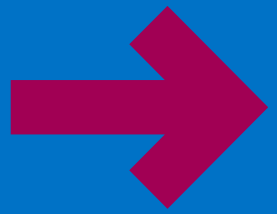
NHS England

ePrescribing Masterclass

6th February 2019



Masterclass 6th February 2019

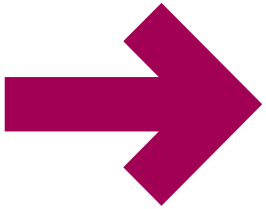
Agenda

1pm ***Introduction***
Ann Slee, NHS England

1.05pm **Using ePrescribing to Support Palliative Care**
Simon Guilfoyle, Jonathan Hindmarsh, City Hospitals, Sunderland

1.30pm **Learning from an ePMA Implementation Case Study**
Denis Duigan, Health Innovation Network London

1.55pm ***Summary, next steps and close***
Ann Slee



The path to excellence

Part of:
South Tyneside and Sunderland
Healthcare Group

Using ePrescribing to Support Palliative Care

Simon Guilfoyle (Informatics Pharmacist)

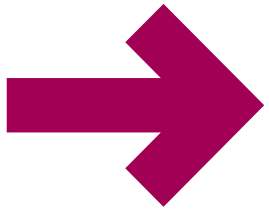
Jonathan Hindmarsh (Palliative Care Pharmacist)

Continuous Subcutaneous Infusions (CSCIs)

- The administration of drugs by CSCI occurs primarily in palliative care, for patients in whom swallowing medications orally has become difficult or impossible.

  - A syringe driver typically delivers such infusions over 24 hours for round-the-clock treatment of distressing symptoms (such as: pain, breathlessness, nausea, vomiting and agitation).

- Prescriptions for CSCIs are, however, multifaceted and thus difficult to replicate in an electronic format. Variables with CSCIs include:



There is a vast array of agents that can be incorporated in to CSCIs, and these can be included in ways that allow up to 5 medications to administered simultaneously in os

No single diluent can be used exclusively, water for injection or 0.9% sodium chloride are typically used, but the choice will vary depending upon the physiochemical compatibility of the drugs that are to be mixed within the same syringe driver and/or if ctio

The solution for infusion must be made up to a specified volume, which will vary depending on the syringe driver device used and if a more substantial dilution is required to overcome physico-chemical incompatibility.

It is therefore easy to appreciate that due to so many variables and software limitations, most NHS trusts, despite having implemented EP systems, use additional 'workarounds' for the prescribing of CSCIs, such as the use of supplementary paper charts, or "free text" electronic prescriptions. Neither of which allow for full software functionality or integration.

City Hospitals Sunderland NHS

NHS Foundation Trust

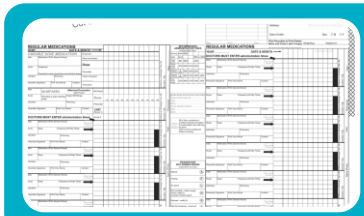
NHS

- **At the time:**
  - Utilising an integrated EP system that had widely replaced the use of paper prescriptions throughout the trust
  - However, CSCIs were prescribed on supplemental paper charts due to software limitations

- **Problem:** Prescriptions for a single patient would exist in two different formats (i.e. electronic and paper)
  - **Workaround:** patients receiving CSCIs would, therefore, have a uncoded,"free text" entry added to their electronic record indicating the use of a paper chart

- **Problem:** The CSCI prescription exists on paper and discharge paperwork, medication labels and stock debits can only be issued from electronic orders.
  - **Workaround:** The medications and diluent contained within the CSCI would have to prescribed as individual electronic entries to produce a labelled supply of medication and generate an accurate discharge letter

The consequences of "workarounds"



Paper Charts:

*Errors of omission present on **75%** of kardexes*

Total volume, diluent and route of administration commonly omitted

Administration:

*Average time to 1st CSCI administration was **3.5 hours***

Discharge turnaround:

*Average time for pharmacy to process a discharge was **90 minute***

Discharge letter compliance:

Pharmacy generated discharge letters only contained approx . 40% of the required information

New functionality

- Enhanced IV functionality with Meditech upgrade (version 6.07):
  - Large volume IVs
  - IV piggybacks
  - Pre-mixed IVs

