➔ CASE STUDY: **South Eastern Health and Social Care Trust**

➔ Secure eDocument delivery is a critical component of our referral and discharge processes

Establishing secure, efficient and reliable eDocument communications between GPs, hospitals and social services is enabling South Eastern Health and Social Care Trust to process patient referrals accurately and without delay. The Trust is able to sustain their patient referral targets and ensure that nobody stays in hospital longer than they need to.

Successfully bridging the gap between community and acute care

South Eastern Health and Social Care Trust provides acute hospital services, community health and social services for a population of approximately 345,000 people living in the districts of Ards, North Down, Down and Lisburn in Northern Ireland.

The NHS in England and Wales has responsibility for GP and hospital services. Social services are funded and delivered separately by local councils.

Where responsibilities of care fall to two different authorities, GPs/hospitals and social care services tend to be tightly demarcated, even though people increasingly require access to more than one service.

This impasse has been identified by the Heath Secretary, NHS England and The Health Select Committee as a key reason for patients remaining in hospital when they are fit to go home.

Healthcare provision in Northern Ireland differs from that in England and Wales, in that services delivered by Health and Social Care Northern Ireland (HSC) provide complete, end-to-end healthcare facilities (GP ➔ hospital ➔ social care). But the service is still colloquially referred to as 'The NHS'.

South Eastern & Social Care Trust provides a joined-up approach to healthcare

The Trust endeavours to consistently deliver sustainable services and implement changes which will improve patient experience and outcomes.

Acute services work closely with their community colleagues to strengthen primary and 'out of hospital' care, with the aim of delivering a seamless care package for every patient, which can

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cope with multiple heath issues. Measures to increase efficiency are regularly reviewed, and as budgets allow, process and technology improvements are implemented to increase organisational capability and ensure that patients have access to the services they need in a timely and accessible way.

eDocument delivery technology efficiently communicates critical GP and discharge information

"Swapping manual methods of communication for electronic ones ensures that our referral and discharge processes run smoothly and to time. The risk of delays caused by referrals getting lost in the post or being sent to the wrong fax number has been eliminated. Patients are happier as they get a hospital appointment more quickly and return home sooner. In addition, eDocument delivery is saving us money … and fully complies with NHS eDischarge policies and ICO guidelines."

Healthcare depends on fax

Fax is still widely used within Healthcare, particularly in the discharge and referral process, where a signature on a fax transmission is an acceptable form of authority to proceed.

Manual faxing is labour intensive and expensive

Prior to implementing the ProcessFlows eDocument delivery solution (sometimes called electronic fax or network fax), the Trust maintained a fleet of 250 stand-alone fax machines and (albeit indirectly) paid staff for the time it took to carry out the manual faxing process – walking to and from the fax machine, looking for 'lost' faxes, etc.

How the manual fax costs add up

- The average running and maintenance costs for a single, stand-alone fax machine adds up to £416 per year
- 250 devices was therefore costing in the region of £104,000 per year

Switching to electronic fax accrues savings of around £284,400 in the first 3 years

After deducting the eDocument solution cost:

- A return on investment (ROI) based on 250 fax machines can be achieved within 2.3 months of implementation
- By the end of year 1, the savings rise to £84,000
- By the end of year 2, this grows to £102,000
- By the end of year 3, they reach £284,000

- Annual ongoing savings of £3,800
- Projected total savings after 5 years = £291,600
- Projected total savings after 10 years = £310,600

Ongoing care, support and maintenance

The Trust has an ongoing support contract with ProcessFlows. This gives them unlimited access to 24/7 helpdesk and automatic software upgrades.

Expanding electronic processing

Having got the infrastructure in place and demonstrated the efficiencies that electronic referrals bring to the Organisation and patient satisfaction, the Trust plans to encourage other public sector organisations to communicate their healthcare information in the same way.

The fax transformation process – how South Eastern Health and Social Care Trust got from A to B, the business drivers and the technology challenges encountered along the way

A merger, improved efficiency targets, compliance changes and the desire to provide a better patient experience, were a catalyst for changing the way patient referrals are processed.

The merger

In 2007, the Ulster Community & Hospitals Trust and the Down & Lisburn Trust merged to become South Eastern Health and Social Care Trust.

In common with a lot of mergers, IT managers were faced with unifying disparate IT & telephony systems and print hardware.

Fax is still very much a part of NHS processes – in spite of its outdated, 80s technology image

One thing in common was that both Trusts had an extensive fleet of fax machines – located across 125 sites, which includes 5 hospitals and multiple GP surgeries – which were used for patient referral communications.

Mark Kendall, Telecoms Manager for the Trust, said *"Switching to an eDocument delivery method for patient referrals was already on the IT radar. Responsibility for an even larger number of fax machines focused us on finding a more cost effective and reliable alternative sooner rather than later. Apart from the obvious savings – no more paper, toner, maintenance/servicing etc. – from an IT support perspective, a single, networked fax facility was going to be much easier to manage and maintain."*

"Fax has a bit of an image problem and I have to admit that I did have to convince my superiors that an investment in fax technology really was the best solution and wasn't that 'tired technology with no future' they thought it was!"

Multi-Function Devices (MFD)

Users were printing on different platforms. A new print management contract was negotiated with an alternative supplier. Four MFDs were installed, two of them being dedicated to communications with external services (GP and Social Care) and staff were given a unique user pin code for their assigned device.

The software

ProcessFlows integrated eDocument delivery software, OpenText RightFax, with the MFDs and Outlook to enable electronic faxing from the MFD and desktop faxing within email.

As well as providing electronic faxing capability for the entire organisation, RightFax provides users with a cost effective tool with which to communicate internally.

Avaya telephony with SIP integration

The telephony platform was unified to run on an Avaya platform. SIP request-response protocol was integrated so it is easy to source legacy telephone and fax numbers.

Active Directory securely stores user account information and passwords and updates RightFax daily

Incoming faxes/numbers are automatically routed to RightFax and verified in Active Directory before connecting to Outlook to deliver the inbound fax information. Rules can be set up to allow the sharing of fax numbers with individuals, departments and teams.

Accountable

RightFax records all fax activity and records information such as time, date, user etc.

Mark Kendall concluded; *"The NHS has a duty to provide patients with a continuity of care. This can only happen if services are integrated around the patient. Implementing business process technology which improves the communication and secure transfer of information between acute and out-of-hospital services has enabled us to speed up our referral processes and provide better continuity of care for patients."*