical students too. More often than not, our interests align. It is a difficult time to be a patient; waiting lists are growing, and so are health inequities. It is also a difficult time to be a medical student. We have less job security than ever before, less financial support during our studies than the generations that came before us, and lower pay once we do graduate. During my year at the BMJ, it has been a privilege to share the stories of countless students and doctors, and offer my platform to those who often remain unheard by policy makers. My theme for BMJ Student in 2024 is widening participation and diversity in medicine, and I will carry these passions into my work here in Morecambe Bay. I believe advocacy is an intrinsic part of the role of doctor, and to a lesser extent, of medical students. I carry these values and passions into my editorial work, but it is also a pleasure to spend my time working with and learning from the passions of my friends and colleagues. As true as it is that there is not one way for medical students to look or sound, it is equally true that there is no right answer to the question of what medical students care about. We rise by lifting others, and I cannot wait to see the dizzying heights that are to come for the Morecambe Bay Medical Journal.

Digital Transformation Across the Bay

Janet Manning, Chief Nursing Information Officer, RN, DipHE, BSc (Honours), MSc

For a while now the University Hospitals of Morecambe Bay NHS Trust (UHMBT), along with the other trusts in the Integrated Care System (ICS), has been avidly waiting an announcement regarding the procurement of a new Electronic Patient Record (EPR) to replace the current Lorenzo system when the contract ends in July 2025. Unfortunately, for several reasons, the procurement has now been closed without appointing a supplier. The ICS plan moving forward is to review requirements to ensure that the contract will meet all the specifications of the trusts in the ICS and then invite suppliers to tender in 12 months' time. This ultimately means that there will be a significant delay in the implementation of a new system. When it does happen it will be an ICS wide transformation which will alter the way we manage the care of our patients using technology to help us. However, this cannot be seen as a digital project, it is so much more about transformation of our services and pathways. Digital technology is the enabler to support the fast-paced changes that are required to deliver patient care in a modern NHS.

Whilst the delay is frustrating to say the least, it does allow for us all to take our time to start the transformation work, to optimise our processes, pathways and streamline documentation. As the ambition is to share a single instance EPR across the ICS, there is a requirement for collaboration and agreement across all trusts as to how we care for our patients, using identified pathways supported by digital technology. For this to be successful, clinician support and engagement is vital as they are the main users of the systems. As transformation gets underway, clinician involvement will be required to shape the configuration of the new system; as who is better placed to understand what works well and where improvements are required?

Ms Sarah Hart, Integrated Care Board (ICB) EPR Clinical Lead, has commenced a pilot piece of work to understand how

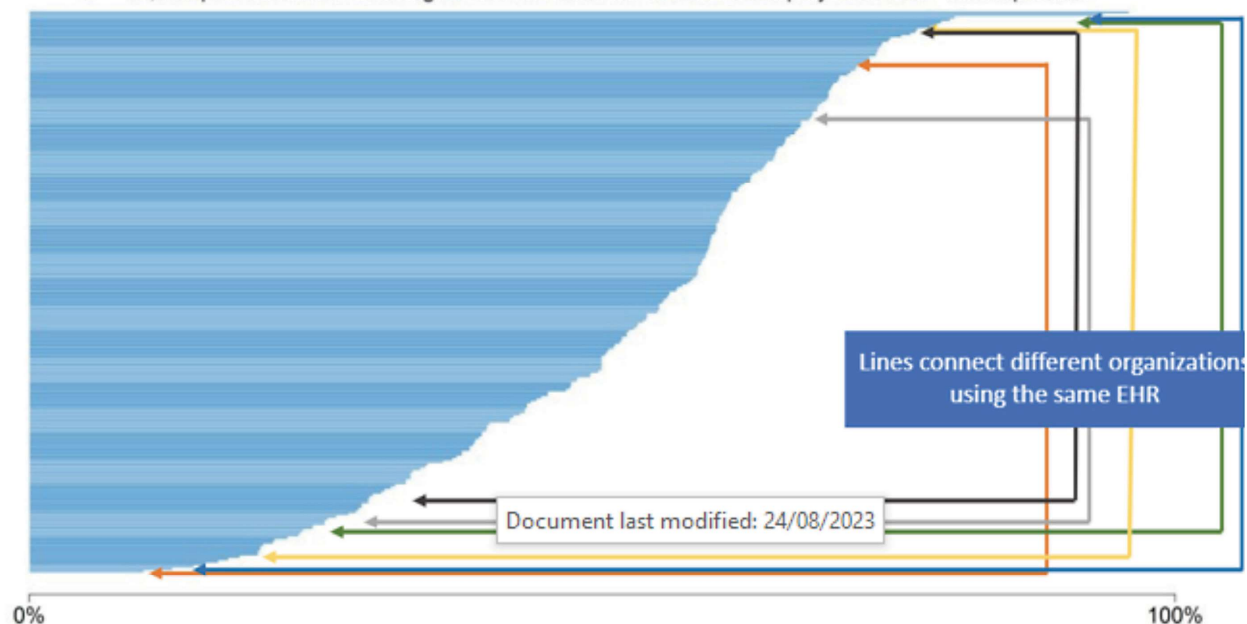
shared cared pathways across the ICS can be created. This has provided some valuable insight as to who the stakeholders are and what role they will have in the transformation. It is clear that collaboration will be the key to success.

