The Leeds Teaching Hospitals **NHS** NHS Trust

What's New in point is a second secon

The latest version of PPM+ goes live on 1st of August 2018

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Clinician Only Alert

Applies to: All Users

We have introduced a Clinician Only Alert into PPM+. This is to advise clinicians in a way that safeguards both patients and staff. The alert may identify an issue or issues such as safeguarding and it is vital that when you encounter a clinician only alert that you ensure patients and relatives ARE NOT PRESENT before you open the alert to read the detail.

The MARAC alert follows a serious / significant domestic violence incident in which West Yorkshire Police have attended and deemed as a high risk case. The MARAC alert is recorded against the victims PPM+ record, not the perpetrator's or any children involved.

Initially the alert will appear in the top-right as below:

						Cu	irrent Loc	ation (SJ	UH)	Born 03-Jun-2005 (13y)	Gend	er Female	NHS No.	945	
Address		Phone			GP GP (Dr)			F	PAS No	o. 002		4 Allergies	see GP tal	o or eMeds	0
Hospital		General Practice												Resul	ts
Actions	Filter	Events		Show Booked and	Delivere 💌	Pa	atient Cl	inical Alerts	5						~
View Patient Details	^ <u>_</u>	many C			Add -										7
View Audit Log	Sum	inary io			Auu •	Date	Name		De	escription					
Clinical Record Types	2018	3				Clinical	Alerts								
	10-Jul-	2018 Ward Stay	(S	t James's University	Hospital), E…										
All	10-Jul-	2018 Admission				20-	(Clinician only	y a						
Alerts (4)	10-Jul-	2018 Ward Stay		(St James's Univers	ity Hospital	Jun- 2018	2 	MARAC	CI	linician only alert - MARAC					
Allergies	20-Jun	-2018 Alerts				2010									
eMeds Allergies 27	20-Jun	-2018 Alerts													-
Audits/Tracking	20-Jun	-2018 Alerts	Clin	ician only alert - MAF	RAC										
Clinical Documents (0+)	20-Jun	-2018 Alerts													
Dictation (EPRO)															
Scanned Case Notes	~														

Once you have clicked on the alert, more details will be displayed:

								Curr	ent Locatior	(SJUI	H) Born 03-Jun-2005 (13y)	Gend	ier Female	NHS No	. 🔵 945	
Address		1	Phone			GI	P GP (Dr)			PA	S No. 002		Allergies	: see GP tr	ab or eMeds	0
Hospital		Gen	eral Practice												Re	sults
Actions	3	Filter Even	ts		Show Book	ked and De	elivere 💌	Summary	Detail							
View Patient Details View Audit Log	^	Summary	C				Add -	Patient	Alert Deta	ils						
Clinical Record Types		2018								Name	Clinician only alert - MARAC					
	1	0-Jul-2018	Ward Stay	(S	t James's Uni	iversity Ho	spital), E…		De	scription	Clinician only alert - MARAC					
All	1	0-Jul-2018	Admission						Ale	ert Code	MARAC Active					
Alerts (4)	1	0-Jul-2018	Ward Stay		(St James's	University I	Hospital		Ale	rt Advice	This patient has previously ex	perienc	ed domestic	abuse wh	ich was	
Allergies	2	0-Jun-2018	Alerts								documented via the citywide I	MARAC	procedures a	and proce	ss. Please ta	ake
eMeds Allergies 27	2	0-Jun-2018	Alerts								patient. Consideration as you	aecide atient r	tne appropria outine enquin	ite treatme	ant for this osting the pr	atient
Audits/Tracking	2	0-Jun-2018	Alerts	Clini	cian only ale	rt - Marac	;				to domestic violence services	if safe	to do so. PLE	EASE DO	SO ONLY IF	F
Clinical Documents (0+)	2	0-Jun-2018	Alerts								PATIENT IS ALONE. If you re	quire fu	urther details	or guidand	ce please co	ontact
Dictation (EPRO)											your own organisation's safeg	uarding) team who ca	an advise		
Scanned Case Notes >	•							Viow								
External Systems								view								
Summary Care Record																
Order Comms																
More +																

Tasks

Applies to: Pilot Users

The Ward View currently features a large number of columns and each one is tied to a specific purpose. For example, the *Fall* column notifies the user when the Falls Risk Assessment needs to be completed. Some columns combine a task, an alert and other information in the same column.

This update sees the introduction of new 'Tasks' functionality to standardise the way tasks are presented in the Ward View.

