Evaluation of the Implementation of Morse to Adult Community Nursing Teams in Aberdeen City Health and Social Care Partnership.

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Michelle Grant, Transformation Programme Manager, ACHSCP

Samuel Ajibuwa, Graduate Intern, ACHSCP

Key Points

In May 2021, the Aberdeen City Health and Social Care Partnership Integration Joint Board (IJB) approved a paper to procure and implement Morse to Community Nursing, Hospital at Home (H@H), School Nursing and Macmillan Nursing Services. The recommendation was made to the IJB following the products successful implementation to the Health Visiting Service in 2020.

This evaluation investigates whether the implementation of Morse to Community Nursing, H@H and Macmillan Nursing was successful and whether the benefits felt by the Health Visiting service were also seen by adult community nursing teams. A survey was developed on the same basis of that which was sent to the Health Visiting service in order to ensure it was comparable. The survey was sent to all users of the application in January-February 2023.

The results are consistent with those found in the Health Visiting Evaluation, in that the majority of users found that there were benefits in communication from using the Morse application and that the use of an Electronic Patient Record had led to a reduction in the duplication of information. Based upon the feedback received, a 30minute saving in time could accrue to a time saving of 15,340 hours per annum across the Community Nursing service and in financial terms based upon a Band 5 could account for £365,245.

The results received from across the Adult Community Nursing Services were not as wholly positive as those received from the Health Visiting Service and as a result a number of recommendations are to be passed to the Morse User Group for further investigation. These are outlined in section 5 and are largely related to training, support and developing the features of the application further.

The evaluation is found to be in support of the ACHSCP Year 2 Delivery Plan for the Morse application to be implemented to Community Allied Health Professional (AHP) services with a similar financial model while being mindful of the interest at the Pan Grampian level for an implementation of Morse across all Community Nursing and Community AHP services where a need is identified.

1. Background

In 2019, a need was identified to implement an Electronic Patient Record (EPR) to Health Visiting teams in Aberdeen City Health and Social Care Partnership (ACHSCP) as a means of alleviating risks identified in the service relating to data sharing for Interagency Referral Discussions (IRDs), the inability to report on national pathway activity and the Community Health Activity Dataset (CHAD), and to minimise the effects of several vacancies in the service by creating a system which would reduce the duplication of information.

A business case was developed and approved by the Integration Joint Board (IJB) recommending the procurement of Morse in September 2019. In order to fund the procurement of Morse, a radical method was used where vacant Health Visiting Nursing posts were used to fund its implementation in recognition of the expected benefits to the service and the challenges the service was facing in terms of recruitment and retention of staff. Morse was rolled out during the first Covid lockdown and in January-March 2021 an evaluation was carried out reviewing the impact that the implementation of Morse had on the Health Visiting Service. The evaluation found that there had been a significant increase in communication, and a decrease in the duplication of information across the service. Based upon these outcomes, a recommendation was made to the IJB in May 2021 to implement Morse to the remaining ACHSCP Community Nursing Services including School Nursing, Community Nursing, Hospital at Home and Macmillan Nursing.

What is Morse?

Morse is an offline first electronic patient record which allows for scheduling, the recording of patient contacts and reporting via Business Objects (BOXI). Users enter information into the application using a laptop or iPad while with the patient and then uploads information when a wifi connection becomes established. This allows other users to see the information. The application automatically downloads 13months worth of information onto the users device meaning that they have a patient record available to see when in the patients home. This allows for access to accurate information and the ability to record information without the need for a wifi connection which has historically been a challenge for community-based services.

The project

In May 2021, the IJB approved the business case to procure an enterprise wide license for Morse and the associated hardware devices required to allow for School Nursing, Community Nursing, Hospital at Home and Macmillan Nursing to use Morse as their primary patient record. The business case included additional project configuration resource from eHealth and a project nurse role after recognising the impact that this support could give the services preparing for an implementation. The funding method was to be similar to that which had been successfully used for Health Visiting where funding in reserve for vacant posts was used to pay for the procurement and implementation of the application. This evaluation looks at the impact that the implementation of Morse has had to Community Nursing, Hospital at Home and Macmillan Nursing teams. School Nursing has been excluded from this evaluation since the School Nursing service in essence add into the already established

Community Child Record used by the Health Visiting Service. The services previously operated using a range of methods; the Community Nursing Service scheduled and outcome appointments on the Cegedim Community Module application while Macmillan Nurses used an unsupported Access Database and all services relied on paper based patient records. The implementation of Morse allowed these three services to retire the use of paper records, move onto the same platform for their work and configure it to their needs while also being able to see the patient interactions of other services using Morse.

2. Methodology

The evaluation looks to ascertain if the implementation of Morse was successful to the Adult Community Nursing services and whether comparable results can be found to those which were found in the previous Health Visiting Evaluation. In order to do this, a similar questionnaire was distributed to all members of the Community Nursing teams to complete. The slight deviation from the original survey used was the omission of covid related questions and those related to Interagency Referral Discussion (IRD's) since these are specific to the Health Visiting Service.

Surveys were run over the period of 5th January 2023 – 5th February 2023 using Microsoft Forms. Once data related to the surveys had been received, these were analysed and a thematic analysis took place at comments received related to the application.