New functionality

- Enhanced IV functionality with Meditech upgrade (version 6.07):
  - Large volume IVs **> "order strings"**
  - IV piggybacks
  - Pre-mixed IVs
- Order strings dictionary allows:
  - Grouping together large volume entries
  - Order by rate/duration, not dose
  - Attach additives/medications to the fluid

Order strings – practical applications

Manage Order List

Order	SCH	Status	Start/Stop	
Sodium Chloride Infusions				
Sodium Chloride 0.9% 500 ML@ STAT (NEW)	STA			
Sodium Chloride IV 1,000 ML @ 4 HRLY	SCH			
Sodium Chloride IV 1,000 ML @ 8 HRLY	SCH			
Sodium Chloride IV 1,000 ML @ 12 HRLY	SCH			
Sodium Chloride IV 50 ML @ 1 HR	SCH			
Sodium Chloride IV 100 ML @ 1 HRLY	SCH			
Sodium Chloride IV 100 ML @ 2 HRLY	SCH			
Sodium Chloride IV 100 ML @ 4 HRLY	SCH			
Sodium Chloride IV 250 ML @ 1 HR	SCH			
Sodium Chloride IV 250 ML @ 2 HRLY	SCH			
Sodium Chloride IV 250 ML @ 4 HRLY	SCH			
Sodium Chloride IV 500 ML @ 1 HRLY	SCH			
Sodium Chloride IV 500 ML @ 2 HRLY	SCH			
Sodium Chloride IV 500 ML @ 4 HRLY	SCH			
Sodium Chloride IV 500 ML @ 6 HRLY	SCH			
Sodium Chloride IV 500 ML @ 8 HRLY	SCH			
Sodium Chloride IV 500 ML @ 12 HRLY	SCH			
Sodium Chloride IV 1000 ML @ 1 HRLY	SCH			
Sodium Chloride IV 1000 ML @ 2 HRLY	SCH			
Sodium Chloride IV 1000 ML @ 6 HRLY	SCH			
Sodium Chloride IV 1000 ML @ STAT	STA			

Order strings – practical applications

Edit Order

Order	Start/Stop	Status
Sodium Chloride IV 1,000 ML @ 12 HRLY	Wed 30 Jan 14:40 after 1 bag	New

* IV Fluid	* Volume Per Bag	Units
Sodium Chloride 0.9% [Sodium Chloride 0.9% 1000 Ml]	1,000	ml

Additive/Medication	Amount	Units	

Total Volume	1,000
Unit	ml

Titrate	○ Yes ◉ No
*Rate	83.333
*Units	mls/hr
Duration	12 HR
Infusion Site	
*Route	IVINFUSION
Pending	

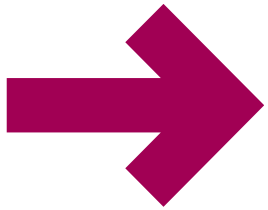
*Start Date	Today
*Start Time	14:40
Stop Date	Thu 31 Jan
Stop Time	02:39
Days	
Hours	
Bags/Bottles	1
Total Vol To Infuse	1,000

Other applications? …CSCI?

- Order strings functionality allows multiple additives/medications within a single order entry
  - No separate prescriptions needed
  - Could use coded-drug entries as opposed to free-text

- Initially tried a fully customisable single CSCI order string entry
  - Prescriber determines diluent, volume, rate, device
  - **Wasn't practical solution**

- Therefore changed approach to pre-define fields
  - Standard volumes for specific devices
  - Rate set up for continuous infusion over 24 hours
  - Options for WFI or NaCl 0.9%



Prescribing processes

- Search for “palliative care syringe driver” via medication lookup menu

Current Orders | History

New Orders | New Meds | New Sets | 0 Queued

Favourites | Category | Name

Medications by Name

a b c d e f g h i j k l m n o p q r s t u v w x y z

1 2 3 4 5 6 7 8 9 0 - = [ ] \ / . , ' ; ` List

Del | Clear | Shift | Starts With | Any Word

Medication palli

Palli

Palliative Care Syringe Driver (**check drug compatibility**)

