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- Acute
- Mental Health
- Community Care
- Commissioning
- Social Care

Unscheduled Care Overview



Unscheduled care defines any unplanned contact with health care services by a person requiring or looking for care, help or advice. The demand for such contact can occur at any time, and healthcare services (which includes urgent care and emergency care) must be available to meet this demand 24 hours a day.



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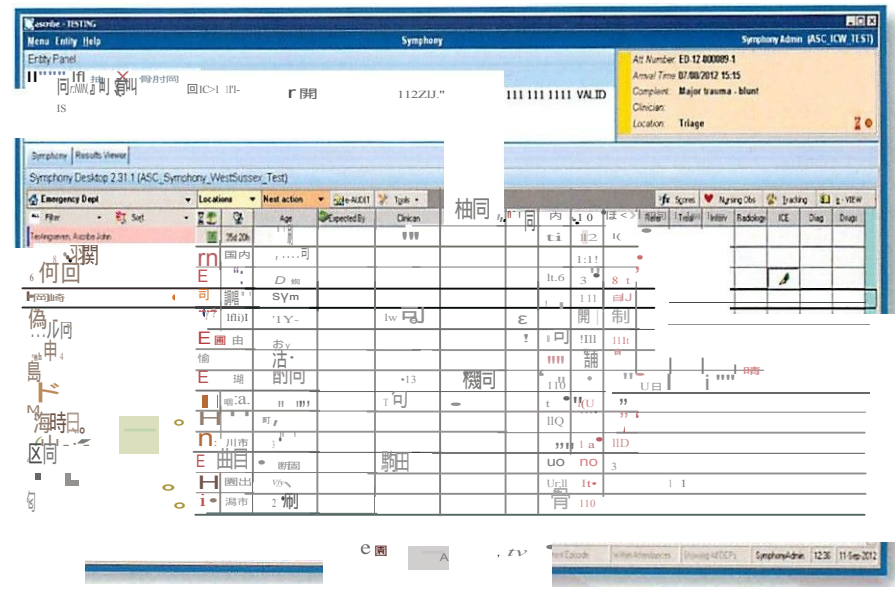
Ascribe Symphony

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We chose Ascribe Symphony as the ED clinical information management system for several reasons. We were impressed with the ease of access to, and clarity of important clinical and patient tracking information. The ability for us to easily customise screens and format printed matter means Symphony has the potential to be highly configurable to meet the needs and demands of our practice locally.

”

Keith Joe
Emergency Physician and
Clinical Lead for ED
The Royal Melbourne Hospital



Unscheduled Care

Ascribe Symphony, is the UK market leading Emergency and Unscheduled Care information system providing benefits to patients, clinicians and Trust managers.

Ascribe Symphony supports the everyday practices of the Emergency, Minor Injuries and Admission departments and matches the data collection processes to current patient workflows.

Over 30 million patients are recorded on Ascribe Symphony with the system supporting over seven million attendances per annum. Ascribe provides the clinician with a simple to use graphical interface that delivers real time clinical management of patients in the unscheduled care setting.

The Ascribe Symphony system fully supports the delivery of all the complex information needs for Unscheduled Care departments including the delivery of information to support the Department of Health and College of Emergency Medicine Clinical Quality Indicators for Emergency Departments (EDs).

Benefits

- Only for patient details once – improving the patient experience by knowing who your patient is, where they are, and what they are waiting for
- Robust supporting clinical workflows, allows for proactive management of the ED.
- Realtime info, patients are and what they are waiting for provides more time for care. Clinical alerts always available to support care of patient and ensure clinical safety.

- Supports all mandated datasets and provides Payment by results from supporting HRG 4 data. Real time management of KPIs for ED attendance 4 hour target and management of patients waiting for admission. Generate data to support national quality standards for A&E.
- Supports Australian VEMD (Victorian Emergency Medicine Dataset) standard.