3. Results

From the surveys issued to the Community Nursing, H@H and Macmillan teams, the following responses were received. It appears that there was a low response rate from Community Nursing, however the user base contacted also included a number of bank staff in order to accommodate all users and that this may have impacted the response rate.

Service	Number of Responses Received (% of staff who completed survey)
Community Nursing	53 (24%)
Hospital at Home	23 (51%)
Macmillan	4 (57%)

The following denotes the overall responses to the questions asked. Where significant deviations exist between teams, these have been noted. The full results can be found in Appendix 1 and 2 broken down by service.

The following tables demonstrate the results from the surveys issued to the users of Morse.

Table 1. Overall results relating to communication, duplication of information and support.

	Strongly Agree or Agree	Neutral	Disagree or Strongly disagree
I believe that the use of Morse has led to an improvement in communication with my team	34%	41%	25%
I believe that the use of Morse has led to an improvement in communication between the teams I work with*	36%	45%	19%
The use of Morse has led to a reduction in the amount of information required to be regularly duplicated	64%	24%	13%
Ongoing support has been essential to my use of Morse	64%	26%	10%

*this question was posed to Community Nursing only since they operate across teams within their service more frequently

Overall, the level of communication appears to have improved or stayed the same in the areas surveyed. *"I feel Morse is very effective for up-to-date communication between teams. It is very useful to be able to see MacMillan nurse notes, OOH (Out of Hours) nursing notes etc. We are able to read outcomes of visits"*

However, in H@H the results shows that the majority respondents felt that the level of communication had decreased since the implementation of Morse with 39% of respondent either disagreeing or strongly disagreeing with the statement that the level of communication had improved. Comments received regarding communication cites challenges with communicating with secondary care.

"One of the main issues remains is that it is a different system to ARI, so most ARI colleagues e.g. ED, AMIA, medical wards, 102, don't have access to notes on MORSE. This had led to a breakdown in communication".

Over 60% of respondents agreed that the use of Morse led to a reduction in the amount of information which they required to duplicate. When asked how much time they would estimate that this has reduced by, 38% suggested that up to 30minutes has been saved per day and a further 28% suggested that between 31 and 60minutes of time had been saved per day. Using a similar calculation which was as part of the Health Visiting Digitalisation Evaluation, using a Band 5 hourly rate at the mid point (based on 2022/23 costs), a 30minute time saving from the duplication of information across the Community Nursing service (118 WTE) could accrue to 150

minutes of time saved per 5-day week and a 15,340 hourly saving per annum across the service. In cost terms, a daily 30 minute saving of time across the Community Nursing Service could save £365,245 per annum.

Comments regarding training and support were seen from Community Nursing in particular "*I feel that once everything is finalised with Morse and no more changes are to be made to it for some time I would benefit from a class again from scratch not just a refresher as at the time of my training it was a working process morse*" while other services appear to have set up shared learning areas for ongoing support "*We have been meeting as a team and feeding back all the information that could improve this service*".

Table 2: Results comparing Morse with previous system, in user (electronic or paper based)

Overall, please rate the following areas of Morse compared to what was in place previously	Very Good	Good or Fair	Poor	No Response
Scheduling of appointments and Team Allocation	13%	60%	14%	14%
Updating all aspects of the patient record	24%	61%	10%	4%
Ease of Access	28%	53%	14%	4%
Sharing of information	28%	58%	9%	6%

The overall response to the updating of the patient record was very positive, with only 10% of respondents suggesting that the use of the patient record is less effective than what was in use prior to its implementation. There are several suggestions in how this could be improved, with several respondents suggesting that it can be 'clunky' to move from the patient's continuation note into the forms element. Other comments received related to the integration of other areas of information "*The ability to link with / upload information to / download information from Trakcare would be very useful*".

Respondents to the survey fed back that the sharing of information was beneficial with a respondent from Community Nursing suggesting "*I like the notes, easy to read and see what others have written before going into the patients home. Good to see what Macmillan and H@H have written*" and the access of the application appears to be straightforward, and the services are responsive to using an electronic record rather than a paper based record. Some comments were made regarding the reliability of hardware and the challenges of remembering to sync information.

	Yes	Maybe	No
Would you recommend Morse to a Colleague	41%	38%	20%

Overall, the majority of respondents agreed that they would recommend the use of Morse to a colleague.

4. Discussion

The results of the evaluation highlight several areas that require further discussion including training and support, interfaces, scheduling and the reduction of the duplication of information.

Financial Model

The implementation of Morse to the Health Visiting service demonstrated a financial model where money, which was in reserve for Health Visiting posts that had not been recruited to (due to challenges appointing to the posts), was used to fund the procurement and implementation of Morse to the service. A similar model was used for the Community Nursing service in an attempt to deliver the benefits of digital records to the service while making best use of the funds available from the public purse. The cost of the implementation of Morse to Community Nursing across three years (2021/22- 2023/24) was costed at £645,500 excluding VAT (including hardware). The annual breakdown of this is demonstrated below alongside the Whole Time Equivalent (WTE) of the Band 5 posts which would be required to fund this on an annual basis. The benefits found through this evaluation relating to the reduction in the duplication of information have also been added to Year 2 and Year 3. No benefits have been added to Year 1 since this was an implementation phase and the figure in Year 2 has been halved to take into account a bedding in period for the service and therefore providing a more realistic figure.

