**Group Activity**

**Identifying the Gap**

**Group A:** System is ‘designed’ around professions workflow/tasks not around the individual patient/client.

**Group B:** The current process means we are in a situation of being data rich but information poor. As the process has evolved we no longer really understand what data actually requires recording on admission and how to use the information provided by the patient effectively and appropriately.

**Group C:** Information collection is not personal, time efficient, shared or knowledge based leading to repetition, poor data quality and limiting personal and professional contributions’.

**If the Gap isn’t fixed**

**Group A:** We will never achieve a truly person centred health care service. Resulting in loss of skills in capturing our clinical decision making. And we will continue to spend a lot of money on systems not fit for purpose. Meaning the problems grow, become harder to fix later. And we risk patient safety through miscommunication. Resulting in the risk of bad patient experience through not providing individualised care or treatment.

**Group B:** We will continue to waste valuable nursing time collecting data which may or may not be relevant to their care. Which means incorrect information may be recorded which may compromise patient care. Resulting in decline in staff morale leading to increased sickness levels and loss of talent. And patients may seek treatment elsewhere using their own personal data collected on their own via wearables/apps and the number of complaints will continue to increase.

**Group C:** If it doesn’t happen there will be continued collection of poor data, check list proliferation for data that is ultimately not used. This will result in the further
reduction in quality health care. The professional interactions will continue to diminish and move further from person centred care. Poor audit of record keeping will continue and information will be not be shared potentially leading to increased mortality and morbidity, further exposing the organisation to the very risk it is trying to avoid by continuing to capture the “tick box” paper based data.

**IF WE FIX THE GAP**

**Group A:** Develop the opportunity to capture rich useful data sets without extra burden thereby improving individual patients care, understanding of disease and ultimately better research. We will enable patients to take more responsibility and be more involved in their own healthcare. Healthcare professionals will be able to evidence their clinical decision making. Leading to a reduction in complaints and adverse events. And we will free up nurse time to talk to patients, innovate around solutions and improve the overall process resulting in improved staff experiences of their daily working life. In addition, through co-developing with innovative companies there is potential to develop solutions for a global marketplace, ensuring positive employment opportunities and economic growth to Scotland.

**Group B:** We will improve patient care and there will be more clinical time for nurses. Enabling us to Care co-ordinate will improve care coordination to avoid delays in treatment. We will also transform how patients view themselves to enable them to become the ‘manager of their own care’ through accessing their own data for review and updates.

**Group C:** Patient interactions will be more meaningful with optimisation of needed information improving the patient experience, safety and overall care. This would allow clinicians to be clinical decision makers and not administrators. In turn this will attract and retain to the professions and to Scotland. With the correct solution information collection will not be the focus of healthcare contacts but will occur freeing the clinician to make professional decisions “on the fly”.

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**The Scottish Innovation Network and Cluster (Health and Social Care)**
There is an over-concern around data governance.

IT system change requires investment.

Tech moving at a faster pace than public sector.

There is no single IT system.

Lack of resource/investment.

A culture of risk avoidance but this is bureaucratic risk and not an actual patient risk.

Well intentioned effort to improve efficiency and productivity has backfired resulting in a 'production line' approach, losing sight of purpose.

Processes are not followed through.

Pre determined pathways remove person-centred approach.

Too many professionals coming from their own perspective.

Nurses/Staff do not consider record keeping a priority.

Pre printed tick box and signed record does not work.

Lots of local improvement programmes but no alignment with MDT.

No Agreement of what 'good' books like.

Culture - behaviour routine/habit forming, lack encouragement to use time different/change creating low moral.

There are too many questions/tick boxes that are not relevant.

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