

and paper notes are now only pulled on an occasional, as required, basis.

### CONSOLIDATION PHASE (3 MONTHS)

Step-wise changes to the system have been made since implementation as we have learned better ways of using it and reacted to unforeseen situations. The clinical templates have been changed several times after feedback from staff, with more use of free text and less use of drop-down lists. We have had to create innovative “fixes” for situations not catered for in the original EPR design, such as a way to input a durable record of injectable treatments.

### ASSESSMENT OF THE ADVANTAGES AND DISADVANTAGES OF THE EPR SYSTEM

These are listed in Box 2. Unexpected advantages include a marked reduction in

time taken to initiate contact with patients following reception of positive results (reduced from 3 to 1 day). Ready access to the electronic notes means we can deal with telephone queries about clinical matters instantly rather than having to wait for the notes to be found. We have moved to prospective clinical (KC60) coding on to the system by the doctor or nurse and over 95% of entered codes have been found to be accurate. A recent survey of staff showed that the majority (21/23, 91%) thought that the EPR system was better than using paper records.

### CONCLUSION

It has taken substantial time and commitment to implement EPR, primarily as this clinic is one of the first to do so with this or any system. However, it has paid off in

that we no longer have paper notes for GUM patients and staff in general feel that EPR is better than a paper-based system. It would not have been possible to implement without high level IT skills of key individuals within the department, which may be a barrier to others rolling out EPR.

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## Correction

The initials of an author, whose letter was published in the February issue of the journal, were incomplete (Smelov V, Morr  SA, de Vries H. Are serological chlamydia-specific markers useful to detect asymptomatic cases of lymphogranuloma venereum proctitis? *Sex Transm Infect* 2008;**84**:77.) The full initials of the third author are HJ de Vries.

*Sex Transm Infect* 2008;**84**:156. doi:10.1136/sti.2007.029173.corr1