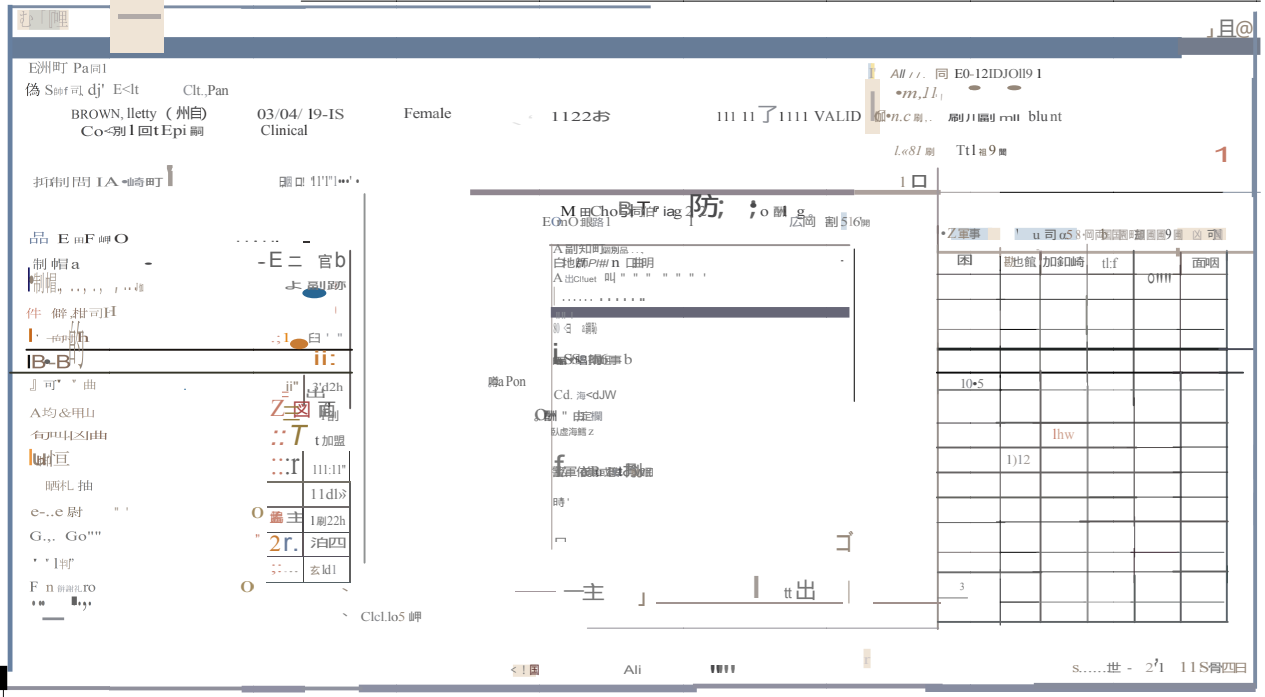
OASCRIBE



eTriage

This solution is for:

- Acute
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- Community Care
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Emergency Triage™ version 2 is an updated to the acclaimed publication from the Manchester Triage Group and published by Wiley Publishing.

Ascribe continues their long relationship with the Manchester Group and Wiley publishers and have signed an agreement to deliver Emergency Triage version 2 as an optional application within the Ascribe Symphony suite of products.

The system provides a simple and intuitive interface that allows the clinician to follow the Emergency Triage protocols whilst at the same time maintaining clinical independence.

The Emergency Triage protocols have been implemented in many hospitals worldwide and are seen by many in the NHS as the de facto standard for Triage.

Benefit

砂 Supports the clinician in the decision making process when assigning a clinical priority to a patient.

巾 Supports P, R, and clinical governance, tried and tested protocols matched with an auditable process.

沙 Patients are appropriately triaged in an emergency care setting.

長診 Delivers the Trust delivery of targets for waiting times.

巾 Supports a number of the care quality indicators including time for assessment.

診 Provides patients without a full clinical assessment.

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Summary Care Record

I was first introduced to the SCR by our local primary care trust (Bury). I immediately saw the possible benefits this would bring to patient care, especially when patients are unable to provide accurate information about their medicines on admission to hospital. At the hospital, it can sometimes be difficult to obtain an accurate patient medication history because most of the patient arrivals are unscheduled and many are confused due to illness or do not know their medications to inform the clinical staff.

Dr Kassim Ali, Emergency Department Consultant, Fairfield General Hospital



Unscheduled Care

The NHS Summary Care Record (SCR) in England supports patient treatment in emergency and unscheduled care settings, by providing information about the patient where that information is not currently held, and at times when the GP records cannot be easily accessed.