Year	Cost*	WTE of Band 5 (2022/23 costings used)	Benefits realised through reduction in the duplication of information.
Year 1 2021/22	£305,000	6.5	
Year 2 2022/23	£171,000	3.6	£182,622
Year 3 2023/24	£171,000	3.6	£365,245
Total	£647,000		£547,867

*Figures rounded for ease of calculation.

It should be noted that the Morse application licensing model was changed from a service based model, which was used for Health Visiting, to an enterprise wide license for Community Nursing. This means that the ongoing license costs also take into account those required for Health Visiting and are not in addition to this.

Were this model to continue to be used for implementing the application to the Allied Health Professions as outlined in Year 2 of the ACHSCP Delivery Plan then this would again be covered by the enterprise license cost. Therefore, the impact upon each service of the WTE utilised to fund this across ACHSCP would be lessened the more services use the application, while the demonstrable benefits from the reduction of the duplication of information (amongst other benefits such as communication) would continue to increase.

Training and Support

The training for Morse for the Community Nursing, H@H and Macmillan teams were implemented in a similar fashion to that which was employed by the Health Visiting Digitialisation. The onus was placed on the service for a 'Train the Trainer' approach

although it was recognised that this would be the limit of this approach since further implementations would increase the dependencies on other teams and services. The Macmillan team appear to have taken this approach and have organised regular meetings to look at Morse and ensure that it works for them and share learning. However, with larger teams this appears to be more challenging and the dissemination of training and the communication required for ongoing updates perhaps requires to be regularly reviewed for Community Nursing and H@H. This ongoing iterative process would be in place for written records to ensure consistency across the service and should firmly be part of the process for the adoption of electronic records. This would also assist with the data quality of information entered into the patients electronic record and what is able to be confidently extracted and reported on to senior management regarding the service.

Interfaces

The implementation of Morse to Adult Community Nursing was seen to be the first step to the electronic integration of information and assisting to bridge the gap between Community, Acute, Primary and Social Care information. There is recognition within the service that the established interface with Sci Store for demographic details does not go far enough and that the planned implementation of the interface with Trakcare PMS, Office 365 and extending the criteria of the SCI Store Interface to include the uploading of specified documents will assist in bridging this gap. Suggestions have also been made within the feedback that extending the Trakcare PMS interface may assist and securing a full medical history may also alleviate some of the gaps in information.

Scheduling

The implementation of Morse to Community Nursing was the first in Scotland to roll out the scheduling tool which allowed Community Nurses to assign to the team caseload and then assign prior to visiting the patient. As a result, there were a vast amount of responsive learning from Cambric (the supplier), eHealth and from the service. Initially the system copied vast amounts of data in this process which slowed the system, and which may account for some of the feedback remarks from Community Nursing regarding speed. A recent upgrade has attempted to resolve this, however occurred out with the evaluation feedback period and therefore has not been taken into account in the results.

Duplication of Information

The results show that the service estimates a 30minute daily decrease in the duplication of information as a result of the implementation of Morse. Using this as a baseline, the evaluation has tied this figure to an hourly saving per annum. This helps to demonstrate the benefit that the implementation of Morse has had on the Services involved.

It should be noted that any additional time recouped by the workforce is consumed their current day-to-day tasks and patient facing time. It should also be noted that other areas of the application may have required more input over the implementation period to assist users get used to the changes in how they record information and therefore may have subsumed the time saved from the reduction in duplication. The Community Nursing services are currently carrying several vacancies and therefore there is no expectation that this time saving would equate to a reduction in workforce.

Reporting

Historically, reporting from these services have been very challenging as the information held has largely been paper-based, and in the case of Community Nursing held in the patient's home. The implementation of Morse has allowed for service level and management level reporting to take place. Information is being collated within BOXI for service level reporting and an interface with Tableau has been established to allow management-based reporting. As with all implementations of this nature, there are data quality issues with some of the initial reports but the service is open to learning, and the Community Nursing team have put refresher training in place to assist with the clarification of information requirements and to improve reporting. Comments gathered within the surveys have suggested that full training rather than solely refresher training may be of benefit to the team.

Electronic Patient Record

Several comments were received from respondents regarding the challenge of viewing information side by side where the patient's continuation note, and forms were not easily accessible to read side by side. A recommendation will be made as an output from the report to review the potential issue raised in more detail and investigate with the Morse User Group and supplier whether this could be resolved by further training or by recommending development work in a further Morse release to attempt to resolve this.

Community Nursing and Health Visiting Evaluation: A comparison of results.

The following results demonstrate a comparison of the results obtained from the Health Visiting Digitalisation evaluation and the Community Nursing evaluation of Morse. For ease of comparison, the percentage given are those which agree with the statement.

