Clinical Informaticists: Bringing Clinical and Tech Together
Transcript

Panel:

Guest #1 Jane Brady, Senior Lead Nursing Informatics Specialist at Betsi Cadwaladr University Health Board

Guest # 2 Peter Cumpstone, National Clinical Informatics Lead for Therapies at Digital Health and Care Wales

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DHCW: There is a junction, an intersection, a place where someone sits who understands how clinicians work and think and knows what they need to deliver better patient care. This same someone works with technicians and software developers, the specialists who understand how digital tools are produced and how data is acquired, processed, and then used. These *someones* are called clinical informaticists and they are at the heart of digital health care. They are the bridge between clinical and tech who turned wants into reality.

But what does it take to be a clinical informaticist? And how exactly do they bring these two worlds, clinical and tech, together? Let's find out by speaking with two now.

Jane Brady, Senior Lead Nursing Informatics Specialist at Betsi Cadwaladr University Health Board, and Peter Cumpstone, National Clinical Informatics Lead for Therapies at Digital Health and Care Wales.

Jane, tell us a little bit about your background. You started out as a nurse, but now you're a senior Lead Nursing Informatics Officer and heavily involved in the rollout of the Welsh Nursing Care Record.

Jane Brady (JB): I got involved really in clinical informatics, way back when I worked in as a pediatric nurse, probably about three or four years ago. And it was involved in the development of a project at the time, as part of a Welsh Government project that we will look at it, pediatric documentation and they can digital, which we did Proof of concept for. I then got a little bit more involved in the adult side and standardization. And then I heard a little rumour along the grapevine that they were looking for clinical informatics nurses across each health board in Wales. I then try to get involved within our informatics department in my local health board. So did a little bit of a sidestep and got a job role within the informatics department to then learn about informatics, about project management, about design and how sort of the that side of things worked alongside the clinical aspects, and then was very fortunate to get the clinical informatics within my health board. I think for me, one of the big things that really highlighted it for me, moving into that informatics world, was before that, I thought, informatics was they would come and fix my computer. I had absolutely no idea what it was. So I think and I still think that stands now, I think nurses on the floor, not just nurses, but others health professionals on the floor, they're not quite sure what informatics is. They think it's just somebody who comes fixes a computer, fixes their emails. I think the majority is just not sure what [informatics] is.

DHCW: Pete? Now, your background is as a physiotherapist, right? But you also represent Allied Health Professions in their roles as well. When you were qualifying as a physiotherapist, did you have any plans when you're in university to become involved in the technical side of healthcare?

Peter Cumpstone (PC): No. I was a user of the systems that were delivered to us. And I think that would probably go for Jane and many other people out there. We waited and things were delivered. And then we complained. And I think that was, that's probably a fair description of IT and of informatics. And I think we realized the opportunities that we had when we look at AHPs and there are 13 different AHPs within Wales - -

DHCW: So that's the acronym for Allied Health Professions. I mean, there's a lot of acronyms in NHS. It's really difficult to always know whether the the same acronyms. So it is that HP that you mean here, Allied Health Professions?

PC: Yeah. There's the physiotherapists, the speech language therapists that people know about. We've got music therapists, drama therapists, art therapists, there's a wide range. And what is digital to them? What is informatics to them, because I think it's that that's a new question, and it's an evolving world. And so for me, as a physiotherapist did my normal, like , Jane, did your normal rotations, junior senior working your way through your fives and sixes, and then specialized in IT and community. And I liked the technical side of it. The machines, you know, I enjoyed working with those. And the moment we are currently working on the Welsh Intensive Care Information System or WICIS for short, which is going to be a digital solution for the whole of ICUs in Wales. These are massive changes. And before we would manly record blood pressure and ventilator settings now will be automatically populated into the patient care record. This is what clinical informatics means. The 'Physio Pete from 2006' wouldn't have dreamed of something along those lines, because we just had paper. And that's where AHPs are blurring the lines - between AHPs as nurses and doctors. So that's where clinical informatics coming in for us.

JB: I would agree with that, Peter. For me getting involved in this was all about improving the quality of care we deliver. How can we make it better by standardizing removing the thousands of thousands of bits of paper so that we're all collecting the same data for the same aim, which is to improve the care of the patients?

