The Christie e-prescribing Project: the inside story

July 2016
A specialist trust providing cancer services

- 44,000 patients treated/year
- 363,000 contacts
- 26% from beyond Greater Manchester
- 95% ambulatory care
- 13% clinical trials
- Largest radiotherapy patient group
- Largest chemotherapy patient group
- Specialised services (surgery) national

- 3.2 million population
- 13 CCGs
- 15 hospitals
Main site: a small hospital with 180 beds
Complex surgery: 2 wards, theatres
Non-surgical oncology: x3 wards
Unit for brachytherapy and molecular radiotherapy
Combined teenage & young adult and haematology/transplant unit
Oncology Assessment Unit and Oncology Critical Care unit
Before we begin: 2015

- Successfully implemented electronic record ‘clinical web portal’ - highly regarded by clinicians
- *But* paper case records still used on wards - transition planned 2016-17
- Critical care has own system (Metavision) - notes and medicines administration
- E-medicines established for 95% chemotherapy except haematology unit: new system procured
- Lots of other IT projects going on too!
Our ePrescribing story so far…

- Chemotherapy ePrescribing used for years but not on wards
- Goal to replace the paper Kardex across the trust

Pilot site identified – Brachytherapy and Molecular Radiotherapy Unit (BMRU)

Project Start 01.12.2014

0 Liveilot Site 03.2015

Go Live Surgery 07.2015

Surgery suspended 27.07.2015

Surgery reinstated 2015

Go Live Medicine 08.10.2015

Medicine suspended 09.10.2015

Suspended Trust-wide 16.10.2015

Project initiated in December 2014

Trust wide suspension – chance to review in light of lessons learned and new version of software

Surgery suspended IT connectivity problem

Medicine Suspended – staff not well enough prepared

2015
Holding up a mirror.....

.......and exposing working process ‘fixes’ we hadn’t considered

- Pre procedure assessment clinics - 2-3 weeks in advance - including a ‘prepped’ drug Kardex

- VTE assessment and prescribing: Kardex central to prompt and ensure done

*Project team and clinical teams have to develop different working practice*
First Dose of drug administered during surgery – recorded in Theatre notes

Prescribed in Recovery and dose administered in theatre – recorded retrospectively on Kardex
Theatre

First Dose of drug administered during surgery – recorded in Theatre notes

System cannot allow retrospective prescriptions

Prescribed in Recovery and dose administered in theatre – recorded retrospectively on Kardex
Patient (and staff ) flows

• Surgical: ward – theatre - recovery - ward
  (or via critical care)
• Oncology assessment unit- ward - critical care- ward
• A few ‘stand alone’ areas ( brachytherapy unit/ TYA/haematology
• But on call staff may cover any of the above
• Wider group of ‘cross cutting ‘ team including non-
  medical prescribers (supportive care, pain teams;
  advanced nurse practitioners, acute physicians

... all trained? All ready?
........ e meds uncovers problems that are known about but not sorted!
Feedback and Lessons Learned

- Clinical team ownership
  - “Imposed” rather than being part of the change
  - Working with project team to find solutions to altered process

- Training & support
  - eLearning / 1:1 support
  - Assurance of competence

- Look and feel of system is really important