

What's New in



The latest version of PPM+ goes live on 17th January 2018

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Citywide Care Improvements

Applies to: All Users

We have standardised the look of the Citywide Care tabs (Hospital, General Practice, Mental Health, Community and Adult Social Care):

APPLE, Smartib (Mr)

Address Phone GP **KIRKHAM, John (Dr)**

Hospital General Practice Mental Health Community Adult Social Care

Filter Events... Show Booked and Delivered

Summary Add

2017

18-Sep-2017	File Link	Pressure Ulcer Risk Assessment (P...
14-Sep-2017	File Link	Pressure Ulcer Risk Assessment (P...
12-Sep-2017	File Link	Falls Risk Assessment
11-Sep-2017	File Link	Falls Risk Assessment
11-Sep-2017	File Link	Falls Risk Assessment
18-Aug-2017	File Link	Referral: Requested - Airedale IPT T...

Admission Details Discharge Documents Care Episode

Admission Date 02-Oct-2015 16:26

Consultant BURY, Robert Frederick (Dr) : Leeds General Infirm

Admission Reason

Admission Method Emergency

Admission Source NHS hosp other prov - Gen

Management Intent Code Overnight Stay

NB: LTHT users can access all Citywide Care data feeds within the Single Patient View.

Emergency Access Improvements

Applies to: All Users

Improving on the Emergency Access to a patient's record from outside the organisation, we have introduced a free text box to record why you have used this facility:

Patient Access X

DAMSON

Born Gender **Male** NHS No.

Emergency Access

You are about to gain emergency access to a patient record held by another organisation for the next 24 hours.
In continuing with this request you are confirming this information is being used to provide ongoing direct patient care and acknowledging this action will be audited.

Reason for accessing patient record?

If you wish to record the reason why you are accessing this patient's record please enter here in less than 255 characters. This is an optional field...

Back Proceed

Adult Social Care Improvements

Applies to: All Users

We have improved the Adult Social Care tab to include the latest two encounters regarding hospital discharge and involved people telephone numbers:

APRICOT, Sadia (Mr)

Address: Apartment 408 Phone: GP: KIRKHAM, John (Dr) PAS No.:

Hospital General Practice Mental Health Community Adult Social Care

There is currently an open referral to Leeds City Council for this patient.
Below is a summary of the data held in the Adult Social Care systems for this patient. A glossary of the terms is available [HELP](#).
Please consider discussing with this patient or if you require more information please contact the Leeds City Council Duty Team on 0113 3760341 (Mon - Fri)

Latest Encounters Regarding Hospital Discharge

Date	Summary	Details
16-Oct-2017	Discharge planning	Holmefield will take APRICOT, Sadia, however there is no immediate vacancy - have been advised to check midweek.
Time 12:34		
Recorded By Bronwen Timone		
Date 12-Oct-2017	Discharge planning	Holmefield Court confirmed they will assess 12/10/17
Time 11:23		
Recorded By Bronwen Timone		

Carers

Type	Name	Address	Telephone Number
Carer	JOHN LAYFIELD	LYDNEY COTTAGE	-
Carer	GAUTAM BLACKPOOL	31	0443
Carer	VICTOR BLACKPOOL	LYDNEY COTTAGE	-

Involved People

Start Date	Role	Name	Team name	Team tel no.
01-May-2017	Lead Assessor	BRONWEN TMONE	IRT East North East	0113 392 2665
01-Jun-2017	Occupational Therapy	MUSSERAT ALDEBURGH	IRT East North East	0113 392 2665

**Latest
Adult
Social Care
Information
Released**

**Does your patient need
Adult Social Care
involvement to enable
discharge?**

We have improved the
Adult Social Care tab to
include the latest two
encounters regarding
hospital discharge and
involved people
telephone numbers.

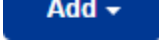

Specialist Service Referrals

Applies to: Pilot Users

We are beginning to introduce electronic Specialist Service Referrals to Allied Health Professionals as well as other internal services. This will be an initial replacement of the current paper process and receiving teams will be able to Accept/Decline their own referrals.