	Health Visiting	Community Nursing
I believe that the use of Morse has led to an improvement in communication between the teams	56%	34%
The use of Morse has led to a reduction in the amount of information required to be regularly duplicated	81%	64%
Scheduling of appointments and Team Allocation	62%	44%
Ease of Access	66%	56%
Updating all aspects of the patient record	77%	59%
Would you recommend Morse to a Colleague	93%	41%

As can be seen, over all areas, the Community Nursing Service has seen decreased agreement with these statements when compared with the Health Visiting digitalisation. It is challenging to deduce why these differences exist, however from comments received during the survey and conversations with the service, there appears to be several contributing factors:

- o there were various problems that the teams had experienced with the scheduling function which took several weeks to resolve;
- o the 'editing an entire series' of appointments function, which similar to scheduling, required a great deal of time spent with Cambric to discuss and find a solution that worked for all, but initially caused confusion, errors and thus additional housekeeping;
- o despite a "go live" date, not all Community Nursing teams were ready to begin using Morse at the same time due to delays in the transferring of patient caseloads from Community Vision to Morse

It is felt that these factors negatively affected the overall 'trust' in the system, and alongside other comments relating to training and support and an increased use of interfaces leads to a follow up recommendation to the Morse User Group to conduct a follow up survey to be disseminated to all users to ensure that fixes have remedied users concerns.

ACHSCP Delivery Plan

The ACHSCP Strategic Plan outlines a commitment to supporting the implementation of an electronic patient record and the Year 2 delivery plan points towards the implementation of Morse within community based AHP Services (where the use of

Trakcare has been highlighted as not suitable). This will further the work already achieved by the services and allow for further information sharing between Community Teams and demonstrate a holistic view of the patient incorporating all of the community health-based services who use Morse. It will also allow for comparable reporting to be extracted from Morse for all included which as previously mentioned has historically been challenging to obtain using paper-based records.

Pan Grampian Implementation

There is an awareness that there is interest in the implementation of Morse within Aberdeenshire and Moray HSCPs. This would bring the benefit of a shared record across Grampian and give wider benefits to the patient of information sharing. The feedback received during this evaluation should help and assist in the scoping of this work.

5. Conclusions and Recommendation

The evaluation concludes that the implementation of Morse to the Adult Community Nursing services within ACHSCP as outlined within the IJB paper submitted in May 2021 has been completed as per the original scope and that its use within the services have been successful.

It is noted that as the implementation of Morse to Community Nursing has been successful that its progression to the implementation to Community AHP services should continue as planned within the ACHSCP Year 2 Delivery Plan.

It is recommended that this report is directed to the Morse User Group to:

- Review approaches to training and support as part of the implementation to Community AHP's and any further services.
- Review the ongoing support model for H@H and Community Nursing to ensure that users feel supported on an ongoing basis and that changes to the system are well communicated.
- Ensure that interfaces to other systems are planned and implemented in order to bring further benefits to users and their patients. This will lower the risk of the system becoming an island information silo.
- That an investigation takes place by the Morse user group looking at the use of the continuation note and forms and whether this process can be slim lined. If appropriate, this discussion may also involve the third party supplier.
- That this survey is completed again in one years time and directed to all users of the system to ascertain whether benefits are longstanding once Morse has 'bedded into' service processes.
- To support the implementation of Morse on a Pan Grampian basis and to share knowledge and experience where possible.

Appendix 1- Results per service area
Community Nursing

Number of respondents=53				
	Strongly Agree or Agree	Neutral	Disagree or Strongly disagree	No Response
I believe that the use of Morse has led to an improvement in communication with my team*	20(38%)	22(42%)	11(21%)	
I believe that the use of Morse has led to an improvement in communication between the teams I work with**	19(36%)	24 (45%)	10(19%)	
The use of Morse has led to a reduction in the amount of information required to be regularly duplicated	35(66%)	12(23%)	6(11%)	
Ongoing support has been essential to my use of Morse	39 (74%)	11(21%)	3(6%)	
Overall, please rate the following areas of Morse	Excellent or Very Good	Good or Fair	Poor	No Response
Scheduling of appointments and Team Allocation	9(17%)	38 (72%)	6(11%)	
Updating all aspects of the patient record	14(26%)	35(66%)	4(8%)	
Ease of Access	17(32%)	29(55%)	7(13%)	
Sharing of information	15 (28%)	33 (62%)	3 (6%)	2(4%)
	Yes	Maybe	No	No Response
Would you recommend Morse to a Colleague	21(40%)	21(40%)	11(21%)	
Can you estimate the time per day from the duplication of information				
1-30minutes	16(30%)			
31-60 minutes	18 (34%)			
no impact	19(36%)			