Prescribing processes

- Choose appropriate device/volume/diluent

Manage Order List

Order	SCH	Status
check drug compatibility		
Alaris Syringe Pump -Water for injection 48 ml	SCH	
Mckinley T34 Pump -Water for injection 18 ml	SCH	
Mckinley T34 Pump -Water for injection 23 ml	SCH	
x Alaris Syringe Pump -NaCl 0.9% 48 ml **palli...	SCH	
x Mckinley T34 Pump -NaCl 0.9% 18 ml **pallia...	SCH	
x Mckinley T34 Pump -NaCl 0.9% 23 ml **pallia...	SCH	

Edit Order

Order	Start/Stop	Status
Alaris Syringe Pump -Water for injection 48 ml	Wed 30 Jan 15:00	New

* IV Fluid	* Volume Per Bag	Units
Up To Volume [Water For Inj Up To Volume]	48	ml
Syringe [Alaris Device]	1	

Additive/Medication	Amount	Units	

Total Volume	48
Unit	ml

Titrate	○ Yes ◉ No
*Rate	2
*Units	mls/hr
*Frequency	CONTINUOUS
Infusion Site	
*Route	UNLSCINF
Pending	

*Start Date	Today
*Start Time	15:00
Stop Date	
Stop Time	
Days	
Hours	
Bags/Bottles	
Total Vol To Infuse	

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Edit Order

Order	Start/Stop	Status
Alaris Syringe Pump -Water for injection 48 ml	Wed 30 Jan 15:00	New

* IV Fluid	* Volume Per Bag	Units
Up To Volume [Water For Inj Up To Volume]	48	ml
Syringe [Alaris Device]	1	

Additive/Medication	Amount	Units	

Total Volume 48
Unit ml

Titrate ○ Yes ◉ No
*Rate 2
*Units mls/hr
*Frequency CONTINUOUS
Infusion Site
*Route UNLSCINF

Pending

Hours
Bags/Bottles
Total Vol To Infuse

Pre-defined fields to allow for continuous infusion over 24 hours

Edit Order

Order	Start/Stop	Status
Alaris Syringe Pump -Water for injection 48 ml	Wed 30 Jan 15:00	New

* IV Fluid	* Volume Per Bag	Units
Up To Volume [Water For Inj Up To Volume]	48	ml
Syringe [Alaris Device]	1	

Additive/Medication	Amount	Units

Total Volume 48
Unit ml

Prescriber to enter the medications and doses to be administered

Titrate ○ Yes ◉ No
*Rate 2
*Units mls/hr
*Frequency CONTINUOUS
Infusion Site
*Route UNLSCINF

Pending

Hours
Bags/Bottles
Total Vol To Infuse

Edit Order

Order	Start/Stop	Status
morphine sulphate [Morphine Sulphate 10 MG/1 ML... 10 mg UNLSCINF CONTINUOUS	Wed 30 Jan 15:00	New

* IV Fluid	* Volume Per Bag	Units
Up To Volume [Water For Inj Up To Volume]	48	ml
Syringe [Alaris Device]	1	

Additive/Medication	*Amount	Units
Morphine Sulphate [Morphine Sulphate 10 Mg/1 Ml...	10	mg
Haloperidol [Haloperidol 5 Mg/1 Ml Ampoule (10)]	5	mg

Total Volume	48
Unit	ml

Titrate	○ Yes ◉ No
*Rate	2
*Units	mls/hr
*Frequency	CONTINUOUS
Infusion Site	
*Route	UNLSCINF
Pending	

*Start Date	Today
*Start Time	15:00
Stop Date	
Stop Time	
Days	
Hours	
Bags/Bottles	
Total Vol To Infuse	

Pharmacist verification

Orders with Activity	Review	Instructions	Status	Source
Morphine Sulphate 10 MG/1 ML... morphine sulphate 10 MG, haloperi... U005551439 IVINFUSION		**48 ML UNLSCINF...** 30/01 1500 1MS 0 Bag £2.90	**Unverified**	OM Guilfoyle, Simon

48 ML UNLSCINF CONTINUOUS SCH @ 2 MLS/HR

Drug	Ordered Dose	Amount
Morphine Sulphate 10 MG/1 ML Ampoule(morphine sulphate)		10 MG
Haloperidol 5 MG/1 ML Ampoule (10)(haloperidol)		5 MG
-- in --		
water for inj up to volume(UP TO VOLUME) water for inj up to volume		48 ML
Alaris Device(Syringe) Alaris Device		1