Specialist referrals will be piloted on the 4 Respiratory wards for Speech and Language Therapy and Occupational Therapy for a month. During this time we will check the process and gather feedback of how the system works for both the wards and the receiving teams.

The screenshot shows a web form titled "Specialist Service Referral". At the top, a purple header bar contains patient information: "TEST, Beryl (Ms)", "Born 17-Oct-1990 (26y)", "Gender Female", and "NHS No. 999". Below this, a white bar shows "Address LS1", "Phone 0113", and "PAS No.". The form is divided into several sections: "Referral To" with a dropdown for "Referral To Team" (selected: "SLT (Acute Medicine) - SLT"); "Referral From" with fields for "Date of Referral" (19/09/2017), "Time of Referral" (11:18:00), "Referred By" (robinst), "Referrer's Contact Details" (12345), "Referral From Team" (dropdown), and an "Urgent" checkbox (checked); "Responsible Clinician" with fields for "Contact Type" (Consultant), "Clinician Name" (HALL, Geoff (Dr)), and "Location" (St James's Institute of Oncology); and "Referral Reason" with a text area labeled "Reason for referral". At the bottom, there are "Cancel" and "Submit" buttons, with a "Unsaved changes" indicator between them.

Remember, you can add clinical documents to a patient's record through the  button in the Single Patient View or the  in the *Action* column on the Ward Patient List.

The status of the referral will then be shown in the *Specialist Referrals* column on the eWhiteboard:

The screenshot shows a section of the eWhiteboard. It has a header "Specialist Referrals" and a list item "SLT:A". Below this, a tooltip or status box displays "29-Sep-2017 SLT (SLT) : Accepted".

Bereavement Summary

Applies to: All Users

The Bereavement database can now generate a summary PDF in PPM+ and Leeds Care Record detailing the Date, Time and Cause of Death.

Summary

Add ▾

2017

04-Jul-2017File LinkBereavementSummary

Bereavement Summary

BEREAVEMENT,PERSONFIVE(MR)DOB 01 FebruaryGender

NHS NumberPAS No

Address

Date of Death:Time of Death:00:00

Cause of death as shown on the Medical Certificate, if known:

1a.1

1b.

1c.

2.

Dr signing death certificate:SIGNING DR

Has death been referred to HM Coroner:Yes

HM Coroner Outcome:

Responsible Clinician:DR A

The surface of this PDF allows the clinical team to review the death details of the patient without having to contact the bereavement office for the necessary details.

Cardibase Reports

Applies to: All Users

Cardiology Cardibase System reports are now going straight into PPM+ and display in the Results Tab - Stress Echo, Echo, Trans-oesophageal Echo and Transthoracic Echo:

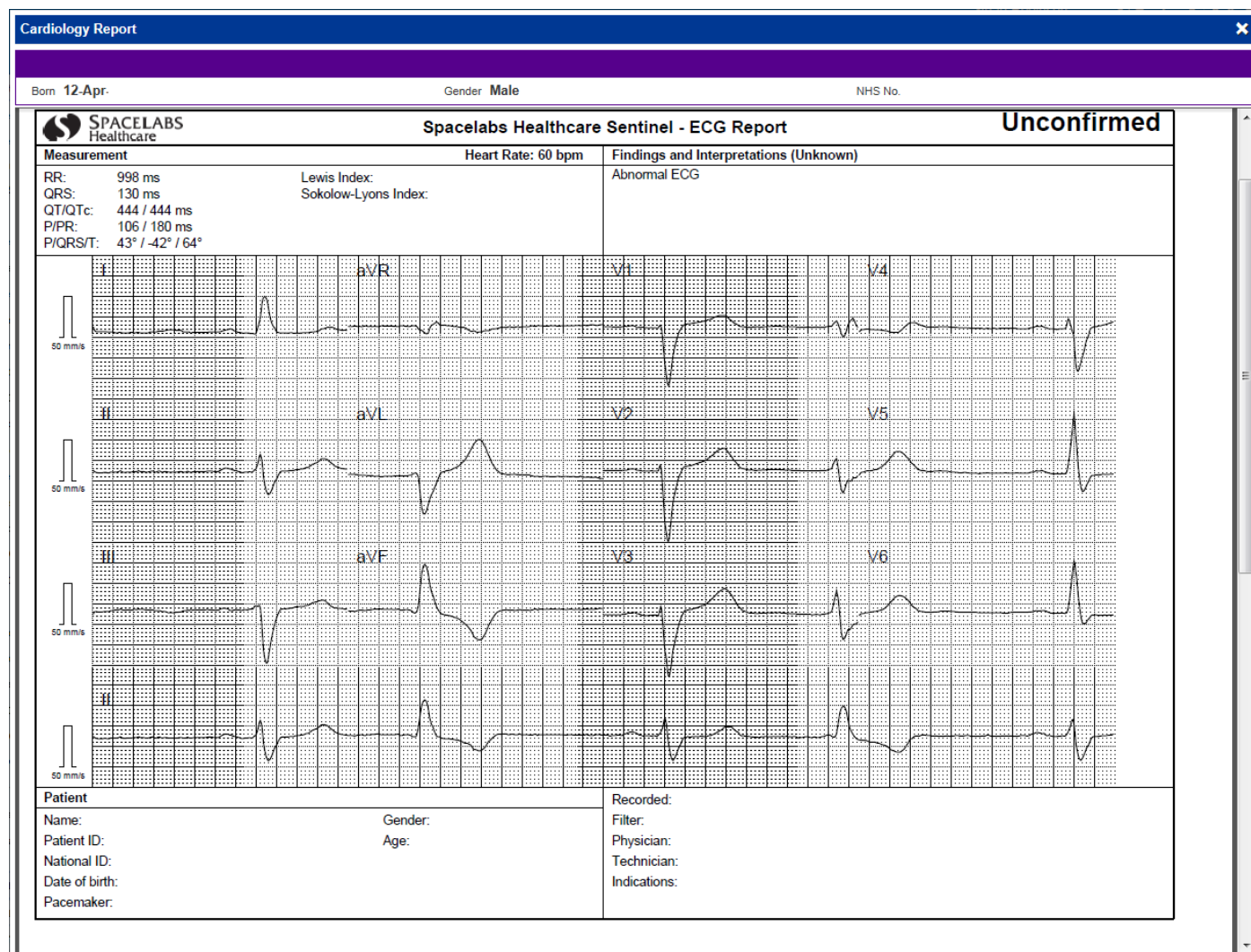
Born		Gender		NHS No.
Address	Phone (Home)	GP	PAS No.	Allergies: see GP tab...

Hospital		Results
Filter Events...	Show Booked and Delivered	Investigation Report Details Documents Care Episode
Results 2017 02-Nov-2017 Investigation Transthoracic Echocardiogram		Add Text Result LV wall thickness: Normal wall thickness. LV cavity: Normal cavity size.
		Investigation Date: 02-Nov-2017 Consultant i/c: Investigation Name: Transthoracic Echocardiogram Investigation Description: Transthoracic Echocardiogram Report Local ID: Reported by: (Dr) : Cardiology Department, Jubilee Wing, Leeds General Verified by:

Sentinel Reports

Applies to: All Users

Cardiology Sentinel System reports are now going straight into PPM+ and display in the Results Tab - ECG:



Use the search bar to search for cardiology reports

Hospital GP

cardi Show Booked and Delivered

Summary Add

2017

24-Oct-2017	Epro	Congenital Cardiac Services Clinic L...
23-Oct-2017	Epro	Congenital Cardiac Services Clinic L...
16-Oct-2017	File Link	Cardiology Report
11-Sep-2017	Epro	Congenital Cardiac Services Clinic L...