Hospital at Home

Number of Responses=23				
	Strongly Agree or Agree	Neutral	Disagree or Strongly disagree	No Response
I believe that the use of Morse has led to an improvement in communication with my team*	4(17%)	10(43%)	9(39%)	
The use of Morse has led to a reduction in the amount of information required to be regularly duplicated	12(52%)	7(30%)	4(17%)	
Ongoing support has been essential to my use of Morse	9(39%)	9(39%)	5 (13%)	
Overall, please rate the following areas of Morse	Excellent or Very Good	Good or Fair	Poor	No Response
Scheduling of appointments and Team Allocation		7(30%)	5 (13%)	11(48%)
Updating all aspects of the patient record	4(17%)	12(52%)	4(17%)	3(13%)
Ease of Access	4(17%)	11(48%)	5 (13%)	3(13%)
Sharing of information	6(26%)	10(43%)	4(17%)	3(13%)
	Yes	Maybe	No	No Response
Would you recommend Morse to a Colleague	8(35%)	9(39%)	5 (13%)	1(4%)
Can you estimate the time per day from the duplication of information				
1-30minutes	12(52%)			
31-60 minutes	3(13%)			
no impact	7(30%)			
No Response				

Macmillan Nursing

Number of Responses =4				
	Strongly Agree or Agree	Neutral	Disagree or Strongly disagree	No Response
I believe that the use of Morse has led to an improvement in communication with my team*	3(75%)	1(25%)		
The use of Morse has led to a reduction in the amount of information required to be regularly duplicated	4(100%)			
Ongoing support has been essential to my use of Morse	3(75%)	1(25%)		
Overall, please rate the following areas of Morse	Excellent or Very Good	Good or Fair	Poor	No Response
Scheduling of appointments and Team Allocation	1(25%)	3(75%)		
Updating all aspects of the patient record	1(25%)	3(75%)		
Ease of Access	2(50%)	2(50%)		
Sharing of information	1(25%)	3(75%)		
	Yes	Maybe	No	No Response
Would you recommend Morse to a Colleague	4(100%)			
Can you estimate the time per day from the duplication of information				
1-30minutes	2(50%)			
31-60 minutes	1(25%)			
no impact				
No Response	1(25%)			

Community Nursing

Why do you feel this way? (whether you would recommend the use of Morse to a Colleague)

Unable to access continuation sheets. Speed has been terrible. I don't find it user friendly at all.

Complex to use and understand. Feels like a very unfinished alpha test (not even a beta test). Forms are a mess and too many forms make it difficult to see the information you need. Other services not looking at previous entries and forms (looking at you H@H).

There are still some kinks to work out. The care plans showing up as incomplete when you leave a green section due to information not being relevant feels pointless. You can't easily allocate a second nurse/HCSW to a patient that requires a double visit. It is time consuming to add it on properly.
The timings on patient visits are in 30 minutes slots so you can't be honest and accurate with how long you spent with the patient.
Transferring all the patient information on to Morse isn't happening quickly. Still relying on going on to Trak to find out allergies, NOK because you can't edit it on Morse. You can't remove a contact number that another member of staff has put on Morse which needs updating, meaning it takes up a lot of time going through all the numbers to contact a patient or that important information isn't updated in the correct place

System can be very slow especially to sync at the start of your evening shift meaning you are slower getting out to see patients, also if you have numerous unscheduled visits you are working beyond your finishing time putting information on computer as not always practical evenings/night shifts to do this in patients house or sit in your car to complete.

there have been a lot of "teething problems" It can be very slow at times making it frustration at the time spent waiting it to load

No support at night with changes to morse. We are still writing and sending daily e-mails to the day teams of patients

It's a good system when it works well. Very beneficial to staff who are good with computers.

manageable to use , access to patient information which we would not have had previously

Very time consuming when making changes to interventions.

can be difficult to navigate, information is not updated until you return.

Just what I have heard about the last system they used it has a lot of room for improvement.

Due to being dyslexic I am finding it very difficult to not have the care plan in front of me and not being able to freely go to and from the care plan and written notes. The laptops do not have enough battery and the system does not allow more than one entity to be open at any given time. The spell checker also seems to be American?? I feel the imputing of the information is much more time consuming that when we had paper notes. The wound charts are good but take to long to fill out, especially if the patient has multiple wounds.

Access to patient information prior to visit so knowledge of patient is up to date

Very time consuming to access/add/update forms. Was so much easier to check paper copy of wound chart to see if improvement/ deterioration of wound. Now you have to scroll through it all if you can open it in patients home. First version was more user friendly to this latest wound chart. Notice staff not updating them regularly probably because it's not user friendly. Difficult to allocate patients to staff and takes too long. Unable to see on one screen what visits each member of staff has. Maybe in a small team with few patients it works better.

computers are the future no more writing of notes much easier once you get hang of morse

I like the notes. easy to read and see what other have written before going into patients home.
Good to see what macmillan and H@H have written
Dislike the allocation although improve still slow hard to see what you have allocated.

Has had a lot of issues through out

see below

I feel morse saves time in some ways but not always in every case.

The system is very 'glitchy'

Can feel a little clunky with some bugs still require ironing out.

we have found that MORSE is very time consuming, awkward to change interventions. can't see what other colleagues are doing when out as no access to team allocation offline.

I feel that the process of learning to use morse effectively has been very fragmented and protracted

Reduces amount of paperwork and variety of forms available to use on Morse.

I would recommend it as long as it is used correctly. Not all staff complete mandatory paperwork. Feel as though this is missed more compared to paper notes. I am computer friendly so prefer morse over paper notes.

