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## Implementing ePMA at a large teaching Trust.



### Pitfalls and Positives

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## Topics to be covered

- Business case / Tech fund
- Baseline audits
- Clinician engagement
- Business change / process mapping & ICT support
- Testing, Testing, Testing...
- Development roadmap / collaboration
- Decision support (de-skilling?)
- Prescriber support (Templates & taskpads)
- Reporting / audit trails
- Benefits of ePMA
- ePMA team




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## Our approach.


- 1400 bed acute teaching Trust on two sites.
- Aiming to roll-out ePMA across all inpatient & outpatient areas.
- Trust ICT approach 2012 was to procure 'best of breed' IT solutions.
- OJEU tender process 2012/13 led by Trust procurement team with input from:
  - ePMA Project board and implementation team
  - Clinician working group (clinical MDT incl. Pharmacy)
  - IT working group (technical)
- Needed to be seen as 'Not just a Pharmacy project'
- Project management – PRINCE2 approach – Project board chaired by Medical Director.
- Contract awarded Autumn 2013 to Oasis / Noema<sup>life</sup>




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## Business cases and Tech fund


- Costing the ePMA team
- Duration of roll-out & any areas excluded?
- Financial planning (capital and revenue)
- Benefits realisation (crucial esp. Tech Fund)
- ROI / VFM calculations = finance team!



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## Baseline audits

- Link to your benefits
- i.e. You need to be thinking of your benefits from the project and plan audits pre-roll out
- Examples include:
  - Missed doses
  - Allergy status
  - VTE completion (or other CQUINs)
  - Mandatory indications for antibiotics



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## Clinician engagement

- Essential - don't underestimate this.
- Who chairs your Project board?
- Medical Director / Chief Nurse / CD Pharmacy
- Involve clinicians from beginning (CCIO)
- MDT approach to tender specification
- You will need support to overcome inertia
- Link to guidelines committee



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### Business change, process mapping & ICT support

- Easy to underestimate esp. for nurses (guilty)
- IT Working group is useful.....
- ..... so long as attendees have authority
- Process mapping experience / tools (Visio™)
- Involve end users
- Need to maintain ICT support (from the top)

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### Testing, Testing, Testing....

- Need 'real life' use cases- who writes UAT scripts?
- Test medicines by all routes (inc. unlicensed).
- ? dm+d as a native drug dictionary.
- Load testing & technical / DR / BC / multi-users
- Include interfaces to other systems (PAS, Pharmacy, clinical portal, discharge letters etc.)
- Test your workflows (what do pharmacists record?) – do they need to be reviewed?

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### Development roadmap

- Collaboration between UHNM & WAHT
- Plenty of common ground
- Some bespoke elements / local priorities



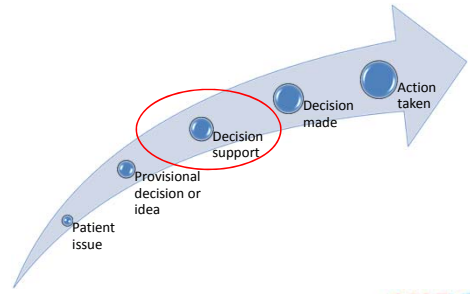
GALILEO MEDICATION  
ePRESCRIBING MEDICAL ADMINISTRATION

NOEMALIFE  
WE CARE

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### Decision support / de-skilling?



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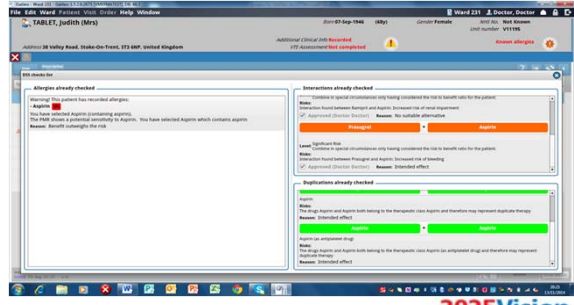
### Decision support considerations

<b>DRUG INTERACTIONS</b> <ul style="list-style-type: none"> <li>• Alert all?</li> <li>• Alert none?</li> <li>• Alert some?</li> </ul>	<b>ALLERGIES</b> <ul style="list-style-type: none"> <li>• Allergies</li> <li>• Intolerance</li> <li>• Adverse effects</li> </ul>	<b>DUPLICATE THERAPIES</b> <ul style="list-style-type: none"> <li>• Class</li> <li>• Therapeutic effects</li> </ul>	<b>DOSE RANGING</b> <ul style="list-style-type: none"> <li>• Only some drugs in some catalogues</li> <li>• Mixed economy</li> </ul>	<b>POSITIVE IMPACT</b> <ul style="list-style-type: none"> <li>• Timely information</li> <li>• Accurate</li> <li>• Up to date</li> </ul>	<b>NEGATIVE IMPACT</b> <ul style="list-style-type: none"> <li>• Alert fatigue</li> <li>• Conflicting alerts</li> <li>• System slows down</li> <li>• Deskillng staff</li> </ul>
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### Decision Support



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## Prescriber support (templates & taskpads)

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## Taskpad search result

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## Reporting & audit

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## Benefits of ePMA

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## Benefits of ePMA

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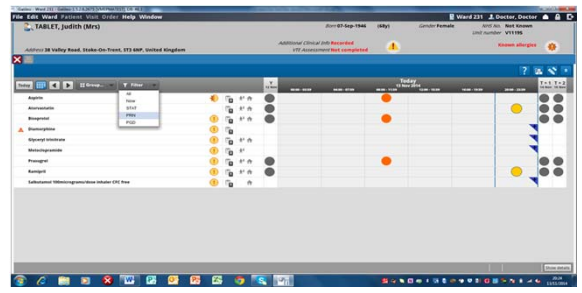
## Quality considerations

- Filters to improve efficiency
- Easy to identify due doses / missed doses
- Remote access (beware!)
- Hyperlinks to external references (e.g. Medusa)
- Accuracy of information exported to discharge letters

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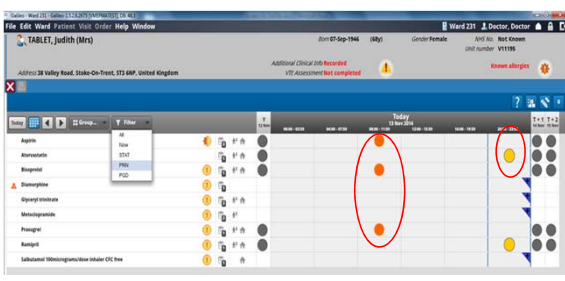
## Using filters



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## Missed or delayed doses



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## Our ePMA team

- Pharmacist team leader
- Project Manager (Nurse with roll-out exp)
- Nurse (transformation background)
- Pharmacy technician (training background)
- And soon to be joined by another transformation nurse

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Thanks for listening.

Any Questions ?

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