Chaplaincy Database Upgrade

Applies to: All Users

The database has been in service for some while as an essential support of the cross-site Chaplaincy Team spiritual care for patients within the Trust, and a number of upgrades have been completed to upgrade the functionality of the database in light of the changing contemporary service and user needs. The benefits of the changes have addressed deficits in present functionality of the database;

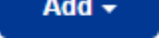

- Reduced the administrative processing of the chaplains in relation to patient identity, information and activity
- Removed the potential for error in patient identity and location
- Improved continuity of care processes and collegial communications for handover in shared patient care
- Addressed the need for reasonable adjustments in usability for database users.

Surgical Operation Note

Applies to: All Users

We have introduced a generic Surgical Operation Note:

The screenshot shows a web application window titled "Surgical Op-Note". The header bar is purple and contains patient information: "TEST, Beryl (Ms)", "Born 17-Oct-1990 (27y)", "Gender Female", and "NHS No.". Below the header, there are fields for "Address LS1", "Phone 0113", and "PAS No.". On the left side, there is a sidebar with two buttons: "Persons Involved" (with a green checkmark) and "Operation Note" (with a red pencil icon). The main content area is divided into several sections: 1. "Main Procedure" with a dropdown menu showing "F34 Excision of tonsil". 2. "Side" with buttons for "Right" (highlighted in blue), "Left", "Bilateral", and "Not Applicable". 3. "Sub Procedures" with a "+ New" button and the text "No Sub Procedures". 4. "Anaesthetic Type" with a section for "* Anaesthetic Types" containing buttons for "General" (highlighted in blue), "Regional", "Local", "None", and "Other". 5. "Notes" section with a sub-section for "* Incision" containing buttons for "B", "I", "U", "S", and a list icon, followed by a text area labeled "Incision". 6. "* Findings" section with buttons for "B", "I", "U", "S", and a list icon, followed by a text area. At the bottom of the form, there is a red "Cancel" button and a status bar indicating "Unsaved changes" with a red pencil icon.

Remember, you can add clinical documents to a patient's record through the  button in the Single Patient View or the  in the *Action* column on the Ward Patient List.

Vascular Surgical Operation Note


Applies to: All Users

We have introduced a Vascular-specific variant of the Surgical Operation Note within PPM+ to better aid Vascular procedures:

The screenshot shows the 'Surgical Op-Note' form for a patient named TEST, Beryl (Ms). The patient's details include: Born 17-Oct-1990 (26y), Gender Female, NHS No., Address LS1, Phone 0113, and PAS No. The form is titled 'Vascular' and contains several sections:

- * Type of Case:** Elective (selected) and Emergency.
- * Anticipated Blood Loss (ml):** 0-250, 250-500 (selected), 500-1000, 1000-2000, 2000+.
- * Skin Preparation:** Details (text area).
- * Wound Instructions:** Details (text area).
- * Drain Used:** No, Yes (selected).
- * Number of Drains Used:** 1, 2 (selected), 3, 4+.
- Drain Details:** (text area).

At the bottom of the form, there is a 'Cancel' button, a 'Save' button, and a status indicator 'Unsaved changes'.

Remember, you can add clinical documents to a patient's record through the **Add** button in the Single Patient View or the  in the *Action* column on the Ward Patient List.

Pituitary Surgical Operation Note


Applies to: All Users

We have introduced a Pituitary-specific variant of the Surgical Operation Note within PPM+ to better aid Pituitary procedures:

The screenshot shows the 'Surgical Op-Note' form for a patient named Beryl (Ms) TEST. The patient's details include: Born 17-Oct-1990 (26y), Gender Female, NHS No., Address LS1, Phone 0113, and PAS No. The form is titled 'Pituitary' and contains several sections with dropdown menus and buttons:

- * Indication:** Details (text input)
- * Category of Procedure:** Cranial (selected), Peripheral, Spinal
- * 1/2 Procedure:** Primary (selected), Secondary, Tertiary, Other
- * Image Guidance:** Not Applicable (selected)
- * Magnification:** Not Applicable, Loupes (selected), Microscope
- * Endoscopy:** Not Applicable, Flexible (selected), Rigid
- * Image Capture:** Not Applicable, Photograph, Video (selected), Other
- * Functional Monitoring:** Awake Surgery (selected)
- * Non Antibiotic Drugs:** (text input)

At the bottom left is a red 'Cancel' button. At the bottom right is a red 'Unsaved changes' indicator.

