ePrescribing: Implementation reflections

Andrew Heed
Lead Pharmacist Clinical Informatics
The Newcastle upon Tyne Hospitals NHS Foundation Trust
3 Reflections

• ePrescribing is:
  – Simple, complicated, non-existent, the future, the past.

• Aspirational

• Will this ever end?
How will I reflect

• A series of statements that . . .
  – I fundamentally believe in
  – Have no evidence for
  – Are probably largely false
  – Would be different if I did this next week.

  – That is the nature of change
What to reflect upon?

- Live in 75 adult wards 2009 – 2010
- Part of a wider EPR system implementation
- Chemocare expansion 2010
- Bespoke alerts 2011
- JAC locality upgrade 2013
- Pharmacy task list 2014
- Insulin 2015
- TPN 2016
- Chemocare Network Version 2015
- Cerner upgrade 2015
- Drug - Drug Interaction checking 2016
- Paediatrics 2016
ePrescribing is . . . simple
ePrescribing is . . . complicated

- Your aspirations (ambition)
- Your patients
- Your staff
- The software
- The hardware
- Your constraints
- Your barriers
- Your other systems
- Neighbour systems
- You, your flavour
- Your targets
- Downtime
- Your catalogue
- What has gone before
- What comes after
Your staff

- A network of people who you don’t really know.
  - A mix of personalities and experience.
  - Some will be shouty
  - Some will be scared
  - Most of them will be fine
- Most will learn by getting their hands dirty
Your Software

- What have you got.
- What can you change.
- Should you change the software? Or should you change?
  - Are you implementing ePx due to your existing flawed systems.
- Who is driving these changes.
Your hardware

• Healthcare is many steps behind shopping in software development priorities

• You can’t compete with the latest technology:
  – You will be old fashioned
ePrescribing does not exist

• Does ePrescribing reduce errors?
• Do tablets cure cancer?
ePrescribing is . . .

• All about Change management
• All about having a plan and sticking to some of it
Aspirational ePx

• Aspirations
  – Error-free
  – Paper-free
  – Enhanced user experience

• My Personal Aspiration
  – Safe, legible and accessible
Aspirational ePxA

• Keep them high – The why!

• What have other people done?
• Start with something.
• Change your aspirations with experience.

• Clinical engagement needs to become clinical action
Aspirational ePx

• How do I print this out?
Will this ever end?

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- Paediatrics 2016 . . . . .
Will this ever end?

• Never mind the BAU:
  – Maintenance.
  – Incident investigation.
  – Data extraction and audit.
  – Information Standards.
  – Security changes
  – Moans and requests
Will this ever end?

• ePrescribing is a never-ending change
  – New medications, careplans, Interaction checking, lab results / observations, problem base prescribing. New ways of thinking. . .

• Nothing gets done without you!
  – Are you a bottleneck?

• You can’t sit back and relax.
  – That is not the point of the investment
Will this ever end?

• Does it matter how you start?

• Infinity can be tackled in big chunks that get progressively smaller.

• They key thing is to start.

• But be aware of the risks
Risky Starts?

- Go-live on adult in-patient wards but exclude ICU due to complexity.
  - Relies on staff creating an ICU kardex on admission.
  - Electronic drug chart to be cancelled and re-initiated / reviewed on return to base wards
Risky Starts?

- Go live with adult wards but exclude Insulin due to complexity
  - Relies on staff using paper diabetic chart.
  - Medical staff to use an electronic placeholder to record diabetic chart.
## Improvements with time

<table>
<thead>
<tr>
<th>Insulin prescribing components</th>
<th>Andrew’s Insulin Build 2009</th>
<th>Andrew’s Insulin Build 2012</th>
<th>Andrew’s Insulin Build 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insulin name</td>
<td>Multiple options, DM+D doctor unfriendly</td>
<td>Brand and type, multiple options</td>
<td>Single process, brand and type</td>
</tr>
<tr>
<td>Locked down dose unit and route</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Meal-based prescribing</td>
<td>No</td>
<td>No</td>
<td>Yes (ish)</td>
</tr>
<tr>
<td>Blood glucose results</td>
<td>No</td>
<td>Yes manual transcription on to system</td>
<td>Yes fully electronic and interfaced</td>
</tr>
<tr>
<td>Glycaemic view</td>
<td>No</td>
<td>No</td>
<td>Yes, BG and Insulin and oral meds.</td>
</tr>
<tr>
<td>Prescribing advice / guidance</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Reflections

• To make your ePx system exist:
  – Learn from others
  – Start with the simplest form that suits you
  – Build complexity
  – Share.

• To give your ePx a future:
  – Resource, resource and resource
  – Control demand
  – Aspire