What's New in

The latest version of PPM+ goes live on 23rd of January 2019

NEWS2 and eObservations Improvements

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Fetal Assessment Reports

Infection Prevention Risk Assessment for MRSA and CPE

Please click on the above links for more details

NEWS2 and eObservations Improvements

Applies to: All Users

NEWS2 is due to launch in Leeds Teaching Hospitals. This is a national requisite as part of the Sepsis CQUIN.

The main changes to the track and trigger system are as follows:

- The introduction of an alternative oxygen saturation scale (SpO2 scale 2) for use in patients with a targeted saturation of 88-92% in hypercapnic respiratory failure. Scale 2 should be selected under the instruction of a qualified clinician and documented in the medical notes. Scale 2 is only accessible by changing the settings in eObs, with the default setting being oxygen saturation scale 1.
- The extension of level of consciousness from AVPU to ACVPU where 'C' represents new confusion and is allocated a score of 3 in one parameter.
- A score of 3 in any one parameter is now highlighted in the graded response algorithm, which warrants hourly observations and for a registered nurse to inform the medical team who will review and decide if treatment escalation is necessary.

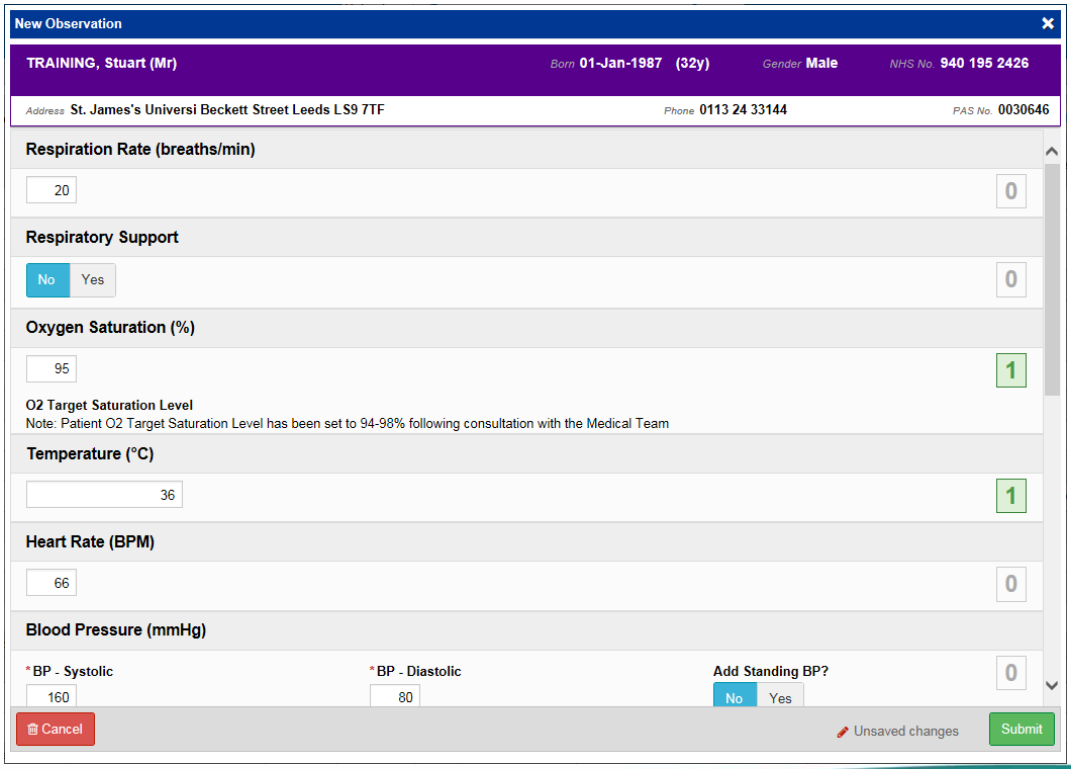
Further information on NEWS2 is available from members of the Critical Care Outreach Team or Kathryn Cole, Lead Nurse Deteriorating Patient.

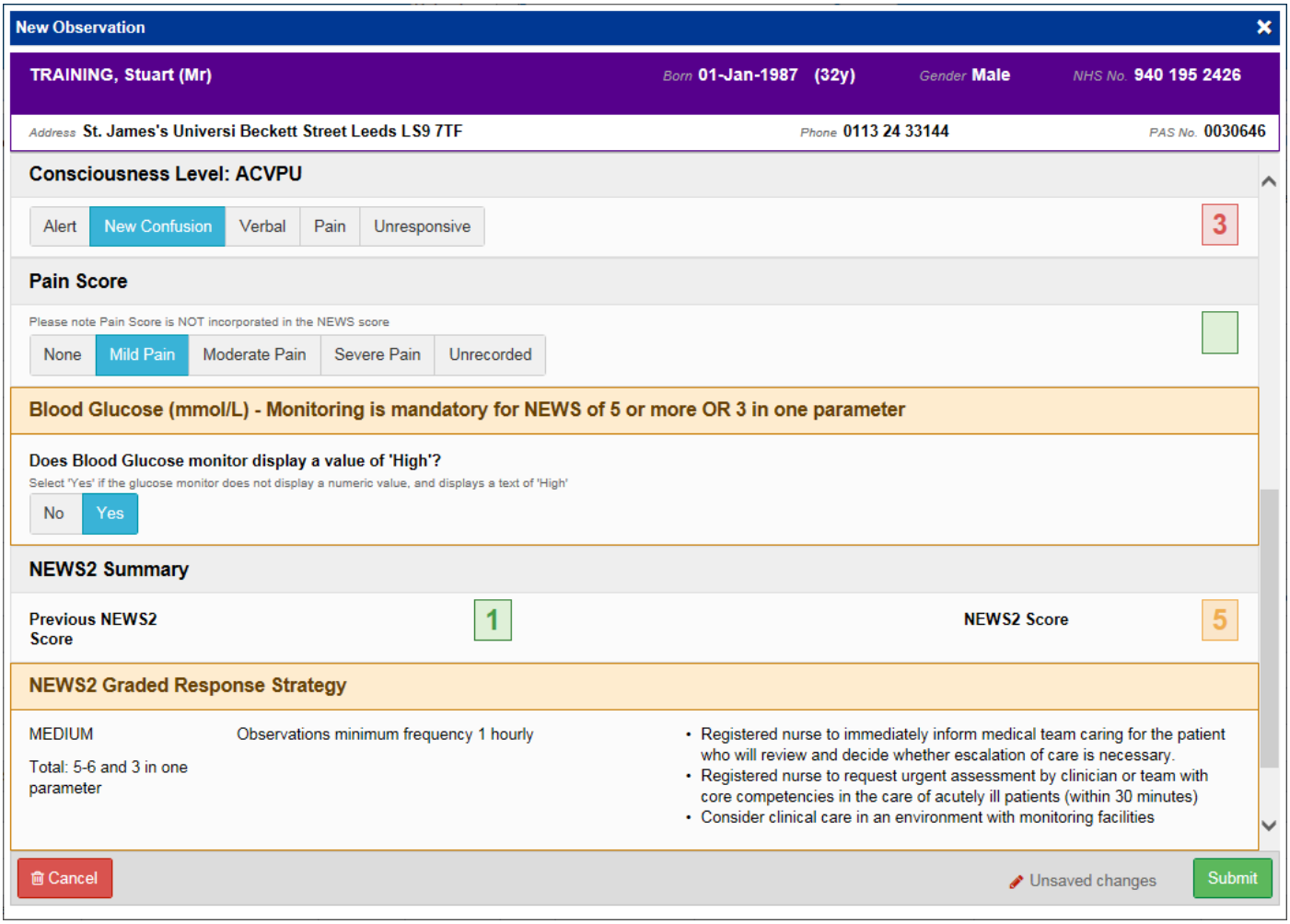
https://www.rcplondon.ac.uk/projects/outputs/national-early-warning-score-news-2

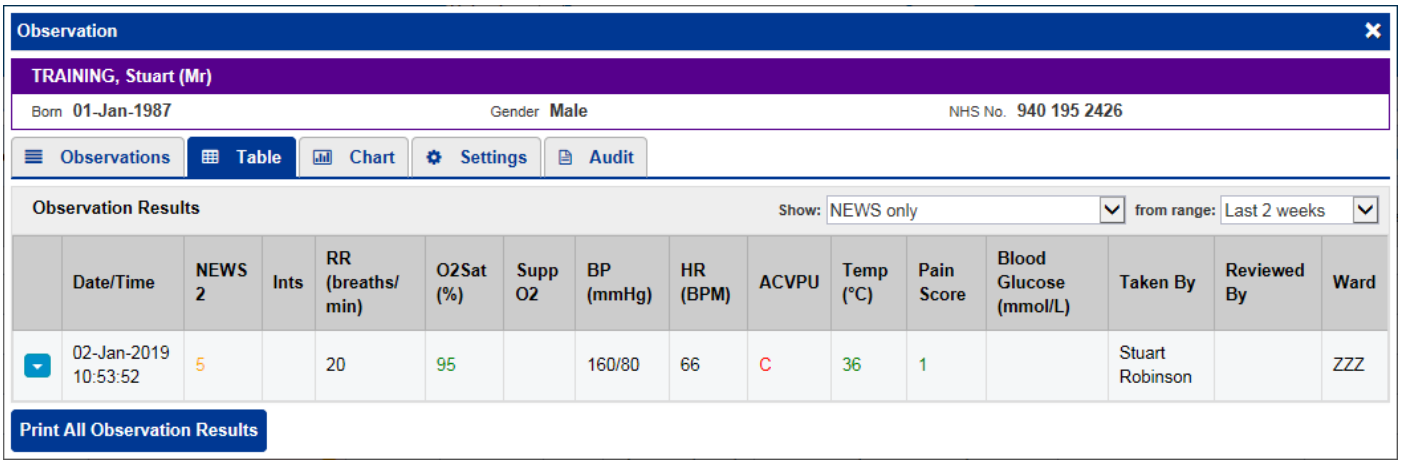
https://www.england.nhs.uk/ourwork/clinical-policy/sepsis/nationalearlywarningscore/

