The Impact of ePrescribing on staff

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Background

2004 – 2015
Pharmacist & Educational Role
Paperless system
End user

2015 – present
ePrescribing Implementer Role
eP and growing EPR
Implementer and end user
Aim of session

To share the headlines from my research and subsequent experiences as an eP implementer to provoke thought, discussion, reassurance and potentially useful ideas.
Learning to work with computerisation of medical notes and prescription charts

- Qualitative – 4 focus groups with band 6, 7, 8a and 8b/c pharmacists
- Using eP (in combination with Electronic Patient Records (EPR)) at least 8 month
- Trained on how to use the eP system prior to roll out
- Analysed data using Actor Network Theory and Expansive Learning Theory
Results from study

Patient Contact

Professional Representation
Patient Contact
“No but some days you wouldn’t have actually, you’d’ve talked to them about the headlines in The Sun and not their medicines, but that still built up that relationship.” (Band 8b, P2)

“They (the patients) don’t know what I’m doing, and they don’t see the relevance of me.” (Band 6, P2)

“We’re almost going back to behind the counter. Pharmacists in the background.” (Band 8b, P4)
Patient Contact
Professional Representation

• The power of the green pen!

“What the nurses say is, ‘well whenever we saw anything in green we knew it had been written by the pharmacist and we would pay attention to it’. Now its just black and white text ...” (Band 8b/c, P1)

• eP changes how pharmacists communicate important medicines information
• Reduced visibility in clinical areas

• Questioning of the pharmacists role

“Yeh, and like, if we like got a different culture to all the other hospitals who don’t have this [electronic prescribing], I don’t know. I don’t know what, like what are we supposed to be doing? [Laughs] We need to know really. We need to be told this is the definition of what a clinical pharmacist in this hospital does...” (Band 7, P2)
The Pharmacists role is changing

Pharmacists are now adopting a training role in the ward environment

“I actually know my consultants better, on a medical ward, now from this, from that prompt of them asking me how to actually do something [on the eP system]. It opens the door the door for you to discuss other issues...” (Band 6, P6)
What is going on?

Structure of a Human Activity System
(Engestrom, 2009;p55)
Additional learning through the eyes of an implementer
What do we want our clinical service to “look like” with the roll out of eP and potentially EPR?
How can we help deliver this?

• Support
  – Support individuals/teams through the change
  – Supportive guidelines/SOPs
  – More support required for less experienced individuals
    • Interpersonal skills
    • Negotiation skills
How can we help deliver this?

• Training
  – People learn how to use systems more in practice
  – Focus on building on current knowledge, ie, the electronic way of doing this is ...

• Development of additional electronic tools
  – Could be inbuilt to eP system or separate
  – Enable communication between staff in an asynchronous way as we move towards 24/7 working
Summary

- eP brings with it significant change to how pharmacists work
- May result in changes to the processes and outcomes of clinical service delivery
- Alongside implementing eP and effective training on how to use it, we need to support, guide, and provide tools to enable teams to best use eP in practice.
Questions?
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