In order to provide this functionality, Ascribe systems allow the user to see when a record is available and access it directly, without any further login or searching. The viewed SCR becomes part of the contemporaneous patient record, supporting clinical audit and providing evidence for treatment and intervention decisions.

The Ascribe Summary Care record solution provides direct access to a patient's Summary Care Record from within the Ascribe applications.

Benefits

Improved Quality of Care - Accuracy
Ascribe SCR informs clinical decision making, diagnostic and therapeutic choices and onward referral decisions, allowing appropriate care to be delivered in the most appropriate setting.

Efficiency & Effectiveness - Reducing time, effort and resource required to share information across different NHS organisations, for example, medicines reconciliation in hospital pharmacy.

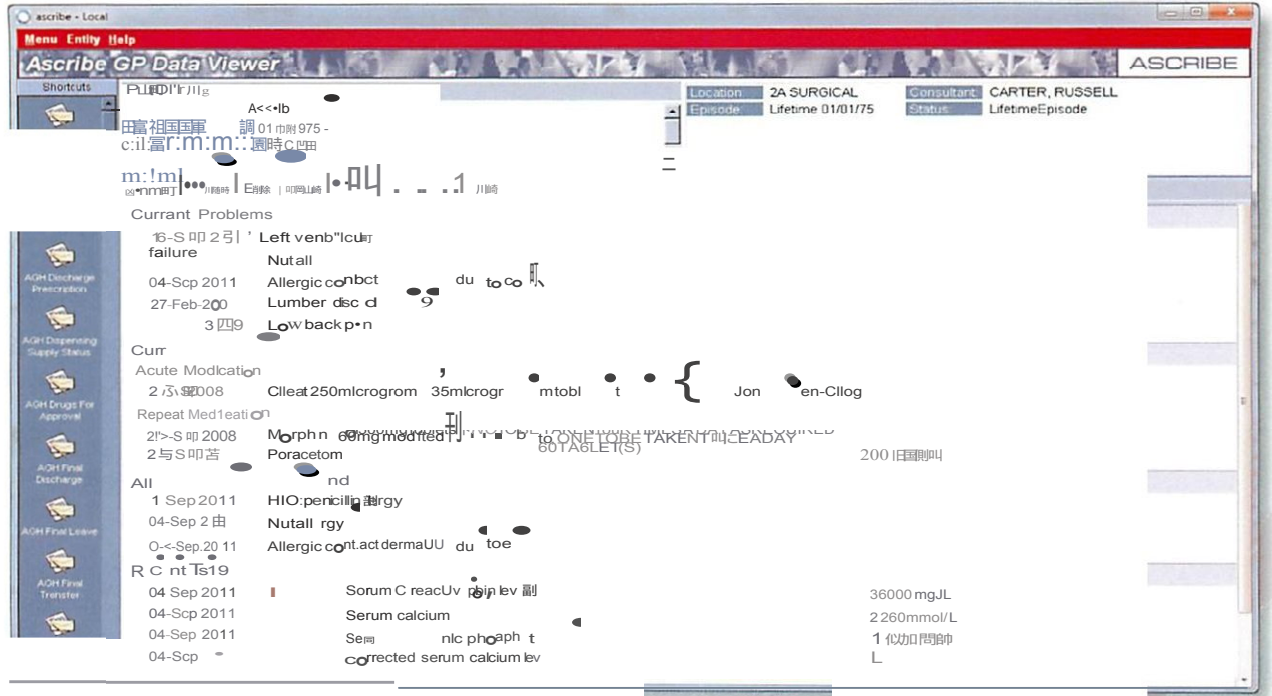
Identifying contraindications to medication
Identifies contraindications to medication, or allergies to medications and reduces the risk of prescribing errors and adverse reactions to prescribed drugs.





GP Data Viewer via Medical Interoperability Gateway (MIG)

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Unscheduled Care

The Ascribe GP Dataviewer module allows users to view a summary of patients details available on the Medical Interoperability Gateway (MIG). The patient details available are provided by their GP practice via their MIG compliant system including EMIS and n Practice Systems' GP management software.

Clinicians in all health care settings will be able to view primary care details for patients in real-time while the patient is in their clinical care, enabling clinicians to make more informed decisions, whilst delivering, safe, cost effective and meaningful patient care.

The patient details will include summary information, medications and problems. The view will be available to all the Ascribe integrated products including Emergency Care, Pharmacy, ePrescribing and Mental Health.



