#### **NIHR** Yorkshire and Humber Patient Safety Translational Research Centre



## Evaluating the safety and patient impact of an Artificial Intelligence Command Centre in the UK National Health Service

Patient and Public Involvement and Engagement Workshop June 2021

A summary of the questions raised and discussion points during the workshop. The final version of this document will inform what is observed in and around the Command Centre and the interview topic guide for use with healthcare professionals.

# What are important questions about Command Centres and care coordination?



- How does time entering data spent by staff affect their ability to provide hands-on care?
- How are staff trained to enter the data?
- What systems are in place to ensure that staff enter the data correctly and in a timely manner?
- Who is responsible for processing the data that is inputted?
- Once processed, who has access to the information?
- How does the Command Centre facilitate care coordination at different stages of the patient journey?
  - How does the Command Centre minimise waiting times between seeing different healthcare professionals along the patient journey?
  - Is home care availability, quality and safety assessed prior to discharge?
  - Does the data provide information on pharmacy processes, including medicine information and checking patient understanding?
  - Does it reduce discharge times?
- Can interaction with the Command Centre prevent unnecessary overnight stays?
- Can information on re-attending patients be viewed and acted upon?
  - How can we improve information sharing on re-attendance with previous attending consultants?
- How does relocation of staff to deteriorating patients/A&E affect care for people that may have confusion, learning difficulties and non-urgent physical care needs?

### Patient pathway



| Capacity | <ul> <li>How often is the Command Centre monitored by staff?</li> <li>How responsive are the staff to the information?</li> </ul>            |
|----------|--|
|          | • What is the capacity of the Command Centre to monitor medication information given to patients and check and record patient understanding? |
|          |  |
|          | How does the Command Centre facilitate responses to major emergencies and  |
|          | the need for additional resources?   |
|          | • What are the variations in usefulness during different times of the day, different   |
|          | periods of the year e.g. holiday periods?  |
|          | What contingency planning is in place?   |
|          | <ul> <li>What have been the biggest challenges in implementation?</li> </ul>   |

- What have been the biggest challenges in implementation?
- How does the hospital monitor the quality of the service?
  How effective has the Command Centre been?



- What Key Performance Indicators is the Command Centre measured against?
- How is safety monitored and ensured?
- Can the data be shared with other partners, e.g. GPs and pharmacies?
- Does the Command Centre monitor and control information at other hospital sites and centres linked with the Trust?
- Can the [hospital] data be accessed by patients like the GP records?
- How does the Command Centre facilitate communication between healthcare professionals, pharmacists and social/community care?
- Can Key Performance Indicators and patient data be accessed by all staff working for the Trust?
- How efficient is it from ward staff perspectives?
- Is there a way to improve communication through engagement with the system?
- What is the emotional impact on staff, staff sickness and cohesive ways of working?

• How can the way in which the Command Centre works be put in lay terms?

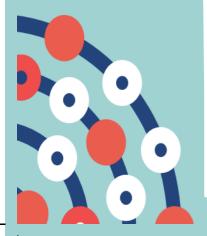


Communication

• How will the research findings be communicated to lay audiences?

### How should we measure patient safety?

- Avoidance of harm
- Adherence to best practice
- Rate of hospital-acquired infections
- Maintaining dignity and respect of patients
  - Appropriateness of in-hospital transitions
    - e.g. patients with palliative care needs
- Differences in rates of patient safety incidents during pandemic e.g. complaints
- Incidences of harm caused to other patients
- Timely access to social services records
- Success of transitions to home
  - Including understanding carer's needs



- Do not leave hospital in a worse condition
- Holistic approach Mental well-being following hospital episode
- Competence of health professionals
- Effect of interventions on people with a communication impairment
- Monitor rates of readmission for the same condition
- Monitoring of ongoing safe and successful medication use during a re-admission