Effective use of clinician time is crucial to the provision of quality patient care, however, a heightened focus on the quality and detail needed for documentation has resulted in increasing pressure on the clinicians, staff dissatisfaction and burnout.¹ EPR's can improve workflow and reduce the burden if their implementation is optimised, with the support and engagement of the teams using them. If we passively accept a new system, it is likely that there will be dissatisfaction and increased burden, and that the system functionality will not be used optimally. A clinically driven transformation is paramount in the pre-implementation, go-live and stabilisation phases. This is supported by the KLAS survey of 2020 which suggests that user satisfaction is positively influenced by a thorough and clinically led implementation (see figure).²

Here in UHMBT, preparation for implementation of a new system is underway despite the pause in procurement. The EPR team are currently starting the work to pre-optimize the migration of information, data, and records by working initially with the Allied Health Professional teams to process map their use of electronic and paper systems in the current state. Unsurprisingly, there has been lots of duplication and unnecessary steps in process identified, which in general negatively impacts on the clinical teams. I am sure that colleagues across all disciplines would be able to identify similar scenarios in their own specialities and recognise the frustration that this can bring. This mapping exercise allows the Information, Informatics and Innovation (i3) team to work with the clinical teams to find solutions to these issues and improve our working lives and the experience of our patients for now and in the future state.

Percent of Providers Who Agree Their EHR Enables Quality Care

n = 42,623 providers from 226 organizations: each bar is an EHR deployment with >20 responses



The i3 team hope to work with all specialities and teams, however there are often barriers to clinical engagement. These include clinical demands, lack of support to attend, and sometimes a belief that the clinical team has no influence on the systems that they use. This is simply not the case. An example of where team involvement has influenced and improved practice has been the adoption of the new nursing care plan.

In June 2022, an audit looked at the variation in the way that nurses documented their care, the quality of the documentation and where it was recorded. The audit found variation in all three aspects, which suggested inefficiency, duplication, and poor quality in some areas. The senior nursing team requested a project that would standardise and improve nursing documentation, without increasing the burden of time spent recording information.

The project used quality improvement methodology including stakeholder analysis, stakeholder engagement, and evidence-based information to guide the work. A delegation of nurses from all sites, specialities and seniority formed a working party to create the format and content of a new care plan. In only three meetings an initial draft was agreed upon and the care plan was created. This was piloted on five wards across the sites, and feedback from the teams allowed us to iterate as necessary. On October 30th 2023 the new care plan was implemented across all areas. The roll out did not incur many issues and when a re-audit was completed in January 2024 the results showed that there was a 100% uptake. The audit identified improvements in the quality of the documentation. There are still some improvements to be made which will increase the quality further. Feedback from the nursing teams is generally positive and 80% have indicated that they prefer it to the old-style documentation. Two thirds

feel that it is quicker to complete, and 81% feel that there is improvement in the quality of the information recorded.

This project was successful because of the collaboration and the engagement of the colleagues involved and the support from the senior nursing team. This process can be repeated for all disciplines, and the scope for quality improvement is large. Standardising our documentation to support process is a positive step in the transformation and will optimise the migration to a new system.

This is an exciting time for the Trust, as it is a chance to change outdated and cultural processes to streamline and transform our business of delivering safe and effective care for patients.

If you would like to be part of the transformation and are keen to support improving digital documentation in your speciality, please get in touch with either Ms Sarah Hart (sarah.hart@mbht.nhs.uk) or myself, Janet Manning, Chief Nursing Information Officer, (janet.manning@mbht.nhs.uk).

REFERENCES

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