I feel paper records were more easier at a glance too see what has been completed for each patient ie care plans/mandatory forms etc as you need to flick from page to page to see this information. It is easier to update the patients records at the visit as I found sometimes I would be rushing after my visits to update vision on return to the office - I work part time and found admin a rush afterwards due to the number of visits when I had a large caseload.

It is easier to access notes and information regarding updates on patients from multiple teams attending to the patient

just feel could be a little simpler

I just feel that there was a lot of teething problems , got use to how it worked then changed ,and that a lot of staff struggle that are not very good with computers that are excellent nurses , I think the whole process could have been simplified , I also feel that it could have been fine times before being completely rolled out , also the timing of it for some staff who were already getting over stress or under stress from the pandemic was not good and I feel that it may have added more pressure and causes some staff sickness I may be wrong , I feel it still causes some stress for some that don't fully understand all its functions which still often change , also the capability to not be able to go online to download when out and your workload may change can be a tad useless, if there was more areas where an internet connection in community could be picked up to sync then it may be more useful too especially if we needed to access information

quickly such as Trak care for a patient who we were visiting. No title at the top of my job description as it's not there on your option drop list

Its easy to navigate.

Scheduling remains time consuming and unreliable. Many teams after allocating are making a written copy too. The allocation has been disappearing or system entirely off on occasion.

Ignitions have to be switched off before using laptops as it is illegal otherwise. Some houses are not appropriate to be sitting with a laptop.
Often feel on edge having laptop out and about.
Can't see other people in teams work as easy.

The electronic side of things is ideal for forms automatically being populated however, communication between different teams etc still need to be over the phone on top of referral form.
GP vision/EMIS remain separate and duplication still needed to this and onwards referrals if required.

I feel MORSE is very effective for up-to-date communication between teams. It is very useful to be able to see MacMillan nurse notes, OOH nursing notes etc. We are able to read outcomes of visits which is very useful

Need training on how to use the forms so everyone is using the same forms across the board. I am not confident with technology. I have been learning from colleagues about the care plans and feel being shown from the start would have been better. Not confident in adding patients to the caseload either Also how to check who has a patient on a certain day.

Some appointments had fallen off morse and patients had been missed. Most notable were NPT and a recent catheter.
Allocating work proves complicated unless you have a written mind map infront of you. Red day reviews have been required as mandatory forms had not been completed and regular skin checks missed.

It is still early days with using Morse and we are still experiencing teething problems.

MORSE has been better than the previous system used, I think the team allocation could be slightly improved when allocating work as it sometimes can be a bit slow.

Quick and wider access , work better organized.

Clear and concise, compared to written reports.

Doesn't always work well when we are out on visits, need to always have pen and note pad on me to take notes of time and information for patients.

What could be added in the future to enhance the user experience

More IT assistance in OOH period .

Better front end experience, it should flow and be intuitive to use but currently it clearly isnt. It should integrate with Trakcare. Forms should be organized better into groups (im talking about used forms).

Features to fix mentioned above

New system, more support.

Morse able to prevent separate Audits being required.

Diagnosis of patient. Nursing assessment to be completed and kept up to date.

Care plans could be made more personal. Being able to change title of blank "care plan" to reflect what care plan is about. Work allocation could be better when list of patients unallocated downside - if patient has multiple interventions would be easier if they were beside each other and not got multiple patient's in between.

More training

being able to see other peoples list more easily.

Quicker responding time as can sometimes run slow.

refresher training

Able to edit pathways so you don't need to have 3 or 4 for the same patient. Have something that could flag up when needs addressed.

as above

able to attach documents eg tissue viability care plans

Make allocation of patients easier as hovering and dragging time consuming. Would be helpful to see on one page which members of staff are working that day instead of a huge long list of everyone along the top in team and other teams. Seeing who has which patient on same page would also help and ensure fair allocation of patients as green bar with how long it should take you to do round not accurate.

Didn't work here pre-Morse so can't say if it is an improvement on old methods.

improved allocation easier to what everyone has allocated.

better links between hospital / primary care

Clear entry to AM or PM visits

Ability to schedule visits on order of round

If intervention updated for example an unscheduled catheter change previous interventions when cancelled should disappear. Can be difficult to decipher what is a current intervention and what is cancelled

adding visits could be less time consuming, too many steps and pathways making creating a visit and then confirming difficult

Having appointments linked if a person has multiple interventions it would be good and save time signing each individual one of

Being able to unlock the continuation note if needed to edit your text.
Being able to go back easier to re-read previous entries instead of having to leave your own continuation notepage.

Easier use of wound care plans where patient has multiple wounds. can be confusing to navigate/add to.

More portable devices - ie ipad in a case with a strap. Some visits can require a lot to be taken in, for example - weighing scales - kit bag - sharps bin - epinephrine kit etc. Lap tops can be difficult to complete in house if cluttered or unkempt due to requiring a surface to type on.

easier editing of interventions

not duplicating forms that have already been completed/started for patients eg manual handling and nutritional assessment forms.

Unsure

Easier to use, would help.

Some section where you can add past medically history and previous diagnosis etc

Overall I think once morse adapted to all the issues that pop up, it will be a good system.