A new *Tasks* column displays the total number of tasks the patient has outstanding followed by the number that are due and the number that are overdue in brackets. One or more 'due' tasks results in an amber exclamation mark \bigcirc unless any are overdue in which case a red question mark \bigcirc is displayed:



Clicking the column opens the *Task List* dialogue box and from there, the relevant eForm can be completed. The *Task List* enables the outstanding tasks to be filtered to only show tasks of a particular type e.g. nursing tasks or to focus on those of a particular status e.g. overdue tasks:

Task List				×
Testing				
Born 16-Jul	-1993	Gender	NHS No.	
All Tasks				~
To Do 🕕	Overdue 0	Due 🕕 🛛 All 2		
21 Hours	Fa	lls Daily Care Plan		>
6 Days	He	ight and Weight (Adult)		>
2 Refresh				Close

The functionality will continue to be developed in up-coming releases.

Please see below for further information on the <u>Height and Weight (Adult)</u> and <u>Falls Prevention -</u> <u>Daily Care Plan</u> tasks.

Height and Weight (Adult) Task

Applies to: Pilot Users

Users will be prompted to record the height and weight of all adult patients within 24 hours of a Ward Admission by the appearance of a task on the Ward View:

Task List			×
TAYLOR			
Born 01-Mar-1949	Gender	NHS No.	
All Tasks			~
To Do 🚺 Overdue 🚺	Due 🕘 🛛 All 🕦		
1 Day Ago H	leight and Weight (Adult)		>
∂ Refresh			Close

You can launch the task from the Task List dialogue by clicking the Tasks column or you can

complete the eForm separately via the *Add Clinical Document* button in the Single Patient View or the in the *Action* column on the Ward Patient List.

Falls Prevention - Daily Care Plan Task

Applies to: Pilot Users

To assist in the recording a Falls Prevention - Daily Care Plan on Inpatients, a task will appear on the Ward View:

Task List					×
Testing					
Born 16-Jul-	1993	Gender		NHS No.	
All Tasks					~
To Do 🕕	Overdue 0	Due	All 2		
1 Hour Ag	go Fa	lls Daily Ca	re Plan		>
5 Days	He	ight and We	ight (Adult)		>
2 Refresh					Close

You can launch the task from the Task List dialogue by clicking the Tasks column or you can

complete the eForm separately via the *Add Clinical Document* button in the Single Patient View or the in the *Action* column on the Ward Patient List.

Yorkshire Lung Cancer Screening Programme

Applies to: Pilot Users

Further to the previously released *YLST - Lung Screening CT Request* and *YLST - Lung Screening Telephone Triage* forms, we have introduced 6 new eForms to assist in the Yorkshire Lung Cancer Screening Programme. Namely:

- YLST Lung Health Check Clinical Information
- YLST Lung Health Check Eligibility Re-check
- YLST Lung Health Check Physiological Measurements
- YLST T0 Screening Review Meeting
- YLST T0 Screening Sign Off
- YLST Virtual/Telephone Clinic

YLST - Lung Health Check Cli	inical Information			×
TEST-TEST, Beryl (Ms)		Born 01-Feb-	1970 (48y) Gender Male	NHS No.
Address LS1			Phone 0113	PAS No.
COPD Assessment	EQ-5DL: Under each heading, please tick	the ONE box t	hat best describes your health	TODAY
	*Mobility		* Self care	
SF-12 Questionnaire	I have no problems in walking about	~	I have no problems washing or dres	sing myself
🥔 EQ-5D	* Pain / Discomfort		*Usual Activities	
O Cancer Worry Scale	I have no pain or discomfort	~	I have slight problems doing my usu	al activities
(UKLS adapted version)			e.g. work, study, housework, family or leisure a	activities
Response efficacy (of stepping smeking)	*Anxiety / Depression		*EQ Visual analogue scale	
stopping smoking)	I am slightly anxious or depressed	~	70	
Perceived personal risk of developing cancer			Integer between 0 and 100/Refused	
 Fagerstorm Test of Nicotine/Cigarette Dependence Motivation to stop smoking 	<			Save and Continue
O Quit Confidence				
Self efficacy (of stopping smoking)				
• Willing to meet smoking cessation advisor				
Needs review in				
i Cancel €				Unsaved changes

YLST - Lung Health Check Eligibility Re-check	×
TEST-TEST, Beryl (Ms)	Born 01-Feb-1970 (48y) Gender Male NHS No.
Address LS1	Phone 0113 PAS No.
Yorkshire Lung Cancer Cigarette Smoked	^
*When was the last time you smoked a cigarette?	
Today In the last week In the last month In the last year Over a	a year ago I have never smoked
Height	
*Measurement type	
Actual Recalled Estimated from ulna length Unable to assess	
*Measurement units	*Current height (cm)
Metric Imperial	183
Weight	
*Measurement type	
Actual Estimated Unable to assess	
* Measurement units	*Current weight (Kg)
Metric Imperial	91
* Are there any factors affecting the patient's weight e.g. Amputation, Ascites. Clinical Oedema?	
No Yes	
BMI	✓
證 Cancel	