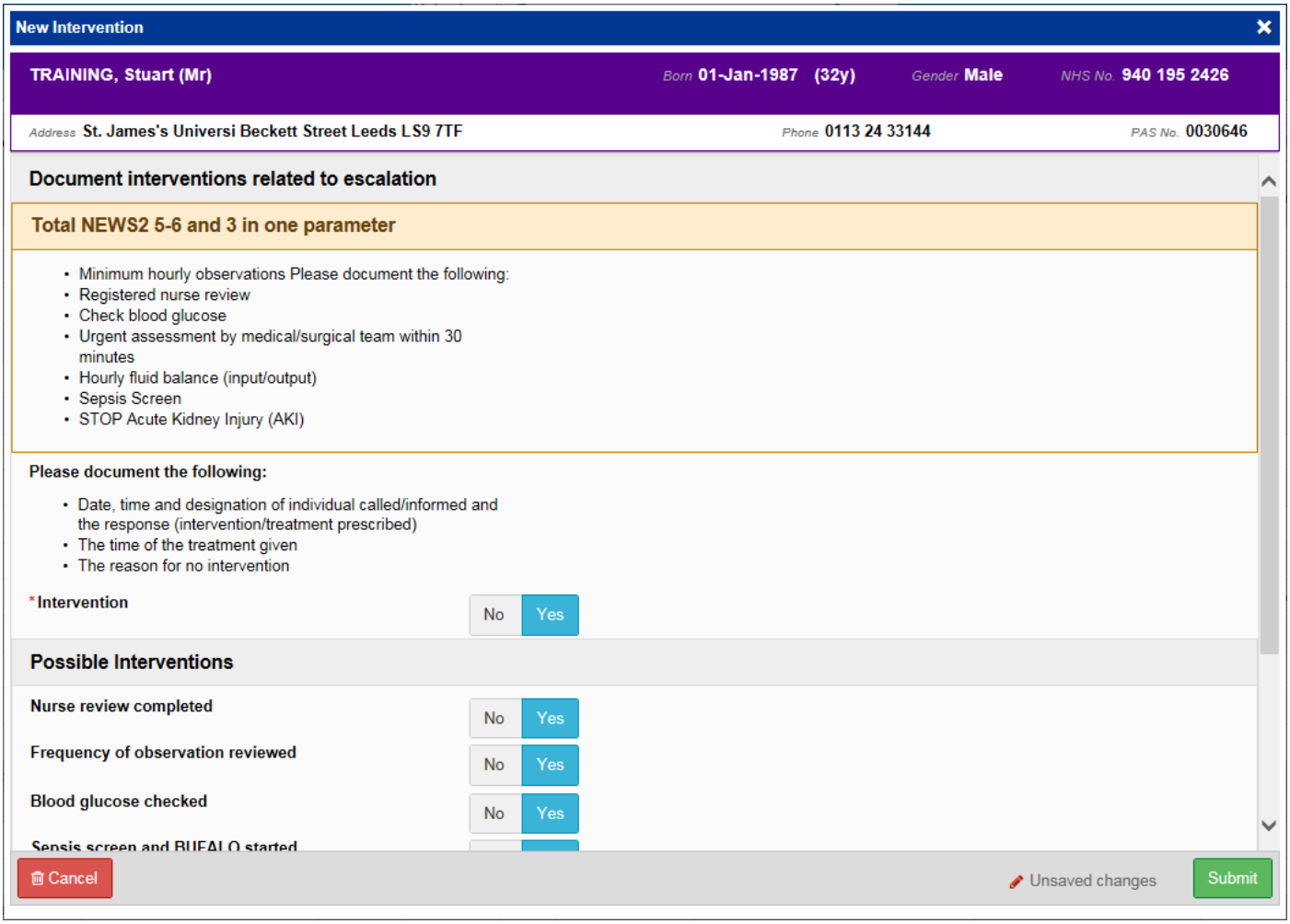
The changes to eObservations are as follows:

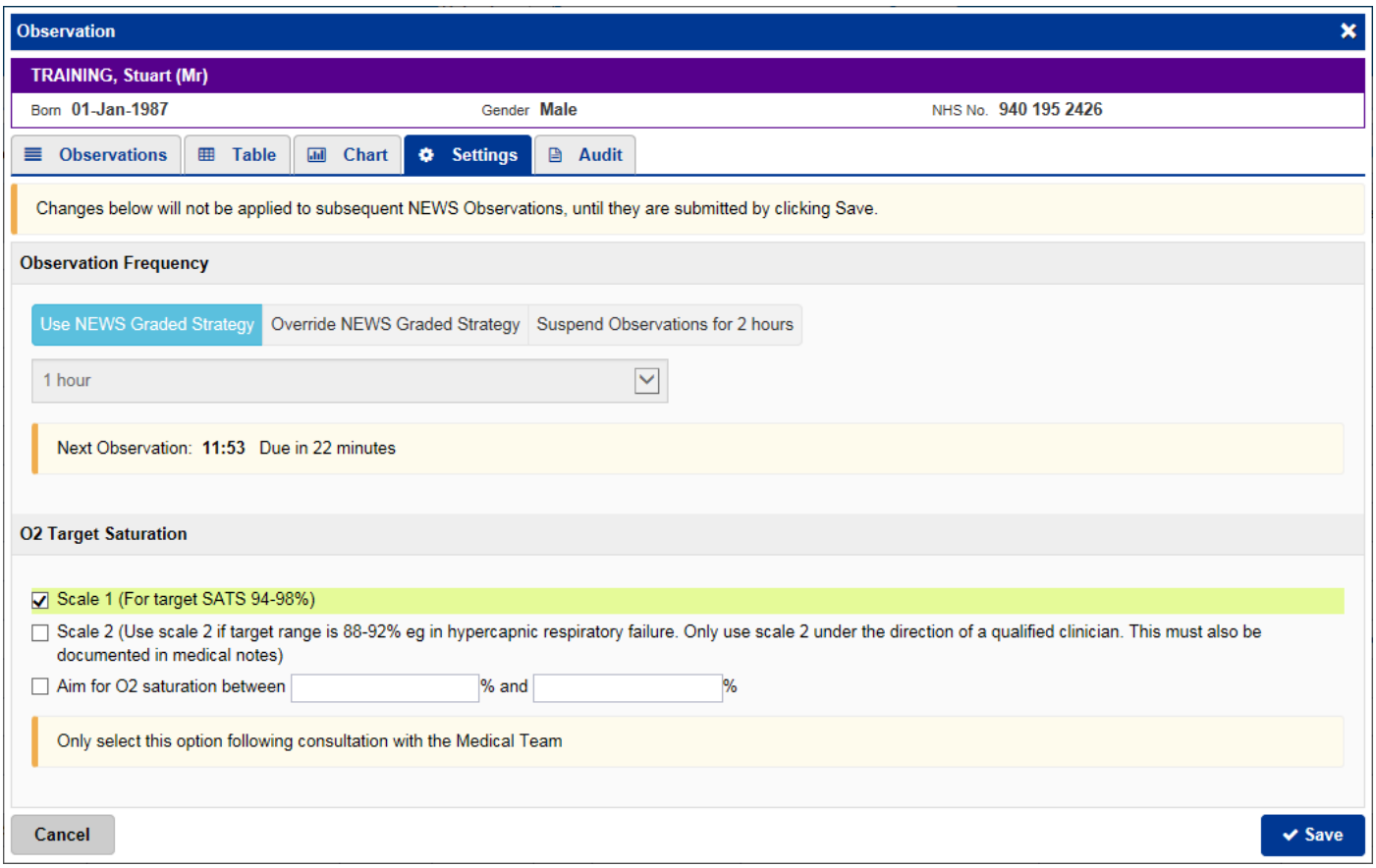
- New Oxygen Saturation Scale for those with lower target saturations.
- Scale 2 will alter the NEWS calculation for patients who have been assessed as having a target O_2 saturation of 88-92%.
- New score for 'New Confusion' consciousness level.




New Observation
TRAINING, Stuart (Mr)
Born 01-Jan-1987 (32y)
Gender Male
NHS No. 940 195 2426
Address St. James's Universi Beckett Street Leeds LS9 7TF
Phone 0113 24 33144
PAS No. 0030646
Consciousness Level: ACVPU
Alert
New Confusion
Verbal
Pain
Unresponsive
3
Pain Score
Please note Pain Score is NOT incorporated in the NEWS score
None
Mild Pain
Moderate Pain
Severe Pain
Unrecorded
Blood Glucose (mmol/L) - Monitoring is mandatory for NEWS of 5 or more OR 3 in one parameter
Does Blood Glucose monitor display a value of 'High'?
Select 'Yes' if the glucose monitor does not display a numeric value, and displays a text of 'High'
No
Yes
NEWS2 Summary
Previous NEWS2 Score
1
NEWS2 Score
5
NEWS2 Graded Response Strategy
MEDIUM
Total: 5-6 and 3 in one parameter
Observations minimum frequency 1 hourly
• Registered nurse to immediately inform medical team caring for the patient who will review and decide whether escalation of care is necessary.
• Registered nurse to request urgent assessment by clinician or team with core competencies in the care of acutely ill patients (within 30 minutes)
• Consider clinical care in an environment with monitoring facilities
Cancel
Unsaved changes
Submit


Observation
TRAINING, Stuart (Mr)
Born 01-Jan-1987
Gender Male
NHS No. 940 195 2426
Observations
Table
Chart
Settings
Audit
Observation Results
Show: NEWS only
from range: Last 2 weeks
Date/Time
NEWS 2
Ints
RR (breaths/ min)
O2Sat (%)
Supp O2
BP (mmHg)
HR (BPM)
ACVPU
Temp (°C)
Pain Score
Blood Glucose (mmol/L)
Taken By
Reviewed By
Ward
02-Jan-2019 10:53:52
5
20
95
160/80
66
C
36
1
Stuart Robinson
ZZZ
Print All Observation Results


New Intervention
TRAINING, Stuart (Mr)
Born 01-Jan-1987 (32y)
Gender Male
NHS No. 940 195 2426
Address St. James's Universi Beckett Street Leeds LS9 7TF
Phone 0113 24 33144
PAS No. 0030646
Document interventions related to escalation
Total NEWS2 5-6 and 3 in one parameter
Minimum hourly observations Please document the following:
Registered nurse review
Check blood glucose
Urgent assessment by medical/surgical team within 30 minutes
Hourly fluid balance (input/output)
Sepsis Screen
STOP Acute Kidney Injury (AKI)
Please document the following:
Date, time and designation of individual called/informed and the response (intervention/treatment prescribed)
The time of the treatment given
The reason for no intervention
*Intervention
No
Yes
Possible Interventions
Nurse review completed
No
Yes
Frequency of observation reviewed
No
Yes
Blood glucose checked
No
Yes
Sepsis screen and BUFALO started
Cancel
Unsaved changes
Submit


Observation
TRAINING, Stuart (Mr)
Born 01-Jan-1987
Gender Male
NHS No. 940 195 2426
Observations
Table
Chart
Settings
Audit
Changes below will not be applied to subsequent NEWS Observations, until they are submitted by clicking Save.
Observation Frequency
Use NEWS Graded Strategy
Override NEWS Graded Strategy
Suspend Observations for 2 hours
1 hour
Next Observation: 11:53 Due in 22 minutes
O2 Target Saturation
Scale 1 (For target SATS 94-98%)
Scale 2 (Use scale 2 if target range is 88-92% eg in hypercapnic respiratory failure. Only use scale 2 under the direction of a qualified clinician. This must also be documented in medical notes)
Aim for O2 saturation between % and %
Only select this option following consultation with the Medical Team
Cancel
Save