DHCW: How do you talk to technicians and software developers about what exactly you need? I mean, there are not Health Care Professionals. So is there a language barrier? Do you get sort of bogged down by jargon that comes from the clinical as well as the jargon that's being used by the technical side?

JB: I think we do a lot of the time. And I'm sure Pete may be the same as me, but I certainly sometimes we talk, and I think 'I've got no idea what that means.' I was on the call this morning and what was talked about sometimes like, 'what's that mean?' There was an acronym. And when they said it was like, oh yeah, I know what that is now. But I think you're right for the technical people. The developers, the IT people we talked about acronyms all the time within within Healthcare, the to their mean absolutely nothing. The other thing as well with the jargon and the acronyms are, is what acronym could be the same for three different meanings. So it's been very careful about that. And I think that's where, where I would agree that the language barrier and the jargon can be quite difficult at times. And I think both parties need to be really mindful of that. And I think I've learned that over the last three years, I'm not sure about you, Pete. I think it's helped me think differently to not use that jargon as much. , because it's natural. It's naturally how we speak.

PC: And I think something I learned is that we use acronyms to save time in writing, but within a digital system, if the system is capable of taking your STS, which is *Sit-To Stand* for AHPs and transposing it to write *"Sit-to-Stand,"* it reduces confusion, because we're talking about language between - - Now my records are available to many more people. So they need to be understood by many more people. Otherwise we don't reduce risk if they don't understand what I've written. Yeah,

two different worlds, very much colliding and it's very, very important. There is a need for diplomacy, because there's a time to challenge behaviors, and there's a time trying to accept them. And I think that takes tact. It's a difficult path to tread.

DHCW: Would you almost describe yourselves as ambassadors?

PC: Definitely.

JB: Yeah, I think we absolutely are, I think, and I 100% believe in my heart that clinicians need to sell the systems to clinicians. And I don't think it matters what that clinician is. A nurse could sell to you. A occupational therapist or medic could sell to a physio, or a pharmacist could sell to a nurse or an OT. I don't think it matters what the health professional role is. I think it's clinician speaking to clinician, and actually explaining in a language they understand the benefits of digital in a clinical way. And what those right words are for me. How will this make my job easier to improve the care I give to my patient?

PC: I would second that. And I think patient-centered, which is what we've talked about, was how would you make my job easier as a clinician? But equally, as a patient receiving care - How does the solutions we're inputting make care seem more seamless? And I think, how often have we gone to our GP or gone to an appointment and said, 'I told this to someone else' - that's repeated of million times over, isn't it?

DHCW: So not just ambassadors for the clinical professionals that you represent in your roles, we're also ambassadors from the patient-centered - the patients being the heart of what NHS Wales does, championing what it is that that they need to the people that build those systems.

JB: Absolutely 100% lies at the heart of everything we do has to be the patient.

DHCW: Did you ever consider yourselves Tech-minded before?

JB: I could probably manage to wiggle my way around things, but I'm certainly not a tech-expert. And I'm probably never going to be. But what I can do, what I have learned is, I can explain to the clinical people what sort of things are doing technically in a very simple language. I'm now really aware of who I can approach to help me with that. When it comes to realistic solutions.

DHCW: I mean, these types of things, I would imagine, aren't easy fixes. Pete, you mentioned a little bit earlier about what kinds of information can get shared, and what can't that must be quite complicated to work through. I would imagine solutions aren't found overnight.

PC: No, they're not. And it is a massive challenge as to what goes behind, break glass, or what is considered sensitive. And I think we are getting much better. And I think there is still an argument within health. But now we're opening social care. You're getting adoption plans. You're getting addresses for your vulnerable people. And those are really big issues that we're starting to share. They are challenging. And I think, yeah, there is. There's no easy answer, because there are potentially issues. But in all the serious case reviews that have gone on the lack of shared information is always highlighted.

DHCW: I would imagine that perhaps more representation from all the different areas might help to address and resolve these conversations. How would other healthcare professionals go about getting started in informatics? Do they just sort of raise a hand and say, actually, this is something I'm quite interested in, or is it a bit more than that?