KIS/ACP information and possible access from other health professionals eg. OT, PT, care management,etc

As explained above , as with our phones we use our private phones data as it is to access Teams , make calls etc , if we urgently need info often it would be a case of using our hot spot on our phone to gain internet access in the laptop ?

Linking Morse to Trackcare

Education on filling out and locating forms. To have roaming data so that forms can be updated live also to check on sites like trac care while out on visits.

Take of the 'notify changes' pop up after saving intervention times etc.

Show staff time of working, instead of hours of work.

Alphabetic listing.Staff toggled off/on stay that way (as currently rarely stay saved correctly).

Better abilities to see what staff members have rather than a great big line of staff along the top of the screen and having to click on them to see workload (unsure how to improve this given the layout).

The option to add documents as files- such as ASP forms, photo consent forms

Training on how to use the forms and maybe more updates. Hard to get time at work to keep up to date

Prompts regarding catheters/NPTS and such or a better way to ensure no interventions are not missed.

Longer training and more practice before going live.

It would be very helpful to have an access to medical history from the Morse.

To continue with updates.

Any further Comments

Far too complex to use, not newcomer friendly and even experienced users have major issues from time to time.
Needs a dark mode as white is poor on the eyes.

Morse was introduced with no administrative help or superusers available at night to support staff .No extra time given to us to get used to dealing with new system resulting in us having to stay beyond our working hours to complete Morse .I was sad to see the stress that the introduction of Morse initially had on my colleagues who are very experienced dedicated nurses due to lack of support

Hopefully if system becomes quicker and more user friendly it will improve but so far it's not been the best experience. Sharing of laptops an issue at times for part timers as we have to return them to office on a Sunday after busy round of diabetics and already running past 4.30pm.

Appears to be mostly effective. Staff all still to be using paper diaries and notes instead of Morse however as they don't appear to have fully bought into it.

Staff workloads should be more clearly listed so can see how any visits each staff member has and who has capacity

I feel morse is a positive thing and the way forward to modernise community nursing. It does feel like everyone always has their head stuck in a laptop all day everyday when at work, as long as not impacting patientcare negatively then it is a positive.

Interventions cannot be edited.

People are not completing notes at time of visit - this causes inaccurate times when looking at notes - I do not agree with completing notes when back at base, sometimes several hours later.

When using out of hours can take a while for the information to be passed over - or gain access to electronically. This can either create a delay in care or going to see a unfamiliar patient with lack of information. Sometimes having to connect to phone while out to pull information or sync.

logging in to different laptops or PCs can take a very long time to sinc, often 20,000+ updates which can take along time to sinc waiting to go out and start visits.

i thought about when cancelling a patient appointment, if we could have a section that states " in hospital" or something to state, as i dont feel it is fair to say no access or cancelled as we dont know why the appointment would be cancelled if we look back and no access we look at if they are housebound or not

I feel that once everything is finalised with Morse and no more changes are to be made to it for some time I would benefit from a class again from scratch not just a refresher as at the time of my training it was a working process morse .

Could be a good system. But more training on all aspects would be really helpful

It is helpful that the notes are no long in the home so other relevant staff members can access notes when required.

I think it is well organized, easy to use, in a logical order, I like it:)

Hospital at Home

Why do you feel this way? (whether you would recommend the use of Morse to a Colleague)

As a team we don't sit fully in primary or secondary care and I feel morse is aimed at those working wholly within the primary sector, from that aspect sharing of information is good although causes lots of duplication when liaising with secondary care. As we are required to use both secondary and primary care platforms my preference is the one we use within secondary care. It may be that once we start utilising more functions within morse my preference might change.

It is good that we can have all forms on MORSE e.g. NEWS, TEP. The other benefit is that multiple users can use notes at the same time (unlike trakcare where a record gets locked).
Problems are that it is a clunky system - it is difficult to scroll through. It is difficult to flick between continuation notes and forms. It is really time consuming to look through all information if you are doing a review - need to keep going between screens, and you can't type at the same time - almost needs a split screen or double screen function - one to type and one to view.
We don't save significant time by not writing name and chi - any time saved is lost because the system is so clunky.

I find it a much easier and more accessible system than EPR on Trakcare

Multiple users can access patient information at the same time. Having different 'revision versions' of forms is really useful in accounting for changes made, especially in my pharmacy role, as you can access who has made a change and when.

clunky, need to go in and out of different pages, dont get overall picture, not linked to medical notes on trak

Barriers to access from desktop computers. Risk of losing input from unintuitive save/lock/sync interface. No continuity with electronic notes in ARI. No routine availability for patients admitted to AMIA to access Morse and review notes (especially out of hours).

I think Morse has much improved communication and is beneficial compared to paper notes. It is good can be used when out on home visits and that information between colleagues shared. However personally find the system very "clumpy" and difficult to navigate. System for uploading forms eg med rec, clerking, dnacpr takes a lot of time compared to using Trakcare system for the same information, and at times I feel duplicated work. Trakcare feels more streamlined and better for continuity. When patients are discharged from hospital for active recovery if it was on Trak then workload would be reduced as no need to repeat clerking and all the forms etc as could just continue on from discharge notes.

However I appreciate in the community there are different needs and requirements such as DNs using morse and obviously is useful for them to see shared information also.