Remember, you can add clinical documents to a patient's record through the **Add** button in the Single Patient View or the  in the *Action* column on the Ward Patient List.

Diagnosis Form

Applies to: Pilot Users

We have introduced a Diagnosis form:

Diagnosis

TEST, Beryl (Ms)

Born 17-Oct-1990 (27y)Gender FemaleNHS No.

Address LS1Phone 0113 5255558PAS No.

Diagnosis

Diagnosis Code (ICD10)

Z88 Personal history of allergy to drugs, medicaments and biological substances

Responsible Clinician

* Contact Type

Consultant

* Clinician Name

DOCTOR, Test (Dr)

Search by: Surname, Firstname

Location

St James's University Hospital

Diagnosis Details

* Diagnosis Date

15/11/2017

15-Nov-2017

* Confirmation

Suspected

Confirmed

* Diagnosis Text

Diagnosis

Detailed Diagnosis

Detailed Diagnosis Code (ICD10)



Z88.0 Personal history of allergy to penicillin

Author

Cancel

Unsaved changes

Submit

Remember, you can add clinical documents to a patient's record through the  button in the Single Patient View or the  in the *Action* column on the Ward Patient List.

PPMplus Whats New v5.1.0t.docx

11 of 17

Last updated: 15/01/2018

Column Improvements

Applies to: Pilot Users

To help with the expansion and implementation of eWhiteboards across the Trust we have enhanced a lot of the PPM+ columns. Namely:

- Care Group/Team Assignment:

Care Group / Team Assignment [X]

COSTELLO, Born **12-May-1985 (32y)** Gender **Male**

Address **LS7** PAS No.

Care Group / Team Assignment

Care Group / Team

Please enter no more than 20 characters

Cancel Unsaved changes Submit

- Admission Review - now displays how long since an admission review has been requested:

AR

Admission Review

CON 46m

- Early Warning Score - manual NEWS wards (i.e. non-eObs wards) are able to select whether they are recording a PAWS or NEWS before entering a score:
- Antibiotics Prescribed:

Antibiotics Prescribed [X]

KELLY, Charlie (Mr) Born Gender **Male** NHS No.

Address PAS No.

Antibiotics Prescribed

Antibiotic Status:

☐ Not Known

☐ None

☒ Intravenous (IV) antibiotics prescribed

☒ Oral antibiotics prescribed

Cancel Unsaved changes Submit

- AKI (Acute Kidney Injury) - updated text to continue to reflect the status of the patients AKI correctly so that an appropriate response can be delivered:

Acute Kidney Injury (AKI)

INPATIENT,

Born 04-Jan-1984 (34y)

Gender Female

NHS No.

Address

PAS No. 0029622

Created by

Created date

Created time

HINCHLIFFE, Thomas (Mr)

14-Dec-2017

10:41:55

Clinical Diagnosis

* Does the patient have a clinical diagnosis of Acute Kidney Injury (AKI)?

No

Yes

Response required for AKI Stage 1

No

Yes

Further responses to the patient's AKI stage are recommended

STOP AKI questions

* Sepsis - is there evidence of sepsis?

No

Yes

* Have you undertaken a sepsis screen?

No

Yes

* Toxins - Is the patient on or have they recently received Nephrotoxins (including contrast)?

No

Yes

* Optimise blood pressure/volume status - is the patient hypotensive and/or hypovolaemic?

No

Yes

* Have you reviewed Volume Status?

No

Yes

* Have you considered IV fluids?

No

Yes

Cancel

Unsaved changes

Submit

eObs Improvements

Applies to: All Users

Based on clinical feedback we have improved the electronic Observations functionality within PPM+:

CSWs, Apprentice CSWs, Associate Practitioners, Trainee Associate Practitioners, Nurse Associates and Student Nurses can now record interventions if there is a NEWS of 1-4 (without a 3 in one parameter).

