ePMA
electronic Prescribing and Medicines Administration

ePMA Update

April 2014

Your Health. Our Priority.
About Us

- Stepping Hill Hospital based in Stockport
- 736 beds
- Income of £275 million per annum
- Look after a population of over 396,000 in Stockport & High Peak
- Over 5,600 staff

Your Health. Our Priority.
Go-Live Progress

- 38 wards and areas live = 674 beds
- ALL adult medical, surgical, orthopaedic, urology, gynaecology & maternity inpatients
- Includes all theatres

To date (30.04.2014)
- 4.2 MILLION doses have been recorded
- 825,000 pharmacy reviews completed
- 10,500 clinical reviews completed
- 30,000 allergy statuses recorded
Roll Out

- Next phases
  - Critical Care
  - Laurel Suite
  - Paediatrics
  - Bluebell
Project Timeline (2010 to 2014)

- **Decision made to implement Medchart**
- **April 2011** Regular project team meetings began
- **Nov 2011** System build
- **Feb 2011** Initial planning & Phase 1 ward engagement
- **Aug 2011** Initial project board
- **July 2011** Software demo on Phase 1 wards
- **Mar 2012** First GO LIVE 2 wards
- **Jan 2012** System testing & sign off
- **June 2012** 3 wards
- **July 2012** 3 wards
- **Oct 2012** 3 wards
- **Dec 2012** 3 wards

- **July 2013** 1 ward
- **Aug 2013** 1 ward

- **April 2013** 4 wards & MAIN THEATRES
  - **July 2013** 14 wards using discharge interface
  - **Dec 2013** 3 wards
  - **Mar 2013** 1 ward & 2 theatres
  - **December 2013** Maternity rollout 3 wards

- **Feb 2014** Tested and upgraded to version 8.1.1
  - Plans in place for haematology and ICU
What has gone well?

- Planning & Preparation
- Investment in Software & Hardware
- Clinical Engagement
- Project Governance
- Communication
- Training
- User Support
Preparation & Planning

• Detailed Business Case
• Employ/appoint appropriate core team
• Base-lining study in medicine 9 months before first go live
• System build and configuration
• Rigorous system testing
• Develop training packages
• Ward staff preparation
  • Training needs analysis
  • Communication, project information
Major Investment in Software and Hardware

- Software procurement only after extensive evaluation of different systems
  - Meets Trust needs and is highly configurable to accommodate changes
  - Roadmap for future developments
  - Ability to interface with some existing Trust systems, e.g. PAS

- Hardware
  - Wireless infrastructure
  - Additional computers
  - Specially designed drug trolleys
  - Extra power sockets and locking points
Engagement and involvement

• Early involvement of nurses and doctors in the project
• Nurses and pharmacists invited to comment on drug trolley design, leading to entirely new product
• Clinical champions
  • Medical Consultants
  • Consultant leads for Anaesthetics, Surgery, Urology and T&O
• Engage staff involved prior to each go-live phase
• Huge part of our communications plan
Project Governance

PROJECT BOARD

Chair Dr Catania
- Director of Information
- Consultants from phase 1 wards
- IT Programme Manager
- Clinical IM&T Project Manager
- Pharmacy Project Manager
- Assistant Director of Nursing
- Principal Pharmacist
- Clinical Director of Pharmacy
- Supplier reps CSC

PROJECT TEAM

Chair Helen Bennett
✓ Clinical IM&T Project Manager
✓ IT Project Nurse
✓ Pharmacy Project Manager
✓ Assistant Director of Nursing
✓ Principal Pharmacist
✓ Clinical Director of Pharmacy
✓ PAS Manager
✓ Supplier reps CSC

CORE TEAM

Chair Helen Bennett
➢ Clinical IM&T Project Manager
➢ Pharmacy Project Manager
➢ IT Project Nurses
➢ IT Trainers
Training – tailored to the needs of the user group

- **Nurses**
  - 3 hour classroom based session
  - Away from ward area
  - Interactive session with real life examples

- **Prescribers**
  - In house developed interactive eLearning
  - Can be done at home
  - Interactive package

- **Other staff groups**
  - Combination of e-learning, 1-1 training and classroom training

- **Super users**
  - New to surgical and T&O wards
Supporting the change

- Recognise the impact the change has on the ward
- Support is provided to all staff for up to 2 weeks
- High presence of project team on ward
- Particular attention paid to ward nurses
- 24/7 help available
What hasn’t gone so well?

- Downtime
- Discharge interface – nearly there
- Some hardware issues
- Transcription
Feedback

• **Doctor**
  “I felt I could use the system straight away following the training, its an intuitive system”

• **Nurse**
  “Using ePMA is minimising our risk of drug errors, I can easily read what is prescribed which is a huge improvement from paper charts. It is great that all the record is in 1 place rather than having multiple charts, which were often messy and falling apart.”

• **Pharmacist**
  “ePMA has made it easier to prioritise work and I can work through the list of jobs for the day easily. I find it quicker to perform smaller jobs as I’m not looking for the charts”
How have we made sure that ePMA is here to stay?
Ensuring ePMA is here to stay

• Never promoted as an ‘IT’ project
  • Clinical system, managed by clinical staff
• Success of medical rollout has helped embed in surgical areas
• Clinical champions promoting the system
• Supporting the change so intensively has ensured we have all staff on board
• No going back – the wards do not want to see paper prescriptions again
  - “don’t take ePMA away!”
Thank you