I feel that Morse is difficult to navigate and slow to load on the server. It is tricky to get an idea of the narrative of a persons care, as you need to open documents individually and it slow to do this. Bloods and other test results are not indicated.

Perhaps not an indication of the software itself but it is often problematic when asked to chase bloods in the evening and slow and difficult to interpret. Also, it is not possible to hand over to night staff if bloods are not back as they do not have access.

I find Morse a really useful platform. It enables all notes and patient records in a central location.

The system doesn't feel intuitive in the way that Trakcare does, with patients moving between the hospital and community I think it would provide better continuity and be safer for the same system to be used by hospital and hospital at home team.

Software good hardware is awful. Low battery life. I pads freeze work is sometimes lost. loads slow and unresponsive

Within H@H we are using Trak and Morse and the 2 systems do not communicate with each other and we are still duplicating work

I have no experience of the system used before Morse but I have extensive knowledge of using GP IT systems and Trak. Morse is a very limited system with a poor user experience due to the design

i think it is very efficient and safe to use , allowing teams to see involvement from other professionals has improved communication between teams

My biggest frustration with Morse is that it is not easy to read through the continuation notes. Instead of being able to see them as a continuous record (as you would in paper notes, or in other computer systems such as Trak Care), you need to keep coming in and out of each note entry to view them. This makes ease of access to patient information less good, and makes updating the record harder. In a similar vein, it is frustrating that you can't view the continuation notes from within the "view case" - you can only view them within "view patient", and yet we are discouraged from using "view patient" to add our continuation notes as this carries the risk that people will forget to link their note to the appropriate case. So this means that you need to keep coming in and out of different parts of the patient record in order to view continuation notes and add a new one.
These factors impair communication - I feel that because it is not easy to view the notes as a continuous record, other people tend not to read the preceding entries in the notes, and important things get missed.

Morse provides the ability to see patient information without having to share a paper file and wait until someone else has finished with it.

More user friendly than EPR

What could be added in the future to enhance the user experience

Almost needs a split screen or double screen function - one to type and one to view. Would be helpful if you could copy and paste information - can't do this - need to go to print screen and then copy and paste.

Dont know if you can do this or not but ability to scan in assessment results

The ability to link with / upload information to / download information from Trakcare would be very useful.

change to trak care notes especially if expansion planned

If some of the information was built-in the system, ie Doctor's surgery phone number, Clinician etc, this would save considerable time

Honestly, I would prefer that Trakcare was used instead as I feel this is much more suitable for a hospital-equivelent service and would make transfers of care to ARI smoother for staff and especially for patients.

Additional functions available on Morse which aren't currently available on Live within Grampian.
None specific
Better hardware
Communication with other health care systems
Electronic prescribing Embedded data collection and coding of diagnoses and values
link with trak care
If the above issues could be resolved, it would be very good - so the continuation notes being visible as a continuous record at a glance, and the ability to read continuation notes from within the "view case" section.
I would love to be able to gather specific information together in one location instead of going in and out of separate records with multiple selections needed to get to the form required. For example I would find it extremely useful to be able to see all patient's medicine reconciliation forms in one location so I could review them more efficiently.
Link to Track Care

Any further Comments

One of the main issues remains is that it is a different system to ARI, so most ARI colleagues e.g. ED, AMIA, medical wards, 102, don't have access to notes on MORSE. This had led to a breakdown in communication.
Dont use MORSE to book appointments, havent used any support
if hah is to expand and deal with complex frail medically unwell patients who require medical input then we need to use trak notes HAH is consultant led as per national model therefore our documentation should be linked with ARI
Cannot answer a lot of the questions, as I don't use Morse in a medical capacity.
I found the implementation period of Morse quite difficult. I appreciate that at the time it was a new system and the support from Cambric was great, eHealth then came on board (the support is also fantastic) but the connecting up of all processes seemed a bit disjointed. Other than that, I really enjoy Morse and find it a great system to use.
When escalation and checking of results is required by the hospital team out of hours I think it would be safer for information to be readily accessible on Trakcare.
Using Trak would be more efficient and would allow our OOH and ARI colleagues to access information about H@H patients when necessary eg OOH
I dont use for appointments so not able to comment on that

MacMillan Nursing

Why do you feel this way? (whether you would recommend the use of Morse to a Colleague)

I don't know much about other systems available.
Its very good for keeping all your notes up to date on the day you see the patient ,the system improves every day I learn more and become more proficient in its use.
is useful as can access outwith the office. When covering for other colleagues able to access their notes on patient. Helpful to complete documentation while with the patient
ease of sharing information between colleagues

What could be added in the future to enhance the user experience

If Morse spoke to other systems used such as Trakcare, GP systems, etc.
We have been meeting as a team and feeding back all the information that could improve this service. Our next meeting this Friday to go over all our suggestions and recommendations.
when the patients locality is put on for them being added to Morse it doesn't have to be highlighted every time you add a continuation note

Any further Comments

Regular communication still required within MDT via email, etc. Still requires duplication of work but can be 'copy cut and pasted' which is time saving and easier.
Hopefully after our team meeting Friday we could forward the results .