YLST - Lung Health Check Physiological Measurements				×
TEST-TEST, Beryl (Ms)	Born 01-Feb-1970 (48y)) Gender Male	NHS No.	
Address LS1	Phone	0113	PAS	No.
Yorkshire Lung Cancer Lung Health Check Physiological Measureme	ents			
FEV1 (litres) 3.11 FVC (litres) 3.11	FEV1 (% predicted) 80 FVC (% predicted) 80]		
FEV1/FVC (as %)	Exhaled carbon monoxide	e (parts per million)		
Oxygen saturation (%) 99	Reason if unable to collec	ct physiological para	meter	
Author				
Author robinsst	Date 20-Jul-2018	Time 09:2	e 9:34	
			Unsaved changes	Submit

TEST-TEST, Beryl (Ms)	Born 01-Feb-1970 (48y) Gender Male	NHS No.	
Address LS1	Phone 0113	PASIN	lo.
Yorkshire Lung Cancer T0 Screening Review Meeting Form			^
Date of Screening Review Meeting	Radiologist present		
2018-07-20	A. Radiologist		
20-Jul-2018			
Respiratory Physician present	Admin team member present		
A. Respiratory Physician	N/A		
Specific clinical flag for reviewing in screening meeting?			
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate	SRM discussion summary Summary of SRM discussion		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM	SRM discussion summary Summary of SRM discussion Recommendation		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM Negative (normal scan/nodule below size for surveillance/trivial incidental finding	SRM discussion summary Summary of SRM discussion Recommendation Continue with T2 screen		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM Negative (normal scan/nodule below size for surveillance/trivial incidental finding not needing action/nodule completed surveillance)	SRM discussion summary Summary of SRM discussion Recommendation Continue with T2 screen 3 month surveillance scan		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM Negative (normal scan/nodule below size for surveillance/trivial incidental finding not needing action/nodule completed surveillance) Indeterminate (nodule needing ongoing surveillance) Indeterminate (nodule needing ongoing surveillance)	SRM discussion summary Summary of SRM discussion Recommendation Continue with T2 screen 3 month surveillance scan 12 month surveillance scan		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM No needing action/nodule below size for surveillance/trivial incidental finding not needing action/nodule completed surveillance) Indeterminate (nodule needing ongoing surveillance) Positive (suspected lung cancer needing clinic review) Isolated (other neutroneous or neo pulmonous finding needing aligned review)	SRM discussion summary Summary of SRM discussion Recommendation Continue with T2 screen 3 month surveillance scan 12 month surveillance scan Fast-track clinic		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM Negative (normal scan/nodule below size for surveillance/trivial incidental finding not needing action/nodule completed surveillance) Indeterminate (nodule needing ongoing surveillance) Positive (suspected lung cancer needing clinic review) Incidental (other pulmonary or non-pulmonary finding needing clinical review)	SRM discussion summary Summary of SRM discussion Recommendation Continue with T2 screen 3 month surveillance scan 12 month surveillance scan Fast-track clinic Telephone clinic		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM Negative (normal scan/nodule below size for surveillance/trivial incidental finding not needing action/nodule completed surveillance) Indeterminate (nodule needing ongoing surveillance) Positive (suspected lung cancer needing clinic review) Incidental (other pulmonary or non-pulmonary finding needing clinical review)	SRM discussion summary Summary of SRM discussion Recommendation Continue with T2 screen 3 month surveillance scan 12 month surveillance scan Fast-track clinic Telephone clinic Virtual clinic Other		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM Negative (normal scan/nodule below size for surveillance/trivial incidental finding not needing action/nodule completed surveillance) Image: Indeterminate (nodule needing ongoing surveillance) Positive (suspected lung cancer needing clinic review) Incidental (other pulmonary or non-pulmonary finding needing clinical review) Details of recommendation including next tests if further needed	SRM discussion summary Summary of SRM discussion Continue with T2 screen 3 month surveillance scan 12 month surveillance scan Fast-track clinic Telephone clinic Virtual clinic Other If back to screening, when next scan		
Specific clinical flag for reviewing in screening meeting? No Yes Reason for review in screening meeting if appropriate Overall conclusion post SRM No needing action/nodule below size for surveillance/trivial incidental finding not needing action/nodule completed surveillance) Indeterminate (nodule needing ongoing surveillance) Positive (suspected lung cancer needing clinic review) Incidental (other pulmonary or non-pulmonary finding needing clinical review) Details of recommendation including next tests if further needed Details of recommendation including next tests if further needed	SRM discussion summary Summary of SRM discussion Recommendation Continue with T2 screen 3 month surveillance scan 12 month surveillance scan Fast-track clinic Fast-track clinic Virtual clinic Other If back to screening, when next scan 2018-07-27		