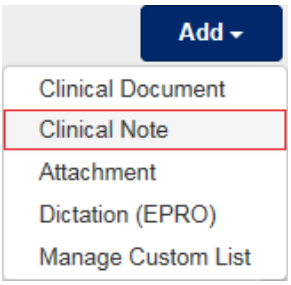
Clinical Notes

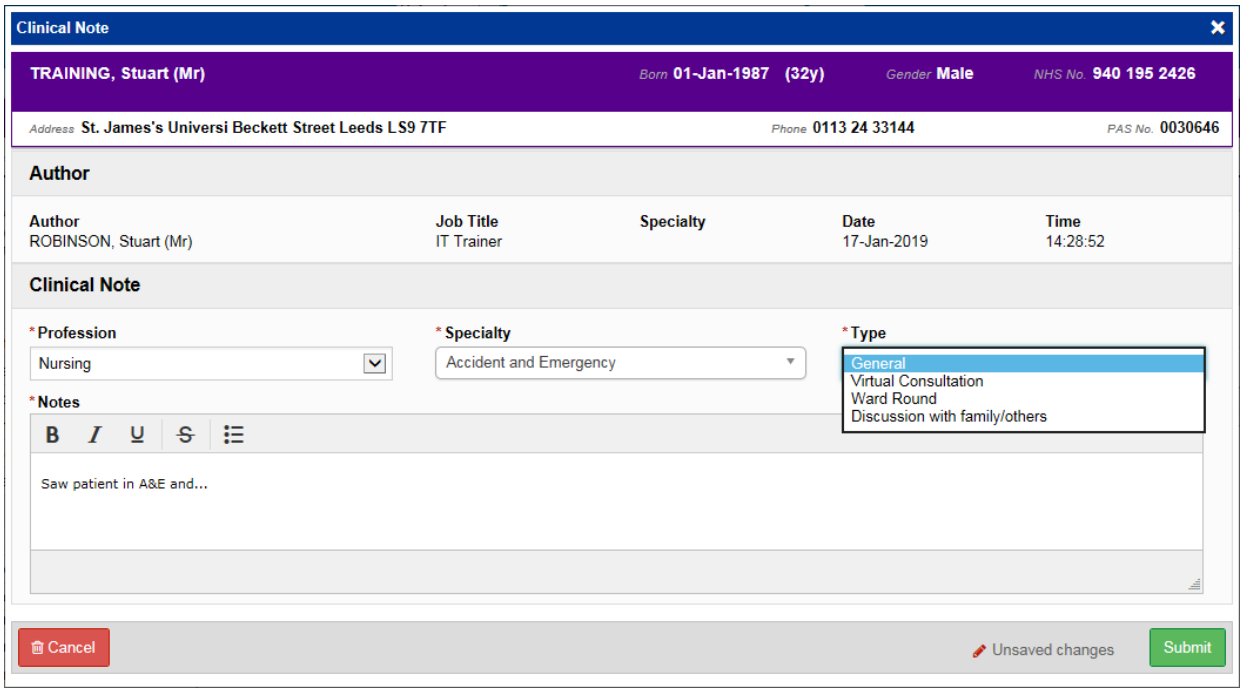
Applies to: All Users

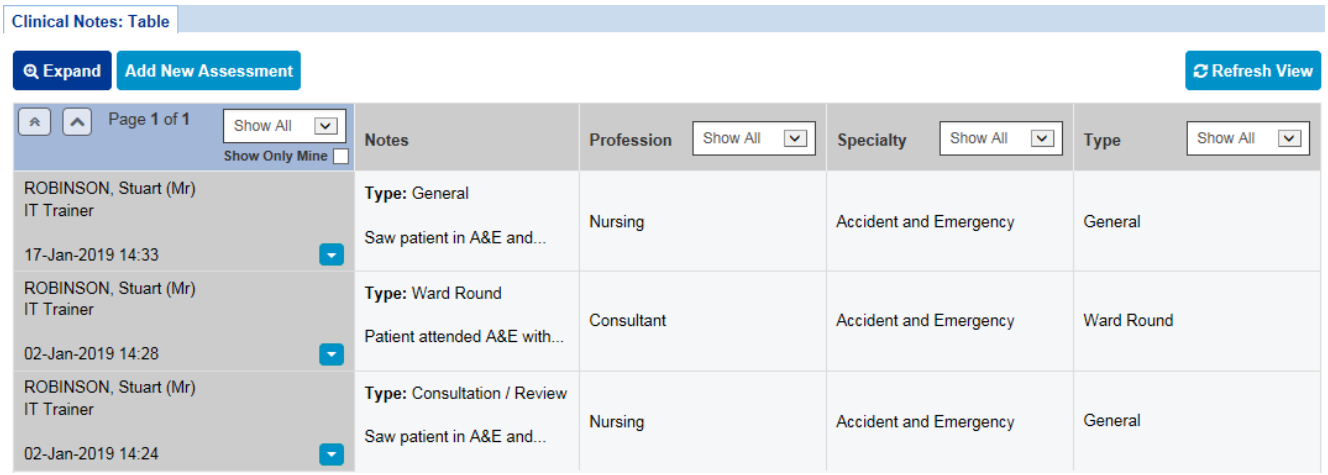
The *Clinical Note* can be used rather than paper *Continuation Sheet* or *Nursing Evaluation Forms*.

Submission of forms create one summary view on the patient record which displays all entries, these can then be filtered by the type of note, speciality, profession, or notes created by 'you'.

A short cut to the clinical note can be found on the *Action* button drop down and *Add* button on the Health Record:







NB: The *Free Text Annotation* can still be found under *Clinical Document*.

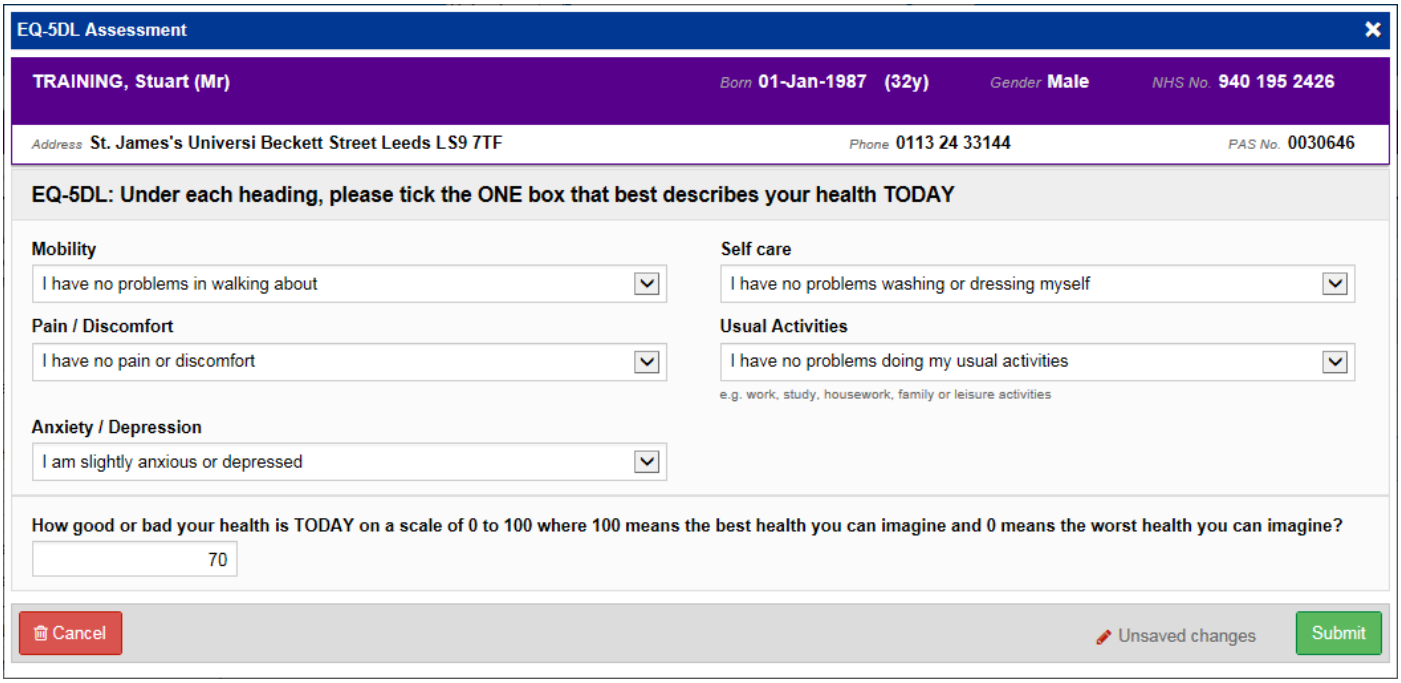
Somalogic Trial

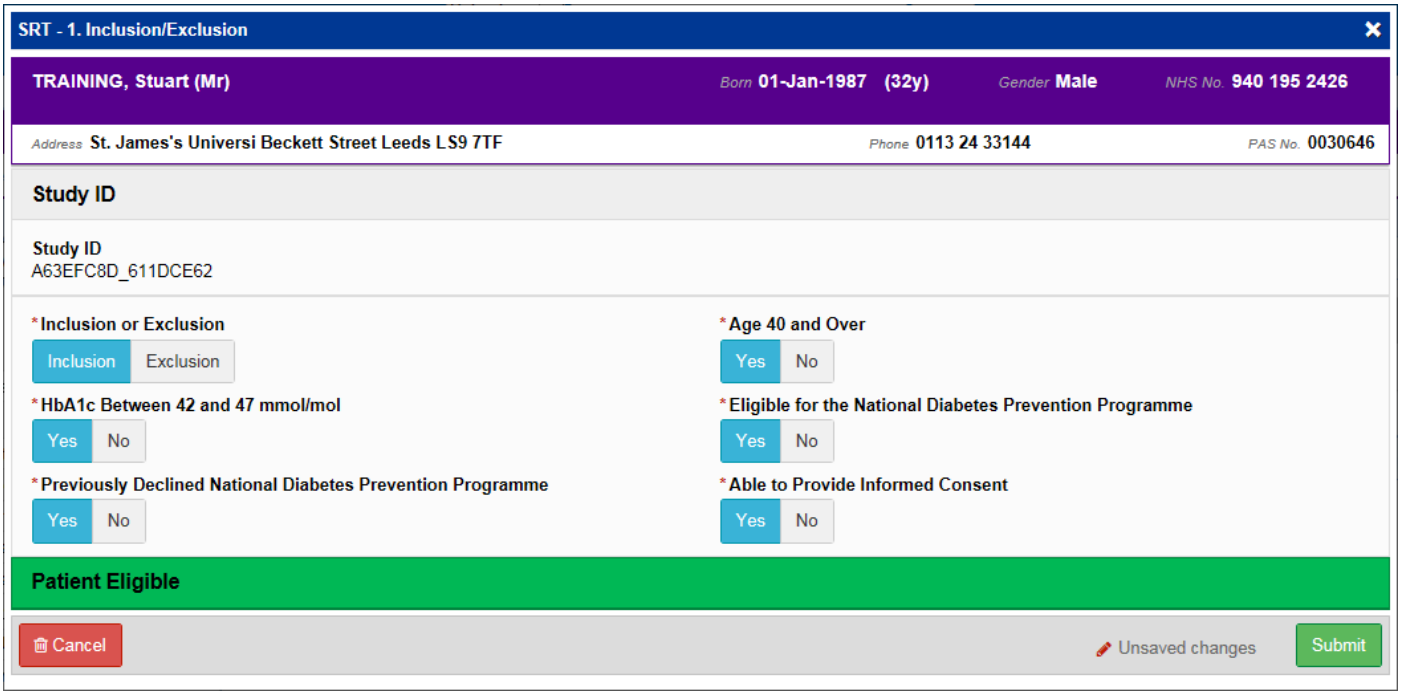
Applies to: GP Trial Users

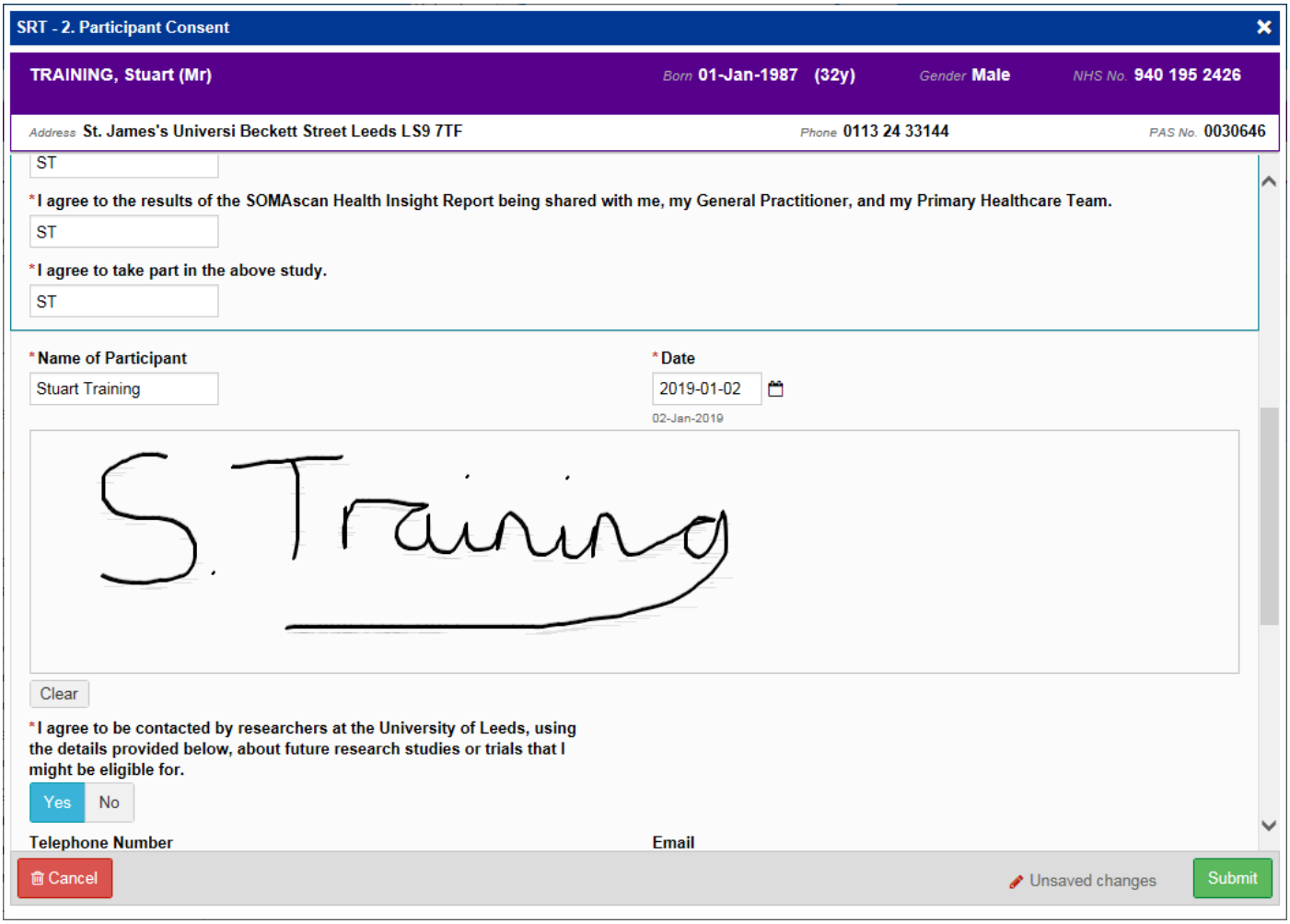
In Leeds, approximately 2/3 of individuals identified at high risk of diabetes are declining the National Diabetes Prevention Programme (NDPP), potentially due to of a lack of patient engagement with the results provided by their regular health care team.

