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Why successful EPR implementation starts with connecting your IT and Clinical teams

[Dr. Simon Wallace](#) | Chief Clinical Information Officer (CCIO), Nuance Healthcare UK and Ireland

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Microsoft + Nuance recently sponsored a webinar with the Health Service Journal (HSJ) exploring some of the challenges of using electronic patient records (EPRs). In the session, four expert panellists shared their advice for planning and executing successful EPR transformation projects, and discussed why NHS decision-makers must see EPR implementation as an opportunity to reimagine how clinicians work, and how care is delivered.

Electronic Patient Records (EPRs) help clinicians capture, access, and share patient information much more efficiently and effectively—delivering benefits for patients and providers alike. But, a growing body of research indicates that, if they're not correctly implemented, EPRs can increase time spent creating clinical documentation and contribute to clinician burnout.

The most common barrier to EPR implementation? According to Consultant colorectal surgeon and chief clinical information officer Jonathan Cowley, it's a lack of clear and consultative clinical engagement.

"This isn't like downloading a new app. You're replacing one system with another and forcing people to use it. We're imposing change on clinicians, so it's up to us to facilitate their training and onboarding onto those systems."

Mr Cowley was speaking at the HSJ webinar about the usability conundrum of electronic patient records, where he was joined on the panel by three other experts, each with a wealth of experience either working with, or overseeing the implementation of, EPR systems in the NHS.

Echoing Jonathan's thoughts, GP registrar and former CMIO at Royal Free, Jay Mehta added, "You need to give clinicians a sense of ownership over their tool. You can't just give them the tool on its own—you also need to give them the skills and comfort to use it properly in their workflow."

But engagement goes both ways. Bringing clinicians into the conversation, training them, and building EPR systems and capabilities around them is a great start. But to ensure high engagement from every clinician, you need to build genuine excitement and interest around your EPR system, as pointed out by Chief Medical Information Officer at Royal Free London Foundation Trust, William Kenworthy.

"Finding ways to create interest and energy around EPRs is essential if you want to get clinicians to get to use them responsibly. They need access to data, and the option to be involved in the planning and implementation of the system. If you can show them what's possible with EPRs, you can get them onside early."

Success starts with connecting your IT and clinical teams

The panel then turned their attention to the underlying causes of low clinical engagement during EPR projects.

"Historically, IT and clinical teams simply haven't talked to each other," said Microsoft's Chief Clinical Information Officer and Paediatrician Umang Patel. "We need to get to a point where there's a mutual understanding between the two teams. They need to understand each other's challenges and workflows, to better understand exactly what's possible with EPR systems."

"Successful EPR implementation takes a symbiotic working relationship between the IT department and clinical teams," added Jonathan. "Clinicians should feel constantly supported by a back-office team that's continuously working to develop and improve the systems they use, or they'll quickly become disengaged."

By making IT and clinical teams visible and accessible to one another, hospitals and trusts can create a culture where IT teams better understand the clinical challenges their tech needs to solve. Clinical teams, meanwhile, can clearly see how new technology can change their working lives for the better.

Dare to dream—imagine a better tomorrow for all patients and staff

The way you think about your EPR implementation is important, too.

The panel agreed that those leading an implementation should seize the opportunity to reimagine clinical information workflows for the digital future. Instead of seeing the project as necessary work to roll out a new, NHS-mandated system, they should see it as laying a new foundation for information capture and sharing.

"You need to ask big questions that relate to tangible and impactful clinical and patient outcomes," said Umang. "Can we reduce the number of clicks needed to complete a task by 40% by doing things the right way? Can we make experiences better for the clinicians using the system? And can we make things cheaper, or can we save resource by implementing new capabilities?"

Augmenting EPR systems with the capabilities to be a true platform for the future, that will deliver on an inspiring, outcomes-focused vision, does involve additional investment. But as the panel argued, it's money well spent.

"You need to pay the price to implement and build upon these things properly," said William. "It isn't enough to simply deploy an off the shelf EPR solution. You need to get from an out of the box solution, to a healthy digital organisation—and that means building the right capabilities around your new foundation."

With the right culture, mindset, and vision, EPRs can be genuinely transformative

Implementing an EPR system is a complex project, and after listening to the panel's discussion, it's easy to understand how they can fail to deliver the benefits they should.

But by breaking down barriers between technical and clinical teams, driving clinical engagement, and building on the EPR system's core functionality to genuinely transform clinical workflows, hospital trusts

can set their implementations up for success.

Umang used [Dragon Medical One](#) as a great example of the kind of capabilities trusts can deploy to make the most of the EPR opportunity.

“Working closely with Microsoft and Nuance, I’ve seen the benefits that speech-enabling an EPR can have on clinician workflows. It’s also the foundation for implementing [Ambient clinical intelligence](#) and that’s the future clinicians want to move towards—workflow where they don’t need to touch a keyboard to reliably record and share patient information.”

If you’d like to catch up on all the insights shared by the panel for yourself, the full webinar recording is [available to watch here](#).

Tags: [Electronic patient records \(EPR\)](#), [Dragon Medical One](#), [Ambient clinical intelligence](#), [Microsoft + Nuance](#)



About Dr. Simon Wallace

Dr. Simon Wallace is the Chief Clinical Information Officer (CCIO) of Nuance’s Healthcare division in the UK and Ireland. Simon has worked as a GP, hospital and public health doctor in Brighton and London. His interest in health informatics began in the 90s when he spent a year at the King’s Fund investigating the impact of the internet on shared decision making between patients and their healthcare professional. For the past 15 years, he has worked for a range of organisations including Bupa, Dr Foster, Cerner Corporation and GSK across a range of technologies which include electronic patient records, telemedicine, mobile health and lifestyle devices. Simon has a keen interest in the voluntary sector, recently completing a 7 year term as a Trustee for Fitzrovia Youth in Action, a children and young people’s charity based in London.



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