Primary Care details available real-time to Emergency Care clinicians, pharmacists etc.

Non-acute medication history.

Additional information.

No switching between systems to find the information.

Pre-consultation admissions, and other decisions when insurance information available from patient themselves.



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Unscheduled Care Web Pages

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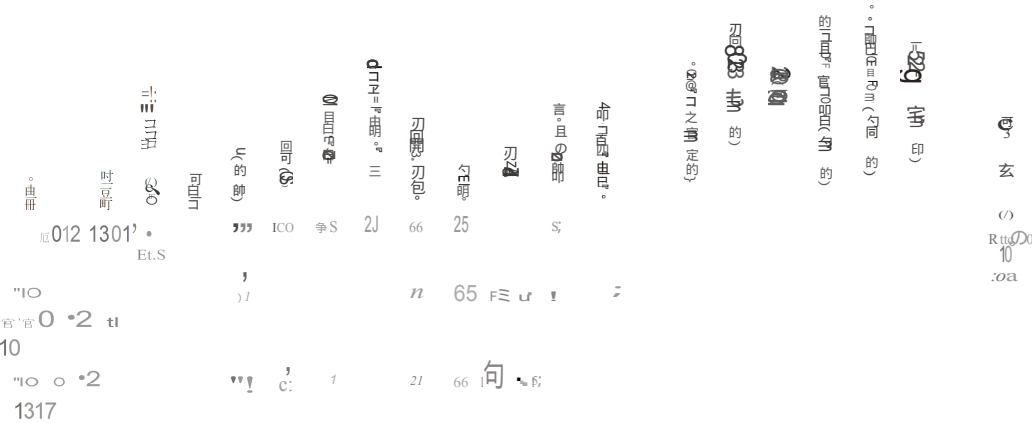
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Observations Chart

TEST, PATIENT, 878926, Female, DOB: 01/01/1925, Age: 87 Years
ECC 12-C 061-1 2 01 # 1 "S J 04. CUI: 洋 Sreatn 11 09 20 12 13 05 00 T asc r 196

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Unscheduled Care

Ascribe have developed the ability to display data held within their Unscheduled Care system, Ascribe Symphony on web pages. Using the SQL data tables held within your Ascribe system, it is possible to arrange and display this information on a web page that can be triggered in a number of ways from within the system.

A number of web pages are readily available to you now. Sites that are using the web pages find the ease of access to aggregated data on a single page reflects the workflow of the ED. Clinicians can gain easy access to data in a single click and the pages are easily printable for patient transfer purposes and inclusion in case notes.

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Ca - : 竺 its

Can display data in a way that is more user friendly supporting information for patients.

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iffo n可 atio +1 on po代 able devices - providing key clinical information such as MEWS scores.

data that can be displayed include:
Patient Display; Patient Summary; Medications
Observations Charting and eNotes display -
Data.

can be driven from the next action menu or
either a pop up before a Data Entry
Screens. The data can also be presented
by - such as the Patient Information
used to display data on waiting times by
waiting area providing real time patient
data is also used to display the departmental

audit information supporting clinical
performance.