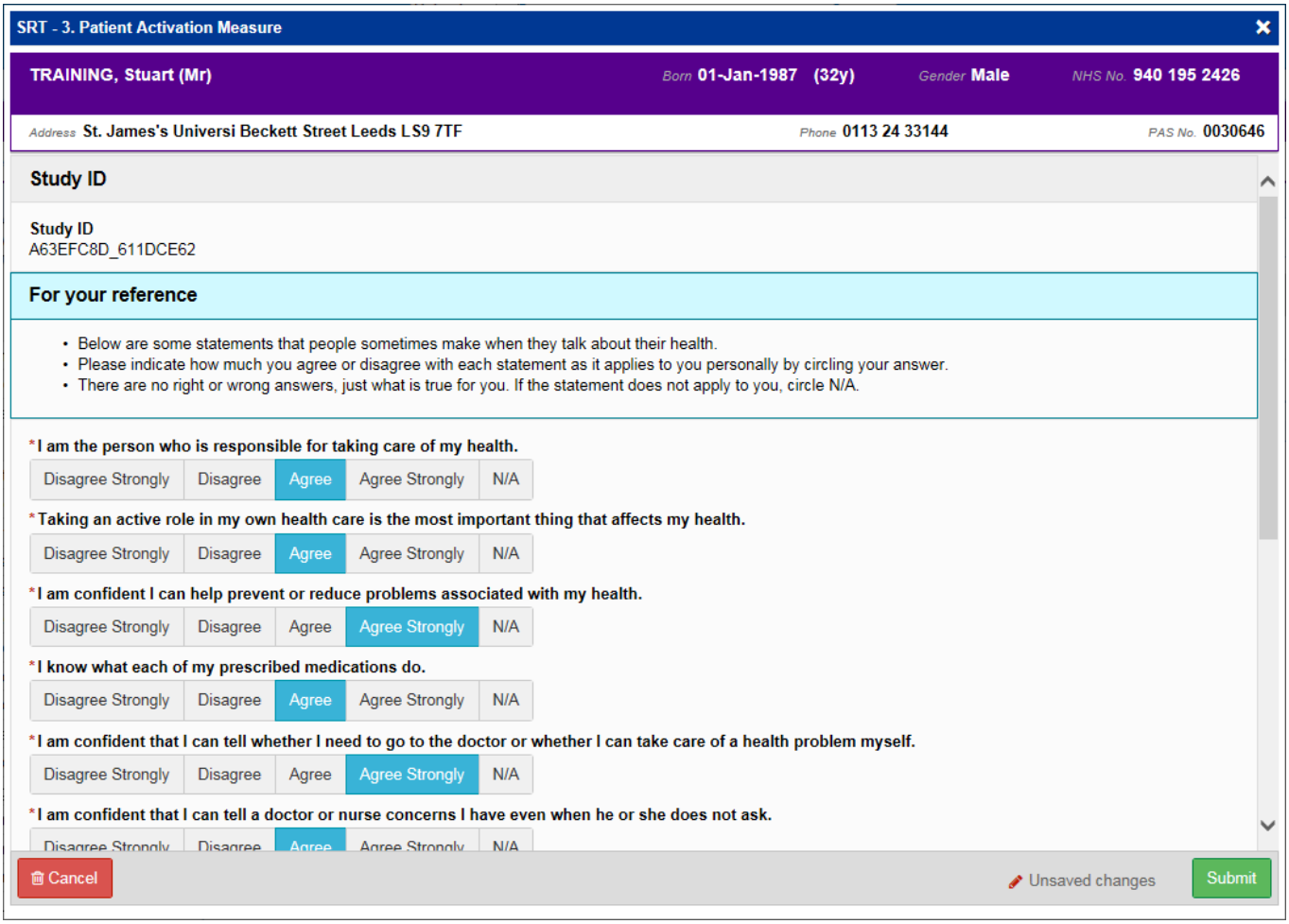
Public Health England would like to increase acceptance of the program to help in the prevention of diabetes in the UK. The primary aim of this study is to determine if providing a patient participant with SOMAscan insights is associated with an increase in Patient Activation (PAM® score). The secondary aim is to determine what proportion of participants change their decision to participate in a Diabetes Prevention Programme.

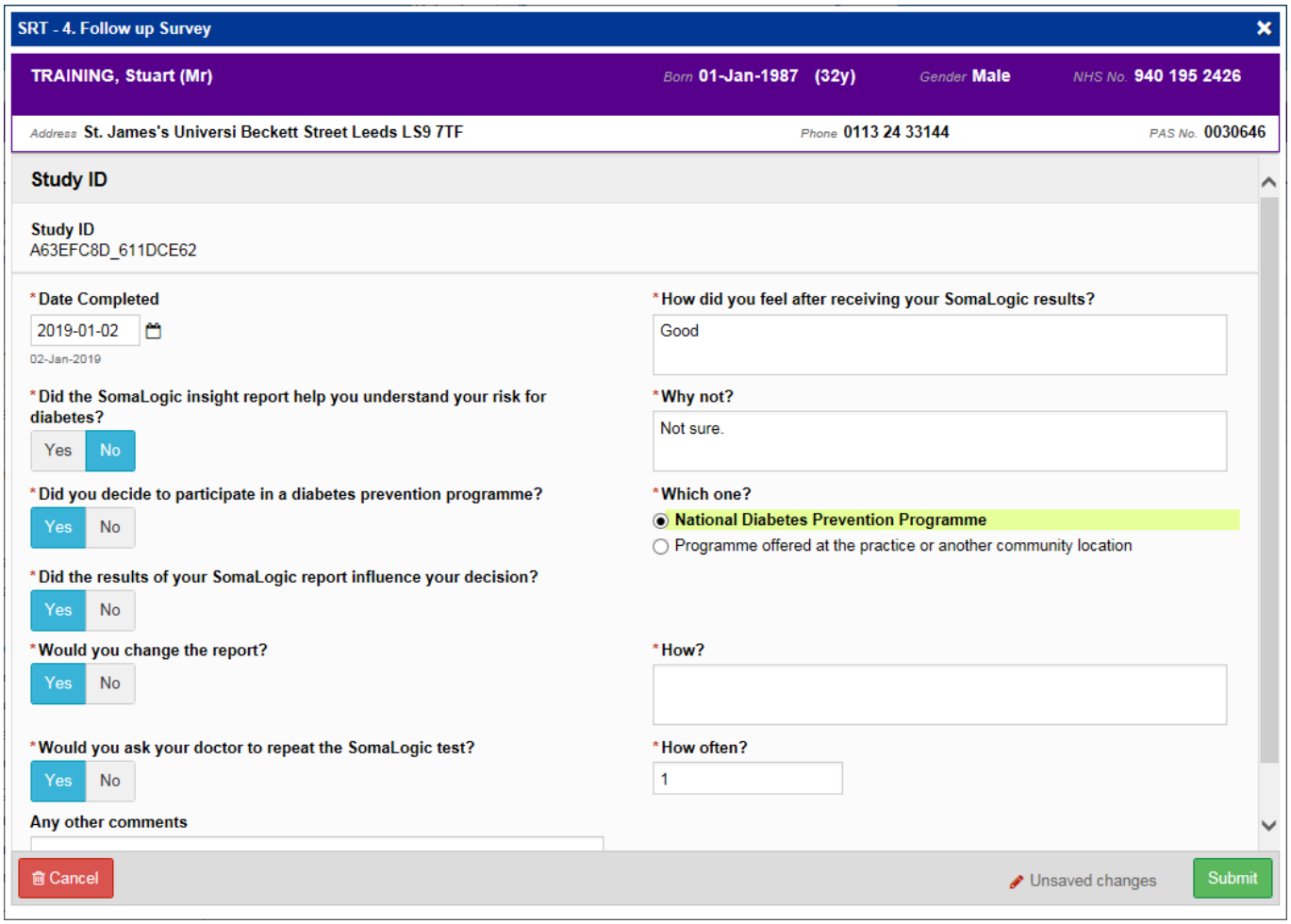
A trial is being run through Somalogic that requires a number of forms to be provided that allows data capture by both clinicians and patients. The patient element will use Patient Entered Data concepts delivered on the iPad.