GREEN, Betty (Miss)

Born 01-Jan-1970 (47y)

Gender Female

NHS No.

Address West Yorkshire

Phone 1111111

PAS No.

Document interventions related to escalation

Low NEWS 1 - 4

Recommended Interventions

- Registered nurse review
- Assess frequency of monitoring
- Assess need for escalation of clinical care

Please document the following:

- Date, time and designation of individual called/informed and the response (intervention/treatment prescribed)
- The time of the treatment given
- The reason for no intervention


* Please document additional interventions and/or details below as needed

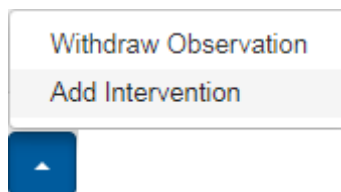
Details of additional interventions as needed

Cancel

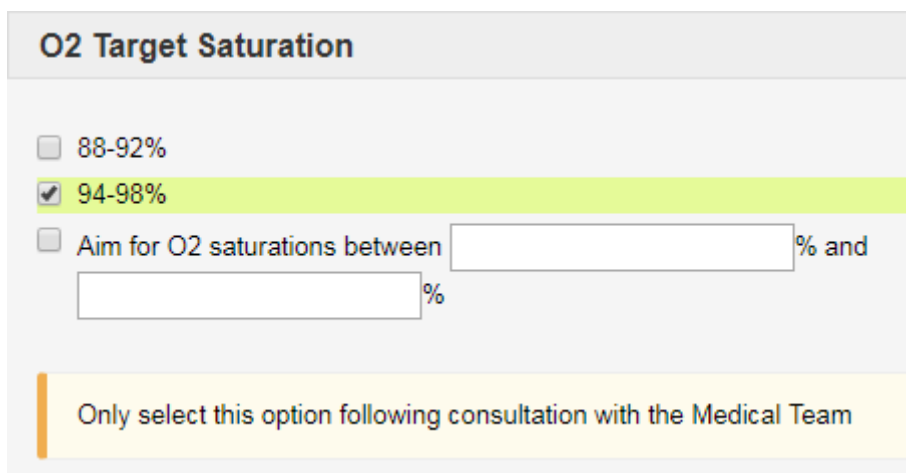
Unsaved changes

Submit

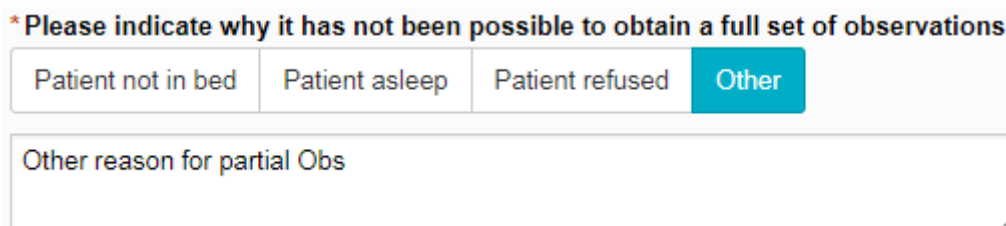
Remember, relevant staff can add an intervention to an Obs by clicking on the blue arrow  and then *Add Intervention* in the Table view:



We have added additional options in the O2 Target Saturation section under *Edit Settings*:

A screenshot of a settings panel titled 'O2 Target Saturation'. The panel has a light grey header. Below the header, there are three radio button options. The first is '88-92%'. The second is '94-98%', which is selected and highlighted with a light green background. The third is 'Aim for O2 saturations between' followed by two empty text input fields and a '%' symbol. At the bottom of the panel, there is a yellow warning box with an orange border containing the text 'Only select this option following consultation with the Medical Team'.