Review Activity	Date - Time	User	Source
Conflicts Found	30/01/19 - 1513	PHA BKG	
Unsupplied	30/01/19 - 1513	PHA12GUIS	

- All information available to the Pharmacist to perform clinical ch
of the syringe driver and it's components

Nursing administration

Morphine Sulphate 10 mg /1 ML Ampoule 10 MG
Haloperidol 5 mg /1 ML Ampoule (10) 5 MG
In water for inj up to volume 48 ml
In Alaris Device 1
@ 2 mls/hr UNLSCINF CONTINUOUS SCH
Bag Volume: 48 mls
Duration: 24 hr
Generic: morphine sulphate haloperidol Up To Volume Syringe
Rx#: 005049916

15:00		-18m

Label Comments:
Syringe Driver containing:
Drug 1: Morphine Sulphate 10mg
Drug 2: Haloperidol 5mg
To be made up to volume with water for injection and administered by continuous subcutaneous infusion over 24 hours, as per local protocol.

- Combined prescription entry on MAR
- All medications (and doses), device, diluent, volume and rate all clearly defined.

Discharge communication

MEDICATION			WHEN AND HOW MUCH TO TAKE			
SYRINGE DRIVER CONTAINING						
Morphine Sulphate 10 MG/1 ML	10	MG	B'fast	Lunch	Teatime	Bedtime
Haloperidol 5 MG/1 ML Ampoule	5	MG				
UNLICENSED-SUBCUT INFUSION						
			Why am I taking it?			

Syringe Driver containing:
Drug 1: Morphine Sulphate 10mg
Drug 2: Haloperidol 5mg
To be made up to volume with water for injection and administered by continuous subcutaneous infusion over 24 hours, as per local protocol.

Discharge communication

MEDICATION			WHEN AND HOW MUCH TO TAKE			
SYRINGE DRIVER CONTAINING						
Morphine Sulphate 10 MG/1 ML	10	MG	B'fast	Lunch	Teatime	Bedtime
Haloperidol 5 MG/1 ML Ampoule	5	MG				
UNLICENSED-SUBCUT INFUSION						
			Why am I taking it?			

Syringe Driver containing:

Drug 1: Morphine Sulphate 10mg

Drug 2: Haloperidol 5mg

To be made up to volume with water for injection and administered by continuous subcutaneous infusion over 24 hours, as per local protocol.

Device and total volume not stated to facilitate continuity of care

Discharge communication

- Discharge letter automatically generates the combined prescription order:

morphine sulphate [Morphine Sulphate 10 MG/1 ML Ampoule], 10 mg, haloperidol [Haloperidol 5 MG/1 ML Ampoule (10)], 5 mg, Up To Volume [water for inj up to volume], 48 ml, Syringe [Alaris Device], 1, UNLICENSED-SUBCUT INFUSION continuous infusion

- Pharmacist manually completes additional information:
  - Frequency of infusion (ie. over 24 hours)
  - Indications for each medication
  - Quantities of medication supplied
  - Date/time of last dose change(s)

The Impact of electronic CSCI prescribing

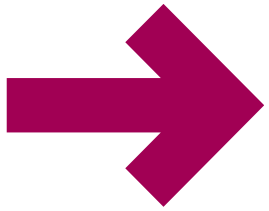
Pre-electronic prescribing	Outcome:	Post-electronic prescribing
29 %	Prescription completeness and legality	100 %
4 hours and 23 minutes	Average time taken to administer a patient's first syringe driver	1 hour and 19 minutes
7 hours and 40 minutes	Average time spent prescribing syringe drivers (over an 8 week period)	1 hour
59 minutes	Average time taken to process a discharge (including prescriptions and discharge letter)	23 minutes
40 %	Discharge letter compliance, with regard to essential syringe driver information	80 %
> 13 %	The percentage of syringe drivers that contained incompatible components	0 %

- Prospective data was collecte over a 4 month period
- 100 syringe driver prescriptior assessed prior to EP rollout.
- 102 prescriptions assessed post-implementation of EP build.

- Improvements were demonstrated with regards to patient safety and service efficiency.