and information provision to non
Emergency Care areas such as bed

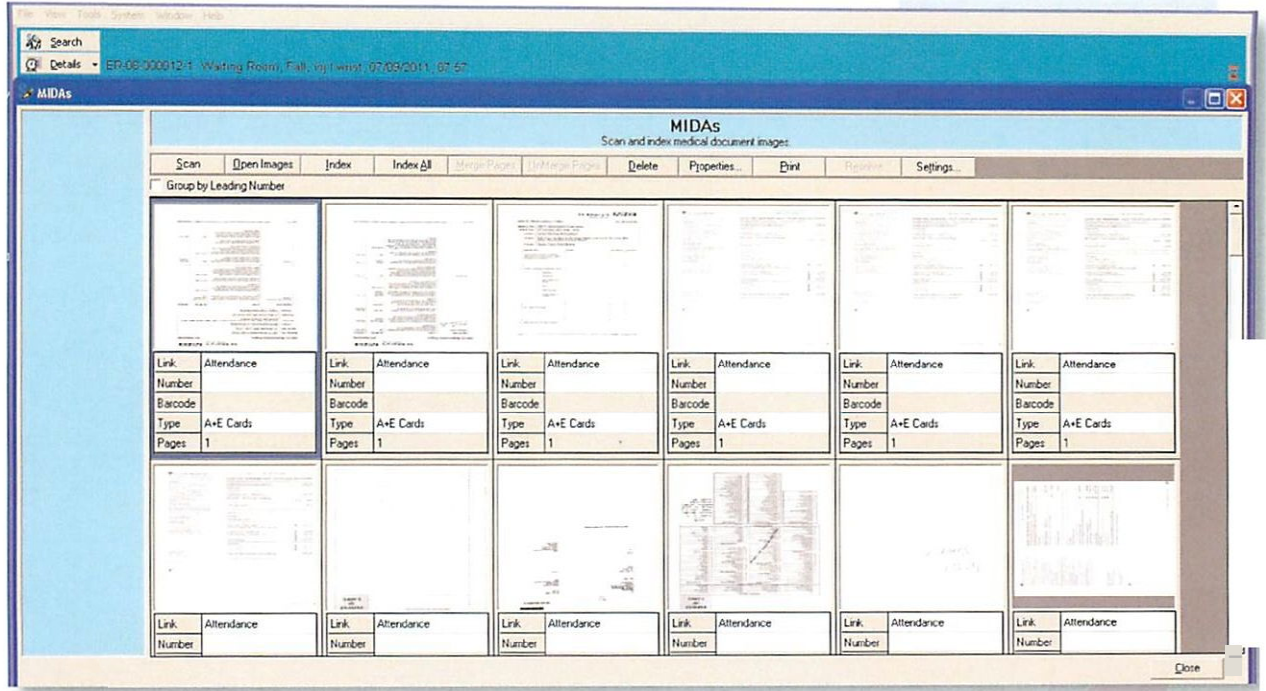
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Unscheduled Care Document Workflow

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Ascribe S Unscheduled Care System - Symphony, is provided with an optional scanning module; MIDAS - the Ascribe Emergency Care Medical indexing and document access system.

This module allows for the real time management of paper documents in the Unscheduled Care Department. The process of scanning can be automated, with recognition of the document and auto-indexing the paper to match the attendance record for the patient.

Documents can be stored at the patient level against the Patient Master Index (PMI) or at the attendance level.

The system allows the authorised user viewing access to any associated documentation with the patient record, providing high speed retrieval without the need to search for paper in a filing area.

Benefits



砂 Huge savings on storage space. Enables the ability to store 20-30,000 attendance cards and other patient records on a small computer disk. Most departments would be able to hold five full year's records on 250Gb of storage.

砂 Avoids lost or mis-filed records. The ability to search for a record by all or part of a name, date of birth or episode number, and the fact that this is online for authorised personnel provides immeasurable savings in terms of staffing costs. The chances of a lost card are dramatically reduced with MIDAS.

長診 The effectiveness of this system. Savings in the time it takes for you to find the records, allowing them to concentrate on more important things to hand.



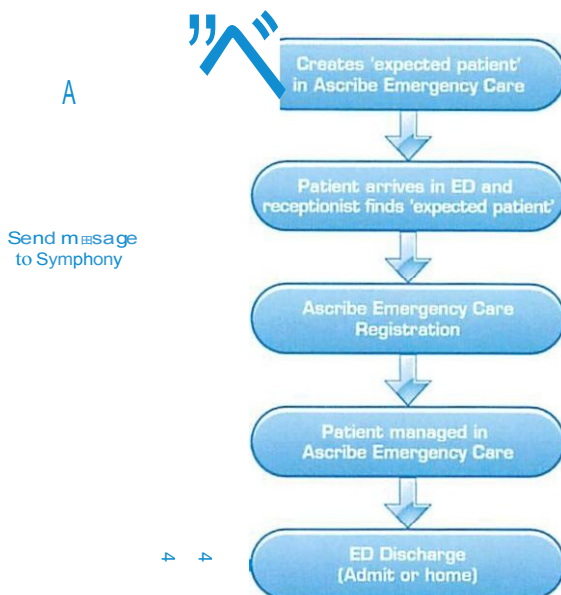
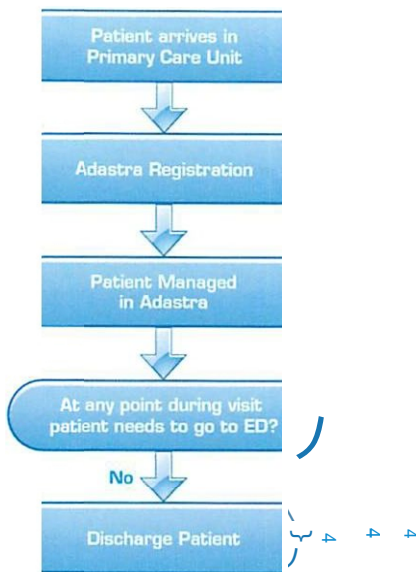
砂 Easily Accessible - ease of access for clinical staff is immeasurable.



砂 Security access controls - to gain access to a record, the user must have the right level of password access. The chance of information getting into the wrong hands is minimised.



Adastra Information Sharing



Send message to Symphony

The Ascribe - Adastra interoperability system integrates your Out of Hours (OOH) and urgent care centres, with the acute hospital Ascribe Unscheduled Care system.

Conversely, if a patient attends the acute setting, the clinical information can be sent to the OOH system and an appointment created for the patient to see a GP if that is a more appropriate route to treatment.

If a patient attends at an urgent care or OOH setting and the staff feel that an ED attendance is needed, the patient's clinical as well as demographic data, is sent to the Ascribe Unscheduled Care system so that the staff in the acute setting have all the details prior to the patient arriving.

Unscheduled Care

Benefits

砂 Improves the patient experience. The patient only gives their demographic information once in the spell of care.

面診 Better communication with patient through an appointment system giving an appointment that is mutually acceptable to both the patient and clinician, for the provision of treatment at the point of entry into the hospital.

長診附 Clinical data is shared between the care settings.

砂 Clearer workflow, thereby improving workflow.

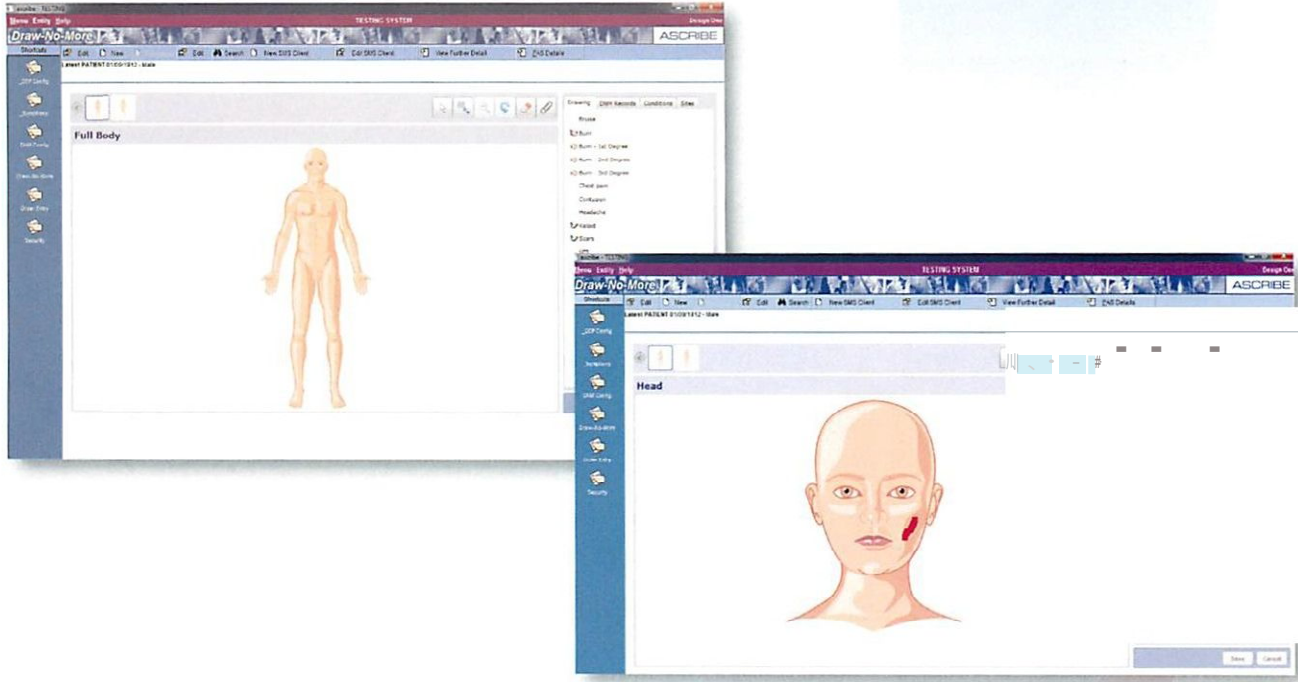
長診 Allows a patient care and treatment for seriously ill patients whilst being able to offer the non-acute patient alternative healthcare facilities.