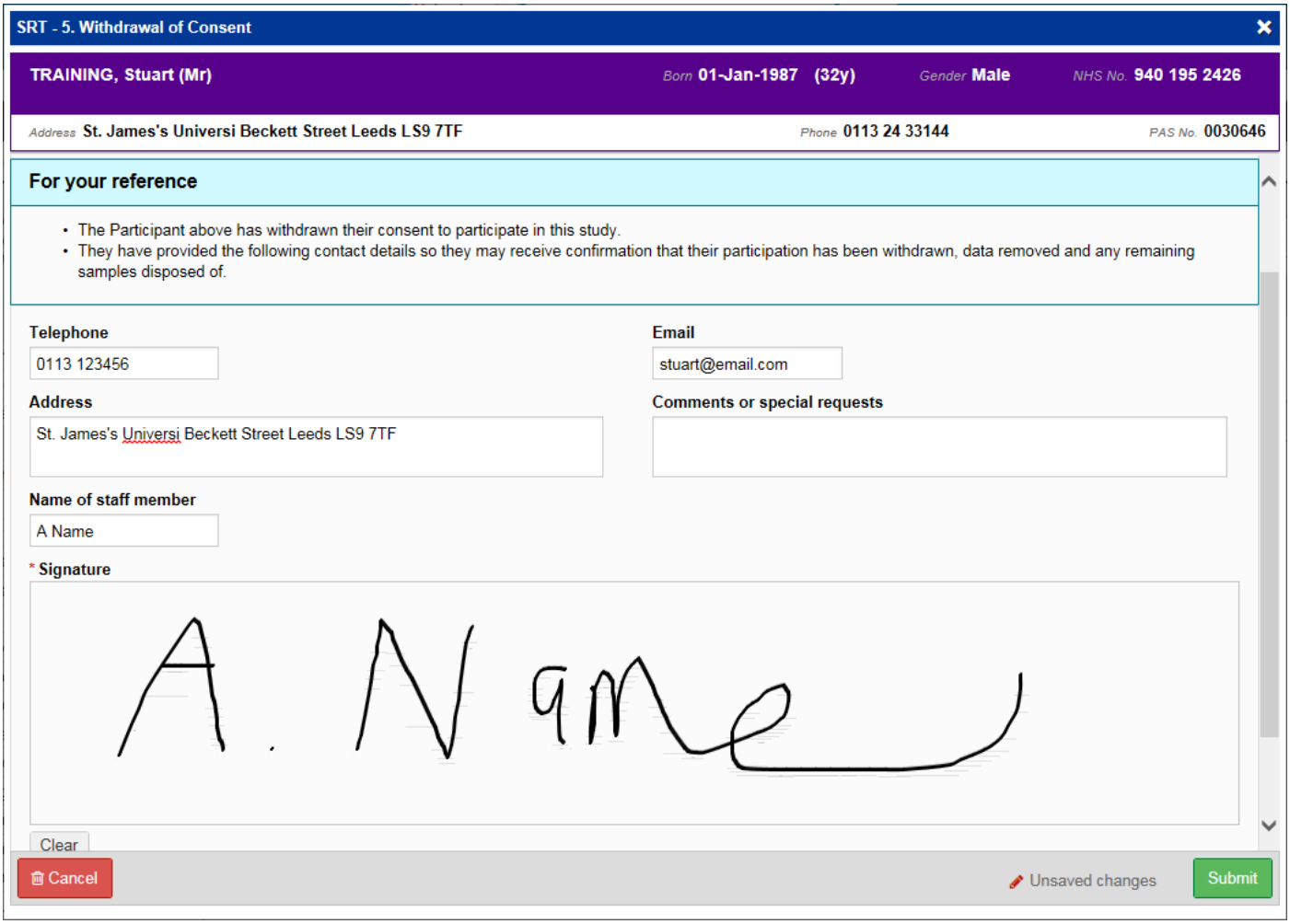



SRT - 1. Inclusion/Exclusion
TRAINING, Stuart (Mr)
Born 01-Jan-1987 (32y)
Gender Male
NHS No. 940 195 2426
Address St. James's Universi Beckett Street Leeds LS9 7TF
Phone 0113 24 33144
PAS No. 0030646
Study ID
Study ID
A63EFC8D_611DCE62
*Inclusion or Exclusion
Inclusion
Exclusion
*Age 40 and Over
Yes
No
*HbA1c Between 42 and 47 mmol/mol
Yes
No
*Eligible for the National Diabetes Prevention Programme
Yes
No
*Previously Declined National Diabetes Prevention Programme
Yes
No
*Able to Provide Informed Consent
Yes
No
Patient Eligible
Cancel
Unsaved changes
Submit


SRT - 2. Participant Consent
TRAINING, Stuart (Mr)
Born 01-Jan-1987 (32y)
Gender Male
NHS No. 940 195 2426
Address St. James's Universi Beckett Street Leeds LS9 7TF
Phone 0113 24 33144
PAS No. 0030646
ST
*I agree to the results of the SOMAscan Health Insight Report being shared with me, my General Practitioner, and my Primary Healthcare Team.
ST
*I agree to take part in the above study.
ST
*Name of Participant
Stuart Training
*Date
2019-01-02
02-Jan-2019
Clear
*I agree to be contacted by researchers at the University of Leeds, using the details provided below, about future research studies or trials that I might be eligible for.
Yes
No
Telephone Number
Email
Cancel
Unsaved changes
Submit


SRT - 3. Patient Activation Measure
TRAINING, Stuart (Mr)
Born 01-Jan-1987 (32y)
Gender Male
NHS No. 940 195 2426
Address St. James's Universi Beckett Street Leeds LS9 7TF
Phone 0113 24 33144
PAS No. 0030646
Study ID
Study ID
A63EFC8D_611DCE62
For your reference
• Below are some statements that people sometimes make when they talk about their health.
• Please indicate how much you agree or disagree with each statement as it applies to you personally by circling your answer.
• There are no right or wrong answers, just what is true for you. If the statement does not apply to you, circle N/A.
*I am the person who is responsible for taking care of my health.
Disagree Strongly
Disagree
Agree
Agree Strongly
N/A
*Taking an active role in my own health care is the most important thing that affects my health.
Disagree Strongly
Disagree
Agree
Agree Strongly
N/A
*I am confident I can help prevent or reduce problems associated with my health.
Disagree Strongly
Disagree
Agree
Agree Strongly
N/A
*I know what each of my prescribed medications do.
Disagree Strongly
Disagree
Agree
Agree Strongly
N/A
*I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.
Disagree Strongly
Disagree
Agree
Agree Strongly
N/A
*I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask.
Cancel
Unsaved changes
Submit


SRT - 4. Follow up Survey
TRAINING, Stuart (Mr)
Born 01-Jan-1987 (32y)
Gender Male
NHS No. 940 195 2426
Address St. James's Universi Beckett Street Leeds LS9 7TF
Phone 0113 24 33144
PAS No. 0030646
Study ID
Study ID
A63EFC8D_611DCE62
*Date Completed
2019-01-02
02-Jan-2019
*How did you feel after receiving your SomaLogic results?
Good
*Did the SomaLogic insight report help you understand your risk for diabetes?
Yes
No
*Why not?
Not sure.
*Did you decide to participate in a diabetes prevention programme?
Yes
No
*Which one?
National Diabetes Prevention Programme
Programme offered at the practice or another community location
*Did the results of your SomaLogic report influence your decision?
Yes
No
*Would you change the report?
Yes
No
*How?
*Would you ask your doctor to repeat the SomaLogic test?
Yes
No
*How often?
1
Any other comments
Cancel
Unsaved 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.

Surgical Booking Form and Pre-Assessment Required Task

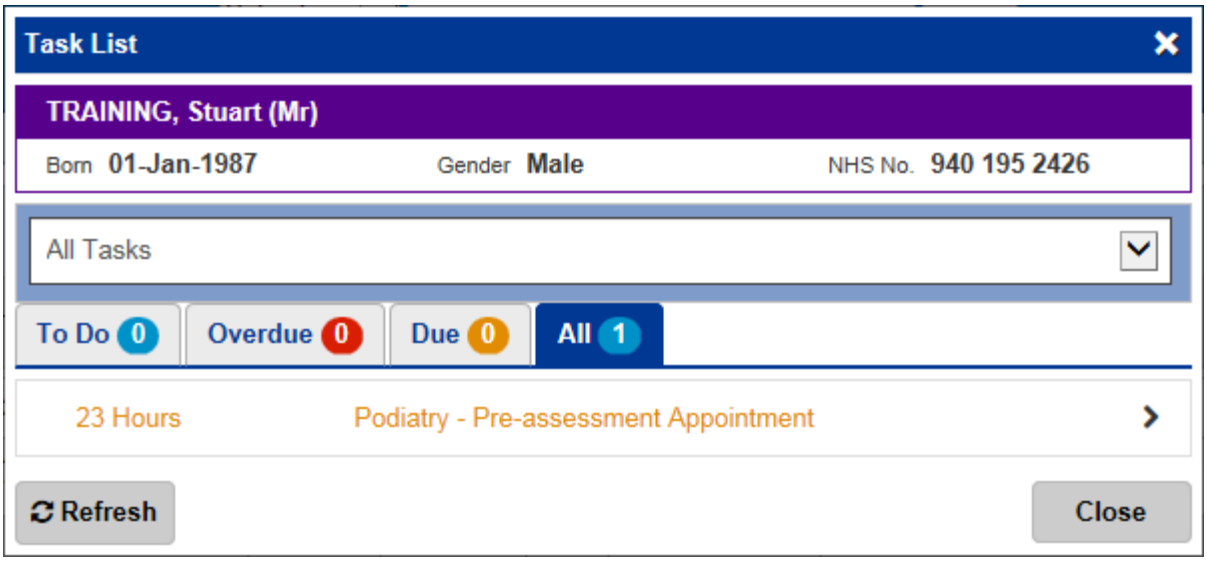
Applies to: Relevant Users

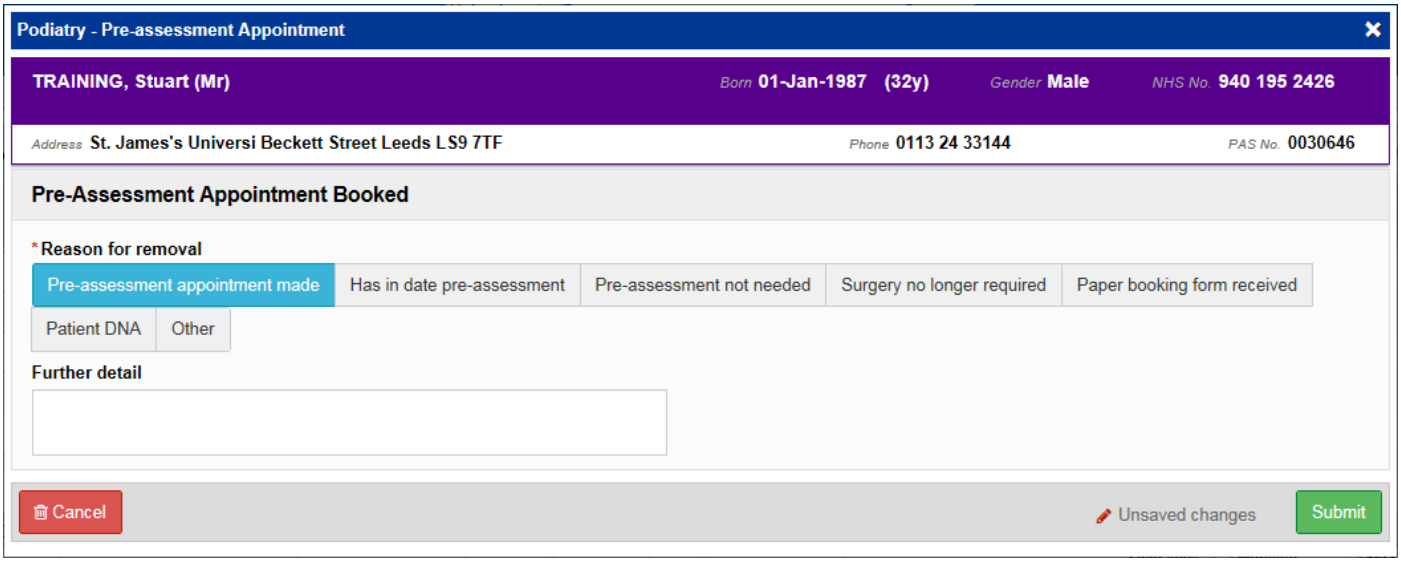
The Surgical Booking form has been improved following clinical feedback with additional fields. The Surgical Booking form will continue to be accessed and submitted by the same process via PPM+.

When the Surgical Booking form has been submitted, the Pre-Assessment team will see the patient on their Pre-Assessment Required List. Selecting the Tasks box of a specific patient and selecting 'All' will show the Pre-Assessment Appointment required task.

