

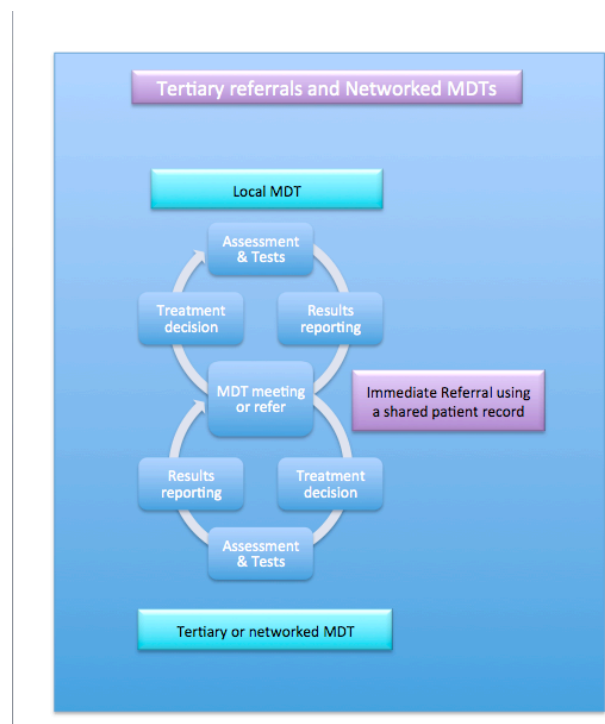
## A national private healthcare organisation: Cancer EPR, Pathway coordination, national audit and virtual MDT service

This healthcare group operates nationally and is comprised of over forty hospitals and clinics; it has over 3,500 consultants who run a substantive practice at the group's hospitals. They offer treatment for cancer performing surgery, chemotherapy and radiotherapy; supported by services that include scanning/imaging, pathology and remote results reporting which is done in house and by external organisations.

In 2013 Ardeo was selected as the Group's enterprise cancer system. Over a twelve-month period we helped to design and configure a pilot using the breast pathway dataset and MDT workflow processes. During this time we worked with key staff including the national MDT coordinator, specialist clinicians, specialist cancer nurses and the group's cancer and medical director.

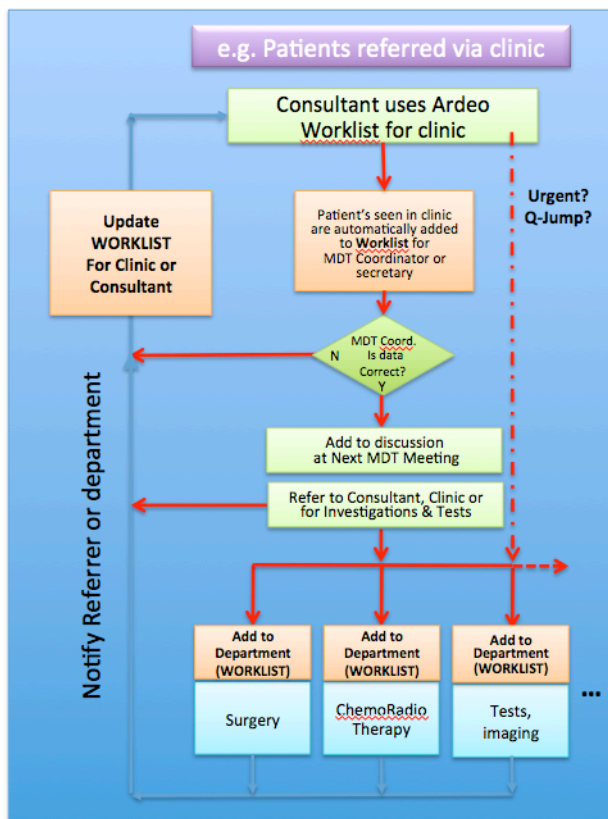
Each hospital runs independently providing local services via its own specialists so the Ardeo pilot was installed for an exemplar breast team in Scotland, which uses support services from England. Cancer Pathways are now being designed as the service is delivered to three hospitals per month in a phased programme.

A variety of systems are used in specific locations to provide services across the Group. In addition to configuring Ardeo to support core systems like the PAS, local services or systems have been integrated into Ardeo so they can be used by other hospitals across the country; for example, regional sites that offer pathology, chemotherapy services or PACS. Ardeo teamworking maintains security and patient confidentiality between different hospital locations, MDTs and individual consultants. By combing the hospital's Active Directory for single sign on with Ardeo's internal user database, roles and workflow can include both local staff and external visitors in one system enabling them to work as teams across the UK.



While some of the larger hospitals in the Group have a full MDT of local specialists and facilities to diagnose and treat cancer patients other hospitals have limited resources; they can now use Ardeo to collaborate with others sites to provide a complete service. Using the shared patient record and workflow system originally developed with the Liver team at Basingstoke hospital Ardeo is now used by hospitals in the Group to facilitate MDT discussions with external partners like NHS neighbours that have a regular and full MDT.

## Flexible Workflow can support and improve inter-department processes



### Referral to consultant or clinic

1. Use Cancer department's web page to refer
2. Use Link from Hospital EPR page or update by hospital booking system

### Cancer Team – 'Acceptance'

1. Referral appears on MDT coordinator's worklist as 'ready to process'
2. Use Ardeo to notify Referrer if data is wrong
3. Referrer uses Ardeo to update record
4. Ardeo updates other hospital systems
5. 'Checklist' shows procedures are complete or progress of patient

### Cancer Team – 'Allocate work'

1. Add to existing clinic lists?
2. Select right Worklist and date of appointment
3. Update other hospital systems
4. Update 'Patient Worklist' to show Pending Tests
5. Notify Referrer or referring department Y/N ?

ardeo | eMDT

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Any authorised clinician or member of staff in a local MDT can add patients to their own list in Ardeo and easily select a new pathway from a library of templates. The local MDT can then coordinate local treatment for each patient across the entire pathway and rely on Ardeo to automatically include resources from different locations where required.

Where a second opinion or additional expertise is required, an individual clinician or MDT can submit a patient to a national MDT for discussion at a virtual MDT meeting. Once submitted to the NMDM the local clinician or MDT is automatically notified with the decision offered by the National MDT enabling the original clinicians to provide the appropriate treatment or to initiate a referral to another MDT. To achieve this the Group recruited specialists from around the country to participate in the National MDM and discuss patients submitted by other MDTs. Ardeo automatically invites the clinician, who submitted the patient, to attend the meeting by telephone; it notifies other specialists that tests and reports are required to support the National MDM. A shared MDM list and patient records provide the remote specialists in the National MDT with the necessary information, including imaging and results. Decisions to treat are recorded and automatically sent to the original MDT.