We have also added an *Other* option for when you are unable to take a full set of observations:

A screenshot of a form section titled '* Please indicate why it has not been possible to obtain a full set of observations'. The title is in red. Below the title are four buttons: 'Patient not in bed', 'Patient asleep', 'Patient refused', and 'Other'. The 'Other' button is highlighted in blue. Below these buttons is a large text input field with the placeholder text 'Other reason for partial Obs'.

Ward Attender Improvements

Applies to: All Users

We have improved the Ward Attender item within the Single Patient View so that users can better view where the patient has been by displaying the Ward Attender location directly in the event list.

Improvements in Search Details

Applies to: All Users

We have improved the search functionality to enable users to search on other patient IDs such as

- PAS number
- NHS number
- Surname
- DOB

Where more than one record is found, these will be presented for selection.

Auto-Save eForms

Applies to: All Users

Users of large eForms found on occasion that when they had left a form part way through, the system might time out and they lost information. The capability to auto-save an eForm after 5 minutes has now been developed and has been added to the following forms:

- Chronic Pain Management
- PCAL Assessment
- eDAN Pharmacy
- eDAN Discharge Planning

If you use an eForm on which you regularly have problems losing data due to interruptions, contact the Informatics Service Desk (InformaticsServiceDesk.LTH@nhs.net) to request that auto-save is enabled. This will be reviewed and actioned if deemed sensible.

VTE Improvements

Applies to: All Users

Based on clinical feedback we have improved the VTE form within PPM+ to better patient safety and accuracy:

VTE Risk Assessment

Born 23-OctGender FemaleNHS No.

AddressPAS No.

☐ Active bleeding

☐ Local lesion with very high risk of bleeding

☒ Acute stroke (within 4 weeks of a haemorrhagic stroke, ischaemic stroke on consultant advice)

☒ Concurrent use of anticoagulants known to increase the risk of bleeding (such as warfarin with INR > 2, rivaroxaban, dabigatran, apixaban or edoxaban)

☐ Acquired bleeding disorders (such as acute liver failure)

☐ Untreated inherited bleeding disorders (such as haemophilia and von Willebrand's disease - consult haematology)

☐ Thrombocytopenia (platelets < 75 x 109 / L) especially if unknown aetiology, consult haematology

☐ Uncontrolled systolic hypertension (230/120mmHg or higher)

☒ High falls risk

Review the patient-related factors shown against bleeding risk and tick each box that applies (more than one box can be ticked).

☐ Neurosurgery, spinal surgery or eye surgery

☒ Other procedure with high bleeding risk

☐ Lumbar puncture / epidural / spinal anaesthesia expected within the next 12 hours

☐ Lumbar puncture / epidural / spinal anaesthesia within the previous 4 hours

Check all that apply

BLEEDING RISK CONSIDERATIONS

Consider if bleeding risk is sufficient to preclude the choice of a pharmacological intervention for Thromboprophylaxis

HIGH FALLS RISK CONSIDERATIONS

Must have senior review every 72 hours

Action Taken

VTE Prophylaxis

☐ Not for VTE prophylaxis

☐ Requires VTE prophylaxis

Cancel

Unsaved changes

Submit

Remember, relevant staff can add a VTE form to a patient's record through the *VTE* column, the **Add** button in the Single Patient View or the in the *Action* column on the Ward Patient List.

Contact Us

Please contact the Informatics Service Desk at x26655 or informaticsservicedesk.lth@nhs.net to:

- Reset your password
- Report a problem you are having within PPM+ functionality
- Report a data quality problem within PPM+
- Request new user accounts for PPM+
- Disable PPM+ accounts for any leavers from your department

Please contact the PPM+ EPR team at leedsth-tr.EPR@nhs.net if you have any development ideas or comments on your experience of using the EPR.

If you would like to make a request for change to PPM+, please contact us at: leedsth-tr.EPR@nhs.net with a completed [request for change \(RFC\) form available here](#)

Please contact the IT Training Department at ITTraining.LTHT@nhs.net if you require further training on PPM+ or any other Clinical System.

PPM+ Help Site: <http://www.ppmsupport.leedsth.nhs.uk/>