Patients requiring a surgical pre-assessment appointment

Action	Patient	NHS Number	Age	Tasks	Main Consultant	Speciality	Procedure	Sub Procedure	Preferred PAC	Prov Adm Date	Prov Op Date	Urgency	Date Submitted
	TESTTEAM Two	999 000 3564	28y	3 (2 overdue)	CATEGORY 4, Test (Mr)	Anaesthetics	twop|ne;a,em		Chapel Allerton Hospital			routine	24-Dec-2018
	INTELLIGENCE		28y	2 (2 overdue)		Audiological Medicine	sdf sdf		Chapel Allerton Hospital			clinical-upgrade-for-suspected-cancer	20-Dec-2018
	BARNSLEY Simon		40y	2 (2 overdue)		Thoracic Medicine	uioh kh h		St James's University Hospital			clinical-upgrade-for-suspected-cancer	20-Dec-2018
	TESTTHOMSON Jt		32y	2 (2 overdue)		Infectious Diseases	yig iuf it		Leeds General Infirmary			urgent	19-Dec-2018
	DUCKY Donld	999 000 0530	31y	3 (2 overdue)	AT BOTESDALE HEALTH, Ctr (Dr)	Vascular Surgery	asd asd		Wharfedale Hospital			Trauma Pathway	18-Dec-2018
			31y	1 (1 overdue)	BANNATYNE & PARTNERS, DF (Dr)	Anaesthetics	fg dgdf g		Leeds General Infirmary			Suspected Cancer Pathway	18-Dec-2018
			42y	3 (3 overdue)		Paediatric Gastroenterology	sdf s		Leeds General Infirmary			Urgent	18-Dec-2018
			42y	3 (3 overdue)		Podiatry	asd asd adfg		St James's University Hospital			Urgent	18-Dec-2018
			42y	3 (3 overdue)		Birth	sdf sdf	sdf	Chapel Allerton Hospital			Routine	18-Dec-2018



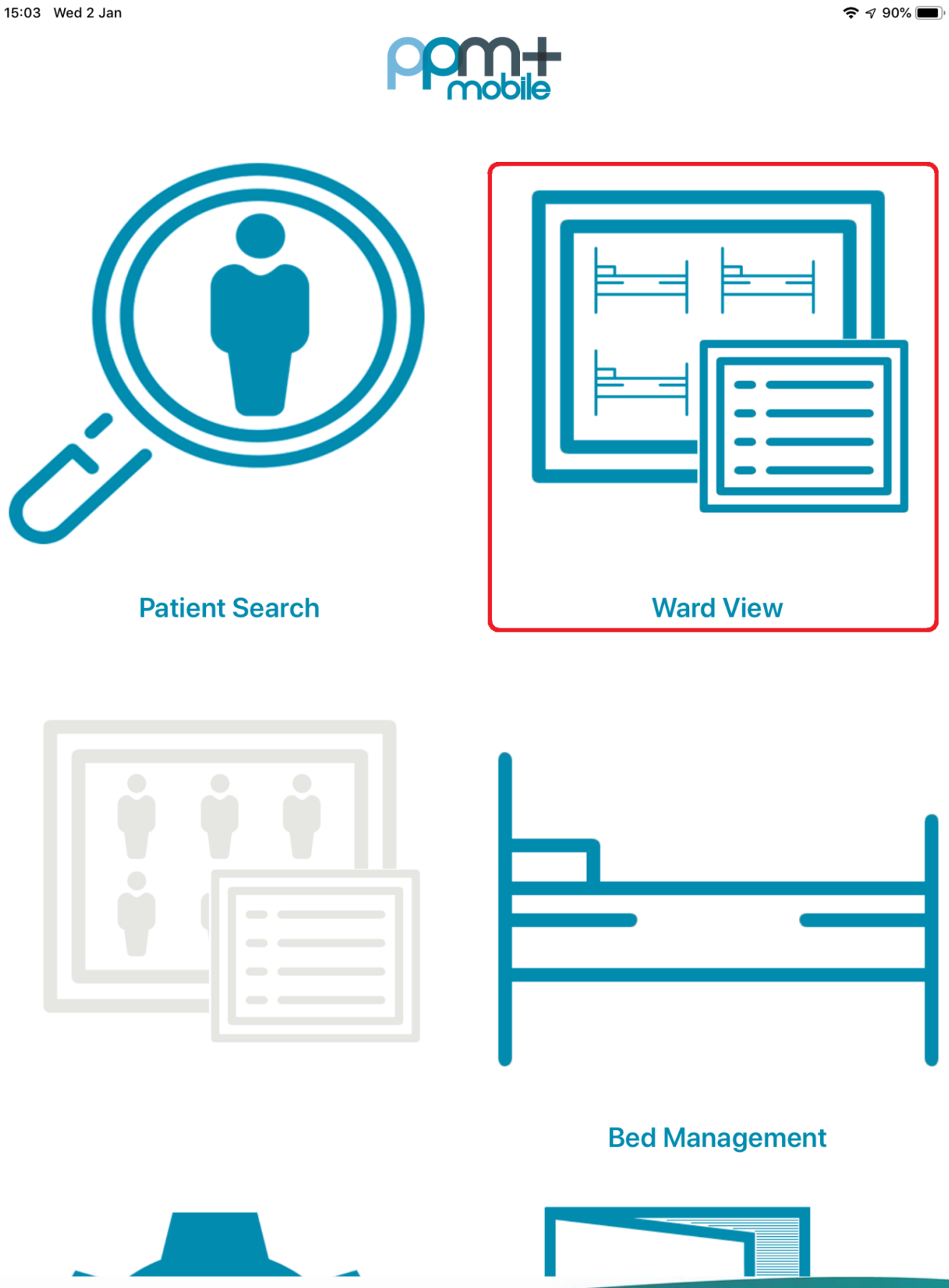


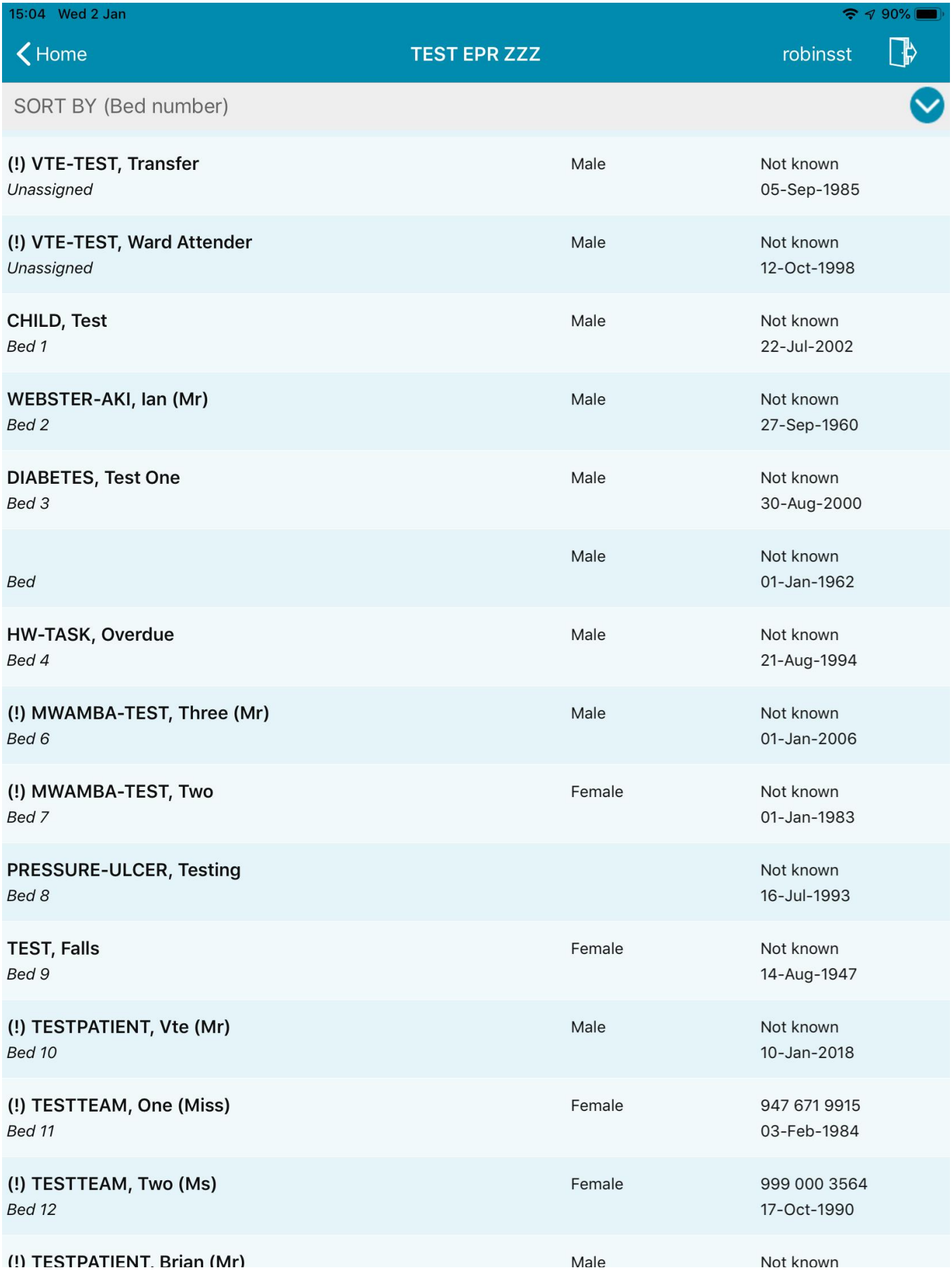
For further info please contact Michelle Sykes.

PPM+ Mobile - Ward View

Applies to: LTHT Users

PPM+ Mobile users can now access the Ward View:

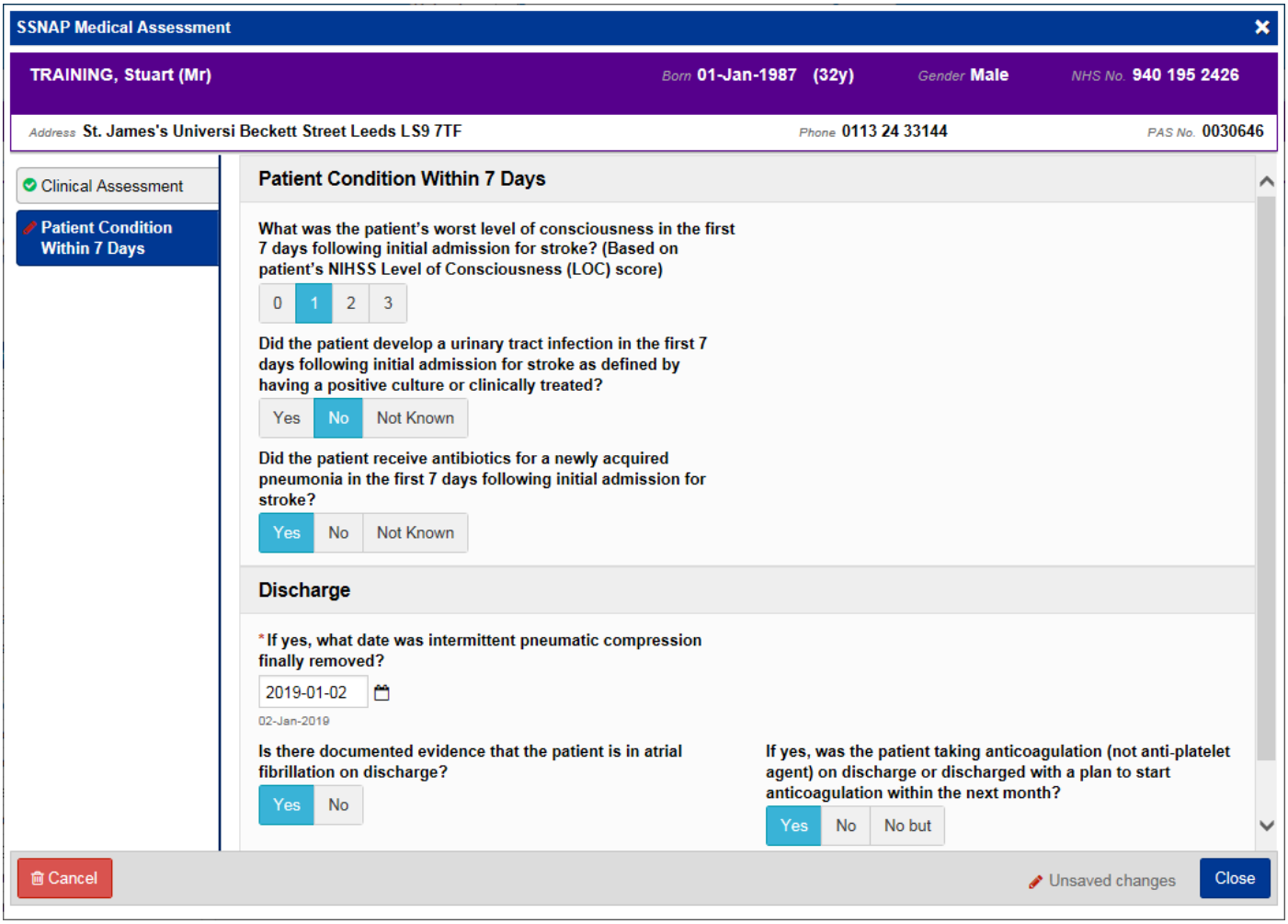



15:04 Wed 2 Jan
90%
Home
TEST EPR ZZZ
robinsst
SORT BY (Bed number)
(!) VTE-TEST, Transfer
Unassigned
Male
Not known
05-Sep-1985
(!) VTE-TEST, Ward Attender
Unassigned
Male
Not known
12-Oct-1998
CHILD, Test
Bed 1
Male
Not known
22-Jul-2002
WEBSTER-AKI, Ian (Mr)
Bed 2
Male
Not known
27-Sep-1960
DIABETES, Test One
Bed 3
Male
Not known
30-Aug-2000
Bed
Male
Not known
01-Jan-1962
HW-TASK, Overdue
Bed 4
Male
Not known
21-Aug-1994
(!) MWAMBA-TEST, Three (Mr)
Bed 6
Male
Not known
01-Jan-2006
(!) MWAMBA-TEST, Two
Bed 7
Female
Not known
01-Jan-1983
PRESSURE-ULCER, Testing
Bed 8
Not known
16-Jul-1993
TEST, Falls
Bed 9
Female
Not known
14-Aug-1947
(!) TESTPATIENT, Vte (Mr)
Bed 10
Male
Not known
10-Jan-2018
(!) TESTTEAM, One (Miss)
Bed 11
Female
947 671 9915
03-Feb-1984
(!) TESTTEAM, Two (Ms)
Bed 12
Female
999 000 3564
17-Oct-1990
(!) TESTPATIENT, Brian (Mr)
Male
Not known

SSNAP Form Improvements

Applies to: All Users

Based on clinical feedback, we have improved the SSNAP forms on PPM+:

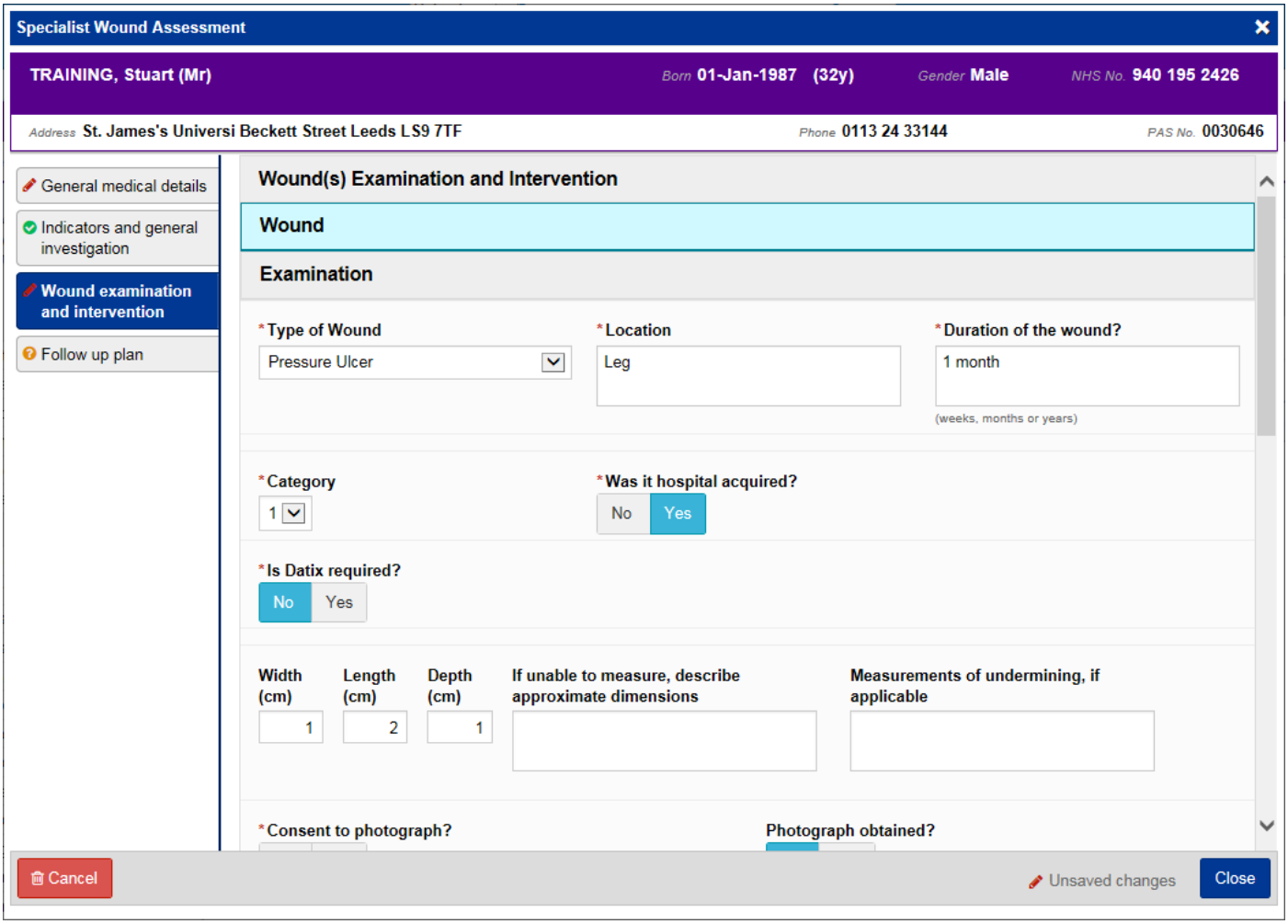


Remember, you can add clinical documents to a patient's record through the Add button in the Single Patient View or the in the *Action* column on the Ward Patient List.

Specialist Wound Assessment Improvements

Applies to: Pilot Users

Based on clinical feedback we have improved the *Specialist Wound Assessment* form:

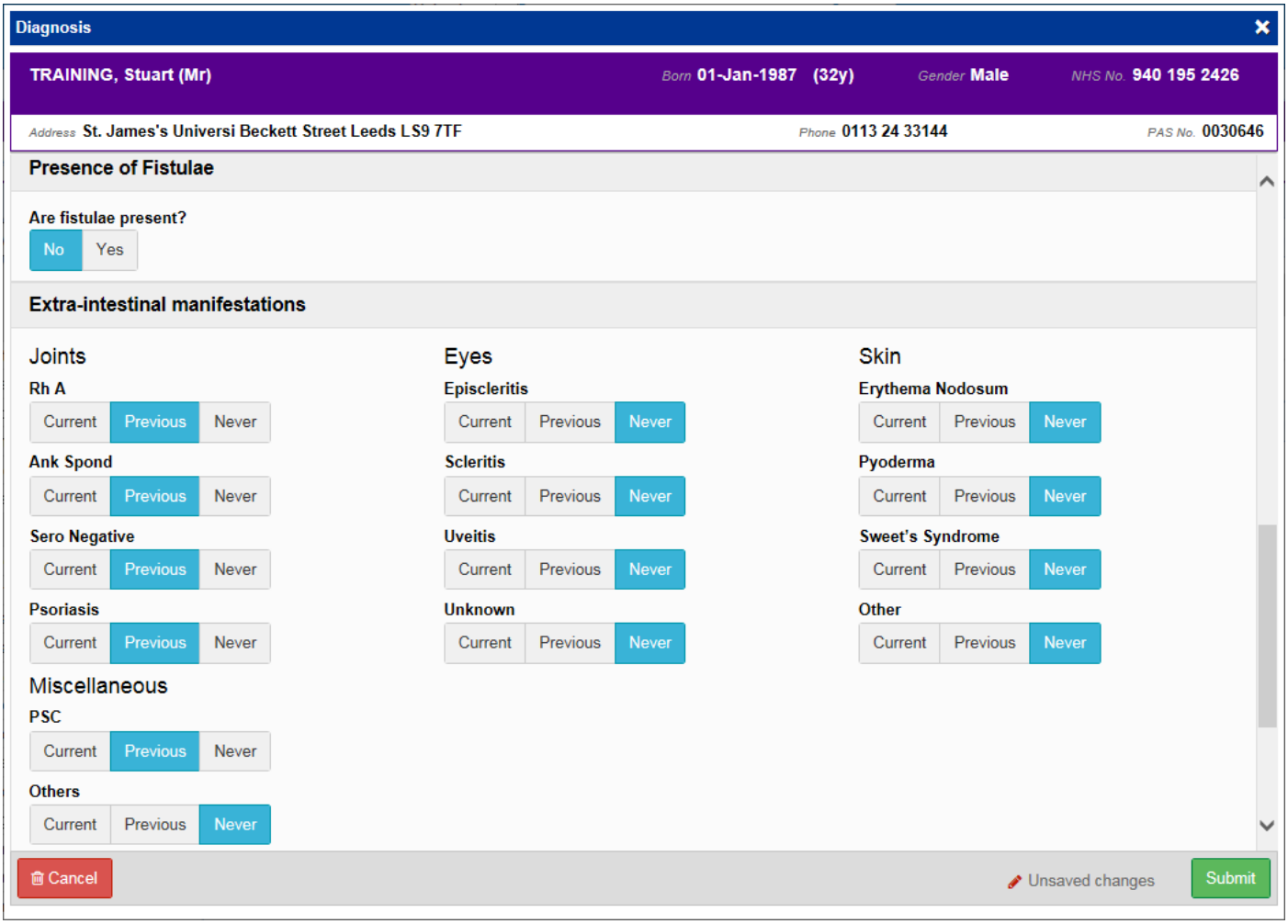


Remember, you can add clinical documents to a patient's record through the Add button in the Single Patient View or the in the *Action* column on the Ward Patient List.

IBD Variant for Diagnosis Form

Applies to: All Users

When submitting a *Diagnosis* form with the K50 or K51 ICD10 code, the form will then show questions on Crohns or Ulcerative Colitis:

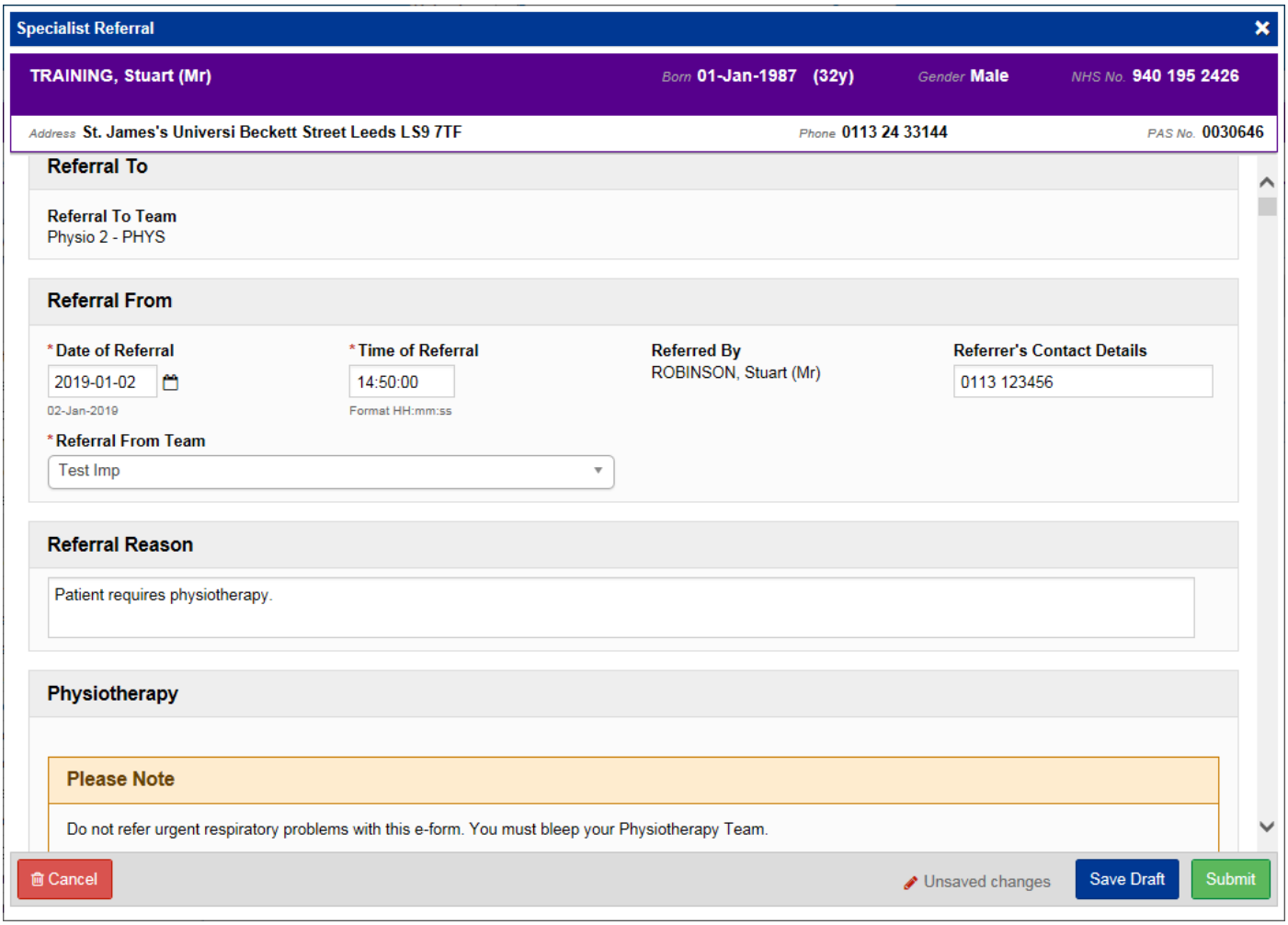


Remember, you can add clinical documents to a patient's record through the Add button in the Single Patient View or the in the *Action* column on the Ward Patient List.

Specialist Referrals for Dietetics and Physiotherapy

Applies to: Pilot Users

To further support the rollout of Specialist Referrals we have now been expanded it to include Dietetics and Physiotherapy:

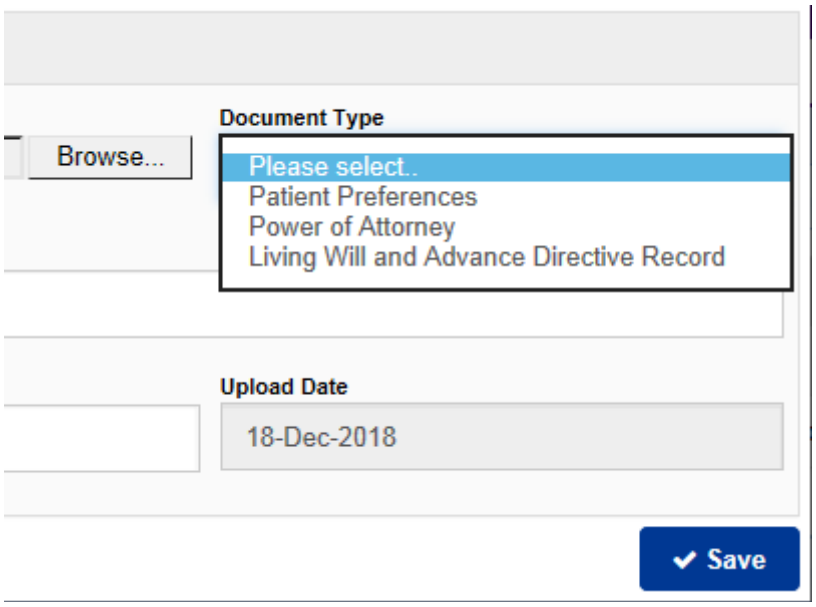


[Click here for the Specialist Referrals eLearning and User Guides.]

Leeds Care Record Users to Upload ReSPECT Forms

Applies to: Leeds Care Record Users

Leeds Care Record users such as GPs and Community Matrons can now upload ReSPECT forms:

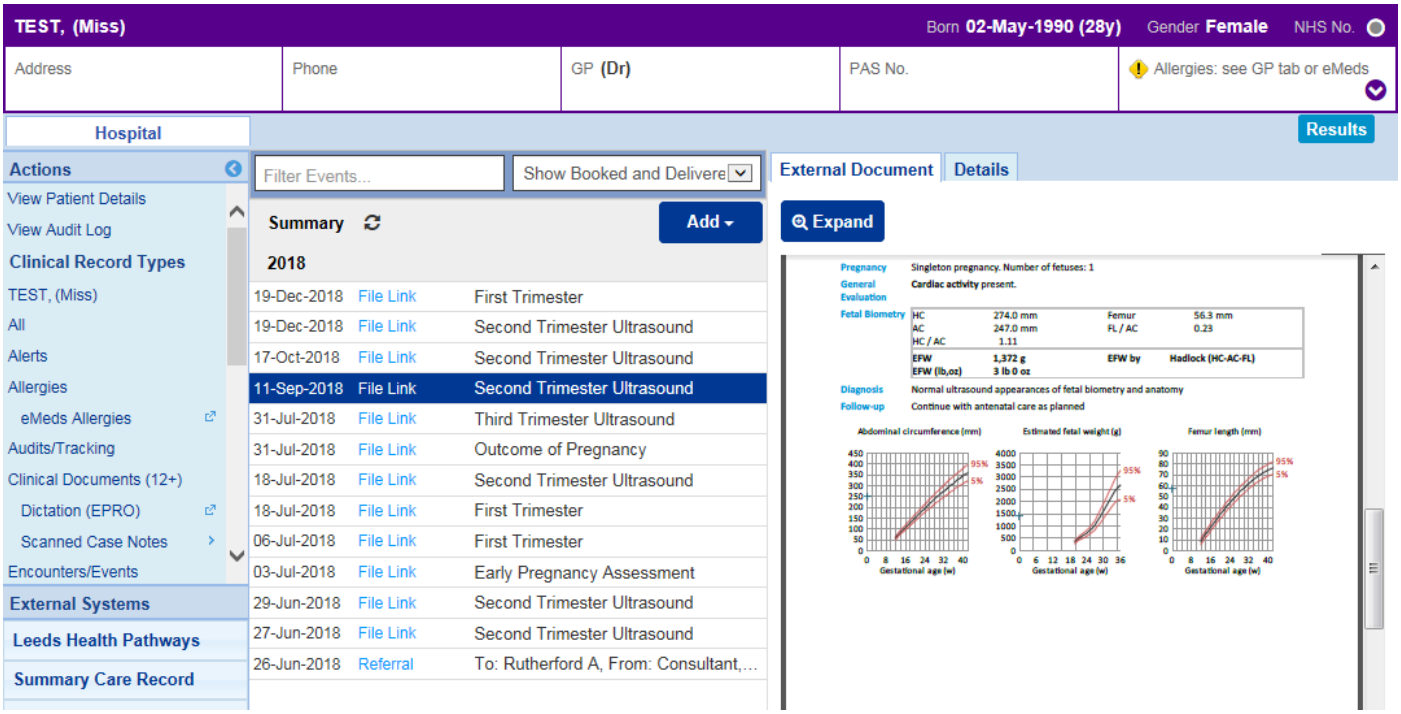


Fetal Assessment Reports

Applies to: All Users

The Viewpoint system provides Ultrasound examination reports to scan, track and document critical fetal measurements of pregnant women.

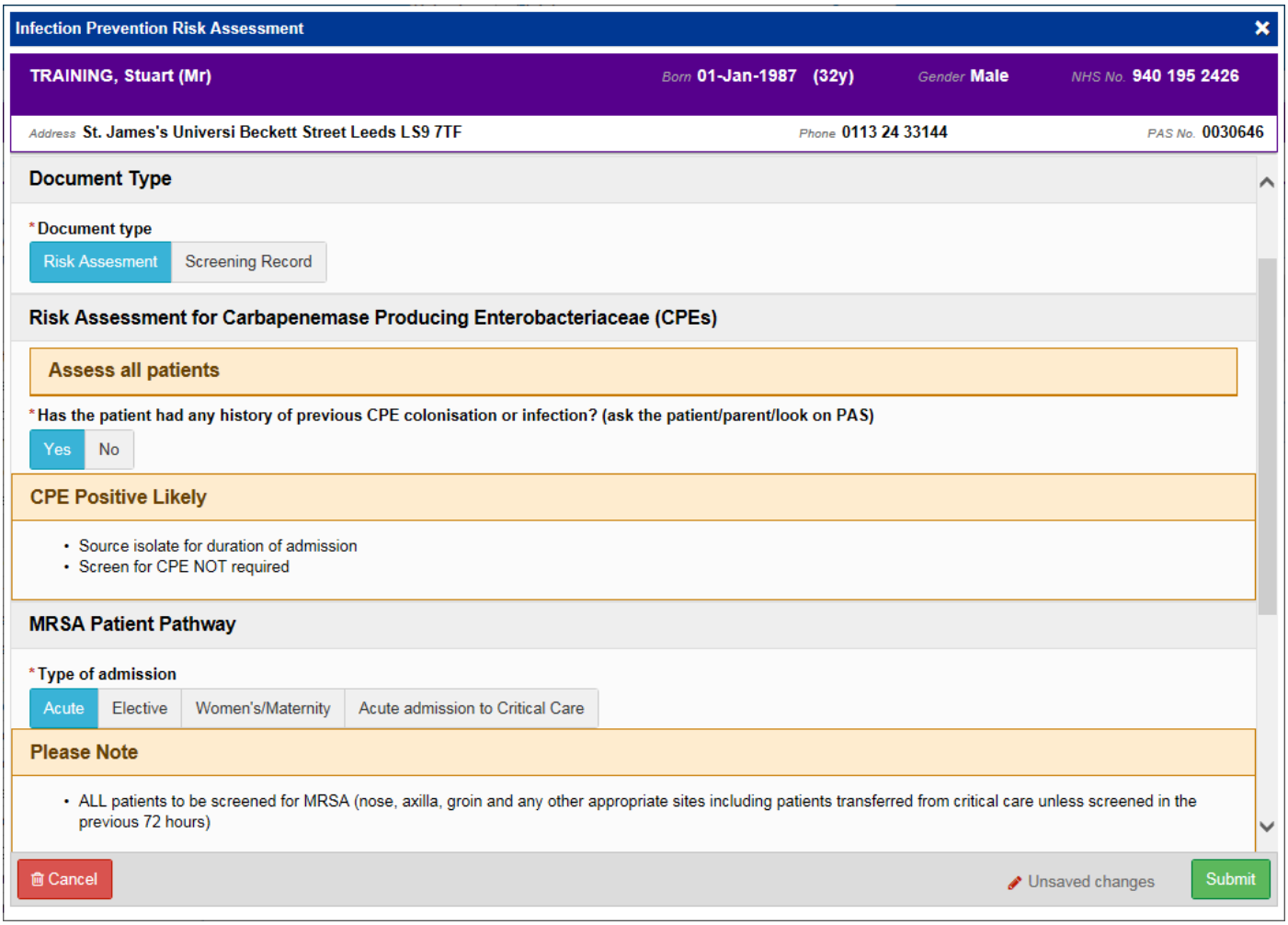
These reports are PDF format that will export to PPM+ to view.



Infection Prevention Risk Assessment for MRSA and CPE

Applies to: Pilot Users

We have improved the *Infection Prevention Risk Assessment* form to include questions on MRSA and CPE:



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+ EHR team at leedsth-tr.EPR@nhs.net 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: leedsth-tr.EPR@nhs.net with a completed Request For Change (RFC) form available here.

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

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