Benefits of electronic CSCI prescribing

- Fully paperless > no supplementary charts
- Coded-drug entries > allergy/conflict checking
- Combined prescription > clear what medications are to be mixed in CSCI
- Screening tool for palliative patients
- Fully auditable
  - records of drugs/doses prescribed
  - any changes to CSCI highlighted to pharmacy
- Standardised prescribing practice
- Efficient discharge process



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@Imperial E-PRESCRIBING

Felix Vaal ICT Project Manager, Imperial College Health Partners

Denis Duignan Head of Technology, Health Innovation Network

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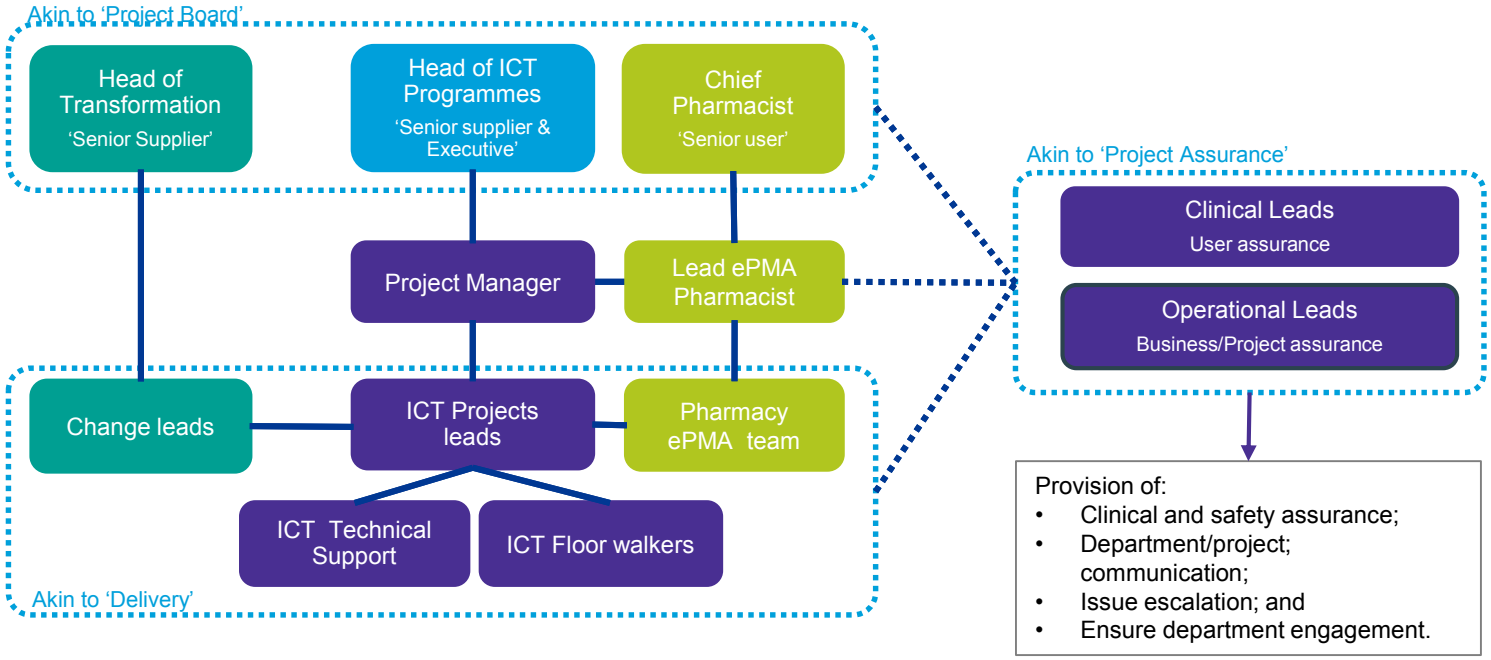
Project context

Imperial College Healthcare NHS Trust (ICHT) is a Global Digital Exemplar Trust that is internationally recognised for delivering exceptional and efficient care through the use of world-class digital technology and information.

Following the implementation of an Electronic Health Record system in 2013, funded in part by the NHS National Programme for IT (NPfIT), Imperial decided to implement electronic Prescribing and Medicines Administration (ePMA) in 2015.

The main aim of an ePMA system is to improve patient safety by reducing medication errors, increase the use of healthcare services and create additional cost to the NHS.

Project approach



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Project approach

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