Draw No More



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Unscheduled Care

Draw-No-More (DNM) is a drawing tool that can be used with Ascribe's integrated product suite.

The image is embedded into the electronic patient record so cannot be lost.

As a replacement for paper-based drawings, Ascribe Draw-No-More enables clinicians to draw patient diagnoses effortlessly on an electronic canvas.

The system also provides the ability to attach photographs as an alternative to drawing, all of which are stored against a patient's electronic record.



匠診 A similar and
ゆ interface.
ゆ The ability to zoom in and out of the UI.

砂 A coded list of diagnosis.

砂 Image automatically generated based on patient attributes, e.g. gender, age.

ゆ A navigation control to rotate view & draw on anterior/posterior aspects.

ゆ Replaces numerous paper-based drawings.

長診 Permit

長診 The ability to calculate a patient's body mass index (BMI) percentage from drawings.

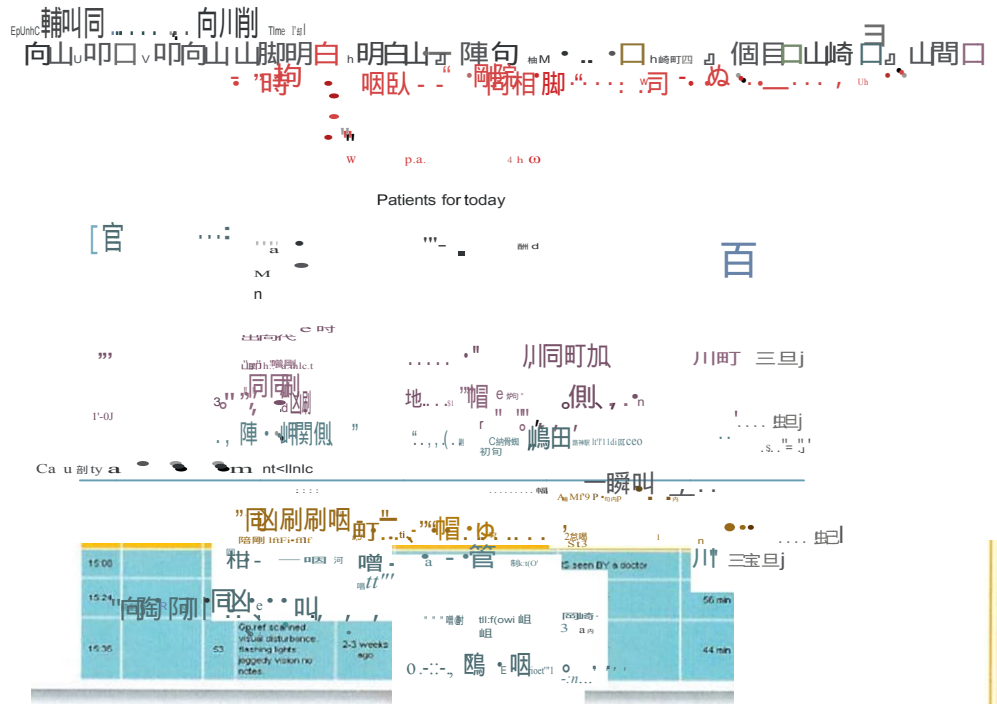


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Eye Casualty

The Ascribe Eye Casualty solution is far simpler, far more efficient and has completely changed the way that we work over the last five years.

Julie Tillotson
Nurse Consultant
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust



Ascribe Eye Casualty is a web-based departmental clinical management tool that allows members of the Eye Casualty team to intuitively and accurately record all assessment, triage, examination, treatment follow up and discharge information for their patients.

Ascribe Eye Casualty also enables attendances and re-attendances to be planned based on clinical need.

Benefit

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砂川 st wide license
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can be accessed
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ensures the
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Veritas@fsc.com