JB: Currently it is! You raise your hand and say, you're interested in it, but I do think the more and more digital we get, the more and more interest we will get into clinical informatics, this roles. And and I found, actually again. Recently, I've had some midwives, and other people come and say, 'I'm really interested in the digital side of healthcare. Could I have a chat with you about it?' And for me, my helpful that I would like clinical informatics, this representation from each sort of healthcare professional role to sort of bring together, sort of a bit of a digital clinical team. And I think, again, as time goes on in the future, there's more and more sort of training courses and professional qualifications around clinical informatics that are coming to the forefront. I've been involved in the NHS Digital Academy course doing a post-grad Diploma and Masters, which actually has completely changed my way of thinking of how I thought before and my learning afterwards. And I know that Pete is as involved in the All Wales Digital Skills course. So I will hand over to, to Pete's talk about that a bit more.

PC: Absolutely so DHCW alongside University of Wales Trinity Saint David's created a course at the MSC level course called Digital Skills for Health and Care Professionals. And it's open to all of the NHS, all of social care. And there is a massive mix of clinicians from myself, clinical informatics to normal clinicians, to social workers, to the technical developers in a social care setting. So there's a wide range of people, and we're all getting together to talk about the NHS, social care and how we digitally, and how systems play a part in that. It is an absolutely amazing opportunity where we are.

The first '*cohort.'* We are Year One. The next cohort has gone out. It's fully funded for 50 places. So if you're listening to this and interested, it's worth speaking to either your line manager or finding your in informatics teams within your health boards or social care settings, and investigating it, because it's brilliant. And it's certainly made me think about how we work, what we're doing, what the future looks like.

JB: Like Pete said it's a mixture of different specialities. So not just clinical people, but tech people or people who work in information departments. They learn how you think, and then you learn how they do. And one of the things I found in the course that I did was that peer support group network of different professionals, and how we all came together and helped our learning and networking and sort of brought it all together, really. But it's made a massive difference to how I work in my role.

DHCW: So it sounds like, regardless of what your profession within Health and Care, and the social care aspect, whatever that background is, they can get involved. But like, could edit of entry-level newly qualified nurses, perhaps maybe just as an example with this, be something that could also be of interest to them?

PC: It should be an interest to them, because I think it's decisions made by Senior Management aren't always what is needed on the coalface. I think that's a challenge to us all. To often, we go into meetings, and people introduce themselves by their band first. I've never liked that. Listen, when we discouraged because he doesn't matter, we're there for ideas and your history, and what you've been through. That is much more important to us than what someone's paying you. I think, from a decision making point of view, obviously, you need to be a certain level, but from an ideas point of view, those Band 5s just out of University, they are going to have some new ideas that they've witnessed on different placements on different rotations and across Wales, or Internationallly even. And it's what they bring to that table. And I think they are the ones doing the work. And that work flow, that system, if they are able to do it in half the time they go into the other ones who are going to benefit from it. So, yeah, any band, every band should be actively encouraged to take part.

JB: I think so. You know, when we're developing and get those ideas and we're building systems, it's back to that user centred design, like with us, the nursing system, we know it inside out, but I'm not the person going to be using that every day. It's the people out there on the wards. So it's building things that will work for them.

DHCW: Well, thank you so much. I've got one last question. So being an informaticist, do you think it makes you a better clinician in your day-to-day work?

PC: Yes in short the answer is yes, mainly because it makes me more patient focused in terms of what is the impact this is going to have, how how can I make clinicians see patients more efficiently with better information at their fingertips ready to be treated. I think that's a really important one and also it allows me to share information. So it improves my knowledge in terms of what I want to convey to other conditions briefly, what I want to receive from them so that makes me a better clinician. So I've got access to more information and I can decide what to do with it and that leads to better patient outcomes. So yes.

DHCW: How about you, Jane? Do you feel the same?

JB: Yeah I do. I would completely agree. I think I think for me it's been able for me, I've been able to see it from both sides and how those sides are joining. And then for me, I can then sell the benefits of it to the user - how was it going to change your working day? How was it gonna make things better under daily basis? How can we share their information that we gather and not just share it but use it in different ways? How can we how can we use it at our fingertips to look up quality audits, which then will go on to improve that care that we deliver to the patient?. So I 100% think it does help me be a better clinician in my day-to-day job.

DHCW: Jane. Pete, thank you so much for joining with us today.

PC: Thank you for having us.
JB: Thank you very much. It's been a pleasure.