HORDER
HEALTHCARE

Overview

Customer Name
Horder Healthcare

Town, Country
Crowborough and
East Grinstead, UK

Website
www.horderhealthcare.co.uk

Organisation Type
Specialist independent hospitals
and clinics for orthopaedic
and MSK services, plus plastic
and reconstructive surgery,
ophthalmology, oral and
maxillofacial.

Products implemented
Health Data Enterprise (HDE)
via managed service (DaaS)

Key Benefits:

• Unified data across two disparate
  PAS systems

• Single source of truth

• Unified data layer (UDL) avoids
  unnecessary EPR investment

• Accurate NHS reporting

• Reduced risk due to poor quality
  data

• Managed service releases BI staff
  time

• Service continuity guaranteed

• Data skill levels guaranteed

Horder Healthcare unifies data across disparate PAS systems, reduces risk and releases BI team for extensive reporting within the group and to the NHS

The Customer

Horder Healthcare is an independent group consisting of two specialist hospitals – The Horder Centre and The McIndoe Centre – as well as two physiotherapy clinics in Eastbourne and Seaford. Run as a charity, the group provides orthopaedic surgery and musculoskeletal services from its Horder Centre and clinics. The McIndoe Centre is a centre of excellence for plastic and reconstructive surgery including oral and maxillofacial, ophthalmic, and orthopaedic surgery. The Horder Centre is rated as 'Outstanding' by the CQC.

The Challenge

Horder has an extensive history providing orthopaedic and Musculoskeletal services for NHS patients but as the country struggles to reduce the elective backlogs in this and many other specialties, the demand for additional activity from both sites has increased. With this has come the need to submit complex CDS (Commissioning Data Sets) returns on activity completed, both to aid financial flows and monitor the impact on waiting lists. The considerable data requirement for CDS reporting was the trigger for a system rethink.

Elin Richardson, Hospital Director at Horder Healthcare, mentions, "As an organisation, we were used to delivering NHS contracts but over time the volume and complexity of reporting has grown. For a relatively small organisation there was a large data requirement, which was the same as that of any big acute hospital – only the volume changes.

"We wanted to reliably report against NHS requirements as well as those for our private medical insurers and own analysis of self-pay patients. We wanted to track activity levels, income, cost, various quality and efficiency key performance indicators and use both the management information for decision making but also report confidently to our Board of Trustees. This was a tall order for a relatively small business intelligence team working with disparate legacy systems".

The size and skill of the BI team was a key issue. At the time, most of the staff were contractors and it was a struggle to recruit the right skill levels locally. Layered on top of this was the fact that Horder's two hospitals had different PAS systems.

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What they needed was to shore up their data capability and reliability and deliver a 'single source of the truth' across all their systems.

David Griffiths, Head of IM&T at Horder, adds, "There was a significant risk to the organisation that we weren't getting good information. There was a risk of poor financial performance, poor patient outcomes and inability to make good decisions. We also didn't have permanent BI staff and ran the risk of losing knowledge and creating instability."

Previously Horder had engaged with the idea of replacing the two PAS systems with a single EPR, but this was found to be too costly, taking too long, and would cause far too much upheaval. It would also deliver a system that was far too complex for an independent hospital without the diverse departments of a big acute.

The Solution

Horder decided to bring in Insource, to upgrade the aging data warehouse and gain access to their vast healthcare data management expertise. The **Health Data Enterprise (HDE)** data management platform, was provided through **Data-as-a-Service**.

This gives Horder clean, unified data, standardised against NHS data dictionary formats. It takes disparate data from diverse departmental systems and provides a single source of truth for all operational management, business decision making and local or national reporting. Insource provide the data feeds for Horder's own reporting, BI and management team.

Unified Data Layer (UDL) – Single source of truth

HDE now takes data from a variety of Horder feeder systems including the two PAS's – Compucare and iPM. Other systems include Datix, Friends and Family, Diagnostics/Pathology, VTE and the Patient Satisfaction Questionnaire (PSQ) system. The next phase of the implementation is set to include financial systems. All of the data is validated and rolled up to the Unified Data Layer (UDL) to form the single source of the truth for decision-making across the group.

Vast range of reports

From the UDL, Insource provide the data in the correct format to populate a vast number of reports, over and above the NHS CDS reporting. These include the PTL (Patient Tracking List), numerous KPIs, Board reports, discharge letters and bed occupancy status. The PHIN (Private Hospital Information Network) reports data is planned for implementation shortly.

David Griffiths, continues, "Insource have enabled us to remove risk from the organisation by providing the robust data, vast expertise and skills continuity we needed. We have been able to invest in business intelligence (BI) skills internally and our team is now focussing on analytics and business information rather than data manipulation."

Modular approach to clinical systems

Horder has a Best-in-Class strategy, and now has a solid data foundation on which to add specific clinical systems that fit the organisational needs. David Griffith, concludes, "Insource are now our trusted data partners and are with us on our journey. As we add these new systems, the data will become part of our foundational UDL – and will contribute to our single version of the truth."

Next Steps

To date Horder have integrated activity and patient-level data. The next steps are to encompass cost and income data as well as theatre data. Elin Richardson continues, "Our overall aim is to have complete data to drive management decisions. We want to know if we make a change in the patient pathway what will it cost, how will it improve outcomes and patient experience.

"Insource has given us that robustness of data via a managed service. And, we're now using the data, enhancing it with local knowledge, to provide better intelligence for business and care management."

About Insource

At Insource we bring the power of data to your organisation. Our leading data management platform seamlessly delivers validated, patient-level activity data from across the enterprise through our range of waiting list management, statutory reporting, capacity planning and other applications to help organisations manage their healthcare business more effectively.

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