# An all ENCOMPASSing change of EPIC proportions: preparation and implementation of a new digital medical record system

Dr Hannah Houston, Dr Grace McCrystal, Dr Grace McClune

#### Introduction

The launch of EPIC medical records system "Encompass" in the South Eastern Health and Social Care Trust in November 2023 was the first stage of its roll out across Northern Ireland. This system completely digitalises both patients' records and administrative pathways and requires wholesale change to local and regional working practices and IT systems.

### **Methods**

Prior to launch, all staff underwent training and were encouraged to 'shadow chart'. A planned downturn could not take place for obstetric services, so measures were implemented to ensure capacity and patient care were not compromised. These included additional consultant led weekend elective caesarean section lists and additional staff (both midwifery and anaesthetic) were made available both in and out of hours to ensure that distraction caused by unfamiliarity with the system would not compromise patient care.

#### Results

To assess the impact of the launch we surveyed anaesthetists who regularly work in labour ward.

• Respondents: 58% consultants, 33% trainees, 9% SAS

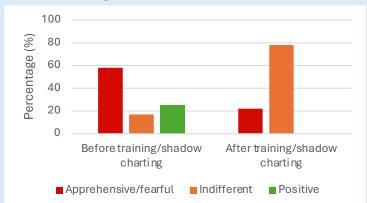
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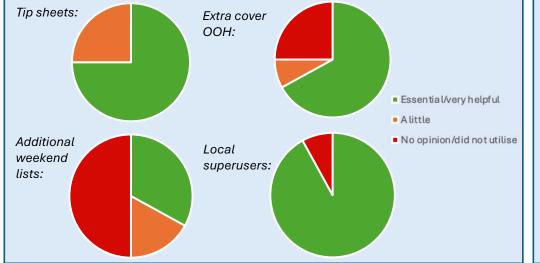


#### We asked:

How did you feel about obstetric related documentation prior to training/shadow charting vs after?



In hindsight, how helpful did you find the following measures put in place to ease the transition to Encompass?



"Tip sheets were absolutely invaluable as a reg covering OOH in obstetrics without being there during the day time."

"Encompass consumes attention and time of clinical staff, it is imperative to have additional staffing of all clinical groups where emergency care is delivered" "I would advise people in other trusts to

keep calm- there was a feeling of mass hysteria in the whole trust after go live" "Our local MIOs were superheroes without them it would have been a disaster" "Practice & more practice"

## Discussion

The launch brought many challenges. Future mitigating strategies against the disruption should include a trial of the whole patient journey throughout their admission including transfer of the simulated patient to various clinical environments. This will help identify and allow resolution of patient flow problems prior to launch. We hope that our reflections on the process and lessons learned will help other trusts in NI implement the new system.