

Making NHS IT less bad

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Intro, is there really a problem?

Why is it so suboptimal?

What to do?

Thanks, questions and discussion



Figure: Is the naso-gastric tube in place? This a pass/fail question.

Three terrible tales of systems suboptimality..and a puzzle

- ▶ Three tales

1. Can't see the xrays (NG tubes and brain injury)
2. Didn't see the camera test (system fragmentation)
3. Communication breakdown it's always the same (lost to follow up, failed referral, broken fax machines)

- ▶ How did the receptionist fax the referral card that was too thick for the fax machine?

- ▶ Surely people just file bug reports and this stuff gets fixed right?
- ▶ Closest we have to a bug reporting system is NRLS...
- ▶ What does NRLS show?

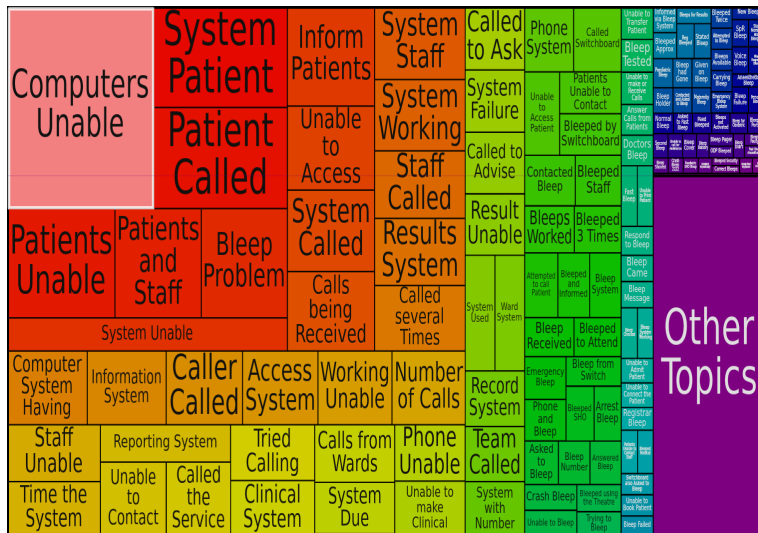


Figure: Lingo cluster analysis of free text of 7273 patient safety incidents

- ▶ Limitations: under-reporting and reporter ignorance
- ▶ 'Still not fixed' and 'broken again' were common strings
- ▶ Failing bleep systems seemed to be a major problem... (yes we're still using pagers..)
- ▶ Sorry substitute for having a public online issue tracker/bug reporting system

- ▶ Leadership lacks digital nous
- ▶ Broken/suboptimal market (end-users lack influence, granularity problem)
- ▶ Structural barriers e.g archaic procurement processes, information governance, N3, IE7...



Figure: This is a user unfriendly tea pot

- ▶ Champion health promotion (citizens, patients, clinicians)
- ▶ Support NHS Hack Day
- ▶ Contribute to a real life NHS open-source, open-governance project, there exists at least one in the Real World - <https://github.com/openhealthcare/opal> (disclaimer: it's ours)

Questions and discussion

- ▶ Thoughts?
- ▶ Anything else I/we can/should be doing
- ▶ Thank-you for listening
- ▶ Contact
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