YLST - T0 Screening Sign Off						×
TEST-TEST, Beryl (Ms)		Born 01-Feb-1970	(48y)	Gender Male	NHS No.	
Address 68 Grovehall Drive Le	eeds , LS11 7ET		Phone 01	139444555		PAS No. 3928487
Screening Sign-Off	Author					^
O Lung Health Check Physiological Measurements	Author robinsst	Date 20-Jเ	ul-2018	Т 1	ime 3:46:40	
COPD Assessment	Radiology Report					
COPD Assessment Tool Date of CT Scan Management Recommendation Follow-up Date		Lung Origi) RADS inal Radio	ology Report Conclus	ion	
	Screening Sign Off					
	Conclusion from SSO T2 screen Screening Review Meeting	Any SSC	comment O Comme	t from SSO nt		
	GP coded diagnosis of COPD	lf bac 2018 27-Jul	ck to scre 8-07-27 -2018	eening, when next sca C	in	
	LHC reported previous respiratory diagnosis None COPD Emphysema Bronchitis TB	LHC As C	reported sthma hildhood F	additional respiratory	/ diagnoses	~
Cancel					🥒 Ur	nsaved changes

YLST - Virtual/Telephone Clinic		×
TEST-TEST, Beryl (Ms)	Born 01-Feb-1970 (48y) Gend	er Male NHS No.
Address LS1	Phone 0113	PAS No.
Yorkshire Lung Cancer Virtual/Telephone Clinic		
Date of virtual/telephone clinic	Respiratory Physician present	
2018-07-20	A RP	
☐ 20-Jul-2018		
Nature of clinic	Reason for clinic	
Virtual Telephone	Referral	
Additional investigations required	Treatments prescribed/recommended	
Further investigation	Treatments	
Referrals arranged	Referrals recommended to primary car	e
Referral to	Referral recommended to primary care	
Other details of outcomes	Subsequent clinic reviews occurring as	s a result of virtual/telephone clinic
Other details	Subsequent reviews	
Author		
Author	Date	Time
robinsst	20-Jul-2018	13:54:23
Cancel		Unsaved changes
		Add -

Remember, you can add clinical documents to a patient's record through the **Add** button in the Single Patient View or the **c** in the *Action* column on the Ward Patient List.

Custom Patient List Improvements

Applies to: LTHT Users

We have added *Ward Stay Type* into Custom Patient Lists as well as the ability to include or exclude the selected filter:



Remember, you can create a new Custom Patient List from the Actions bar on the Home tab:

Home		
Actions		G
Patient	Lists	
Browse L	ist	>
Create Pa	atient List	
Custor	n Patient List	>
eDAN		
Ward (Old View)	>
Unplan	ned Patient List	>
Bed Sta	ate	>

PPM+ Mobile - Ward Patient Lists

Applies to: LTHT Users

Via the PPM+ Mobile App on your area's iPad, you can now search and access the Ward View:



Ward View

The Ward View will be arranged in bed order and you can open up the Patient Dashboard by selecting a patient:

iPad 🗢	09:47	ᠠ ∦ 45% ■)		
< Find Ward	TEST EPR ZZZ		robinsst	•
SORT (Bed Ascending)				\diamond
(!) VTE-TEST, Eighteen Unassigned		18-Jul-2000	Not known Male	
(!) VTE-TEST, Eighteen Year Old (Mr) Unassigned		18-Jul-2000	Not known Male	
(!) TESTTEAM, One (Miss) Bed 1		03-Feb-1984	947 671 9915 Female	
(!) TESTTEAM, Two (Ms) Bed 2 (Suspended)		17-Oct-1990	999 000 3564 Female	
CHILD, Test Bed 3		22-Jul-2002	Not known Male	
TAYLOR, Sam Bed Surge 1		01-Mar-1949	Not known	
BELLAMY, Harry (Mr) Bed Surge 2		01-Jan-1962	Not known Male	

Further, to increase patient safety, if you haven't already scanned a patient's wristband, you will be prompted to when taking an Observation.

Features coming soon to PPM+ Mobile include:

- Fixing a device to a Ward
- Ability to change the sorting order on the Ward View
- Customisable option to show eObs related data in Ward View

Discharge / Transfer Planning Improvements

Applies to: LTHT Users

We have improved the Discharge / Transfer Planning eForm which is available via the Ward View:

Discharge / Transfer Planning					×
	Born 15-Jul-1989	(29y) Ge	ender Male I	IHS No.	
Address				PAS	No.
Planning					^
* What needs to happen before the patient can be discharged or to OCCB: Community Care Beds OCH: Care Home OCHC: Funding	transferred?				
 CST: Community Stroke Team DtA: Discharge to Assess EMI: EMI Care Home EoL: End of Life, Fast Track / Hospice 					- 1
 EQU: Equipment HOM: Going home without any further support HOU: Housing INT: Completion of eDAN INT: Test - Pathology INT: Test - Radiology INT: Therapy Services NT: Neighbourhood Team PoC: Package of Care REA: Reablement RPAT: Awaiting bed at receiving Hospital StD: Ready to stepdown from HDU/ICU SWA: Social Worker Assessment ongoing Other 					
Additional information Any additional information here.					~
			🥜 Unsave	ed changes	Submit

There are now more options within the "*What needs to happen before the patient can be discharged or transferred?*" section. You may only select one of the options and add any additional information in the free text box provided.

Further, the *Medically Fit For Discharge (MFFD*) column and section has been renamed to *Medically Optimised For Discharge (MOFD*):

Discharge / Transfer Planning						×
		Born 16-Jul-1993	(25y)	Gender	NHS No.	
Address					PAS No	2.
What is the national Expected Date of Discharge?		7				
what is the patient's Expected Date of Discharge?	2018-07-31	Ê				^
Is the nations Medically Ontimized For Discharge?	31-Jul-2018					
is the patient medically optimised for Discharge:	No Yes					
Does the patient need to be on this ward?	No Yes					
Is the nationt Fit To Lodge?						
is the patient in to Lodge:	No Yes					
Planning						
*What needs to happen before the patient can be discharged or t	transferred?					
⊖ CCB: Community Care Beds						
◯ CH: Care Home						
○ CHC: Funding						
CST: Community Stroke Team						
O DtA: Discharge to Assess						
O ENI: EMI Care Home						
EOL: End of Life, Fast Track / Hospice EOL: Equipment						
HOM: Going home without any further support						
HOU: Housing						
○ INT: Completion of eDAN						
INT: Test - Pathology						
◯ INT: Test - Radiology						
◯ INT: Therapy Services						
⊖ NT: Neighbourhood Team						\sim
Cancel					Unsaved changes	Submit
MOFE						

Remember, you can access the *Discharge / Transfer Planning* eForm from the *EDD*, *MOFD*, *Planning* or *Needed for Discharge / Transfer* columns on the Ward View.

Medically Optimised For Discharge

Dermatology Images in Outpatient Referrals

Applies to: All Users

Dermatology referrals from GPs that include images are now available to view in PPM+:



Remember, to access any scanned referrals, you can do this via *Outpatient Referrals* on the Patient View:

Orders (1)	
ICE Request	e?
Outpatient Referrals	>
Plans	

Surgical Risk Assessment

Applies to: All Users

We have introduced a new Surgical Risk Assessment eForm to gather information during clinic appointments and determine how high-risk any operation is:

Surgical Risk Assessment					×
Testing	Born 16-Jul-1993	(25y)	Gender	NHS No.	
Address				PASI	No. 003
Charlson Index					^
Does the patient suffer from:					
Myocardial infarction Tes No					
Congestive heart failure Yes No					
Peripheral vascular diseases Yes No					
Cerebrovascular diseases					
Dementia Cancel			🥔 U	nsaved changes	Submit
			_		

Remember, you can add clinical documents to a patient's record through the Add - button in the Single Patient View or the - in the Action column on the Ward Patient List.

Contact Us

Please contact the Informatics Service Desk at x26655 or informaticsservicedesk.lth@nhs.net to:

- Reset your password
- Report a problem you are having within PPM+ functionality
- Report a data quality problem within PPM+
- Request new user accounts for PPM+
- Disable PPM+ accounts for any leavers from your department

Please contact the PPM+ EPR team at <u>leedsth-tr.EPR@nhs.net</u> if you have any development ideas or comments on your experience of using the EPR.

If you would like to make a request for change to PPM+, please contact us at: <u>leedsth-tr.EPR@nhs.net</u> with a completed <u>Request For Change (RFC) form available here</u>.

Please contact the IT Training Department at <u>ITTraining.LTHT@nhs.net</u> if you require further training on PPM+ or any other Clinical System.

PPM+ Help Site: http://ppmhelpsite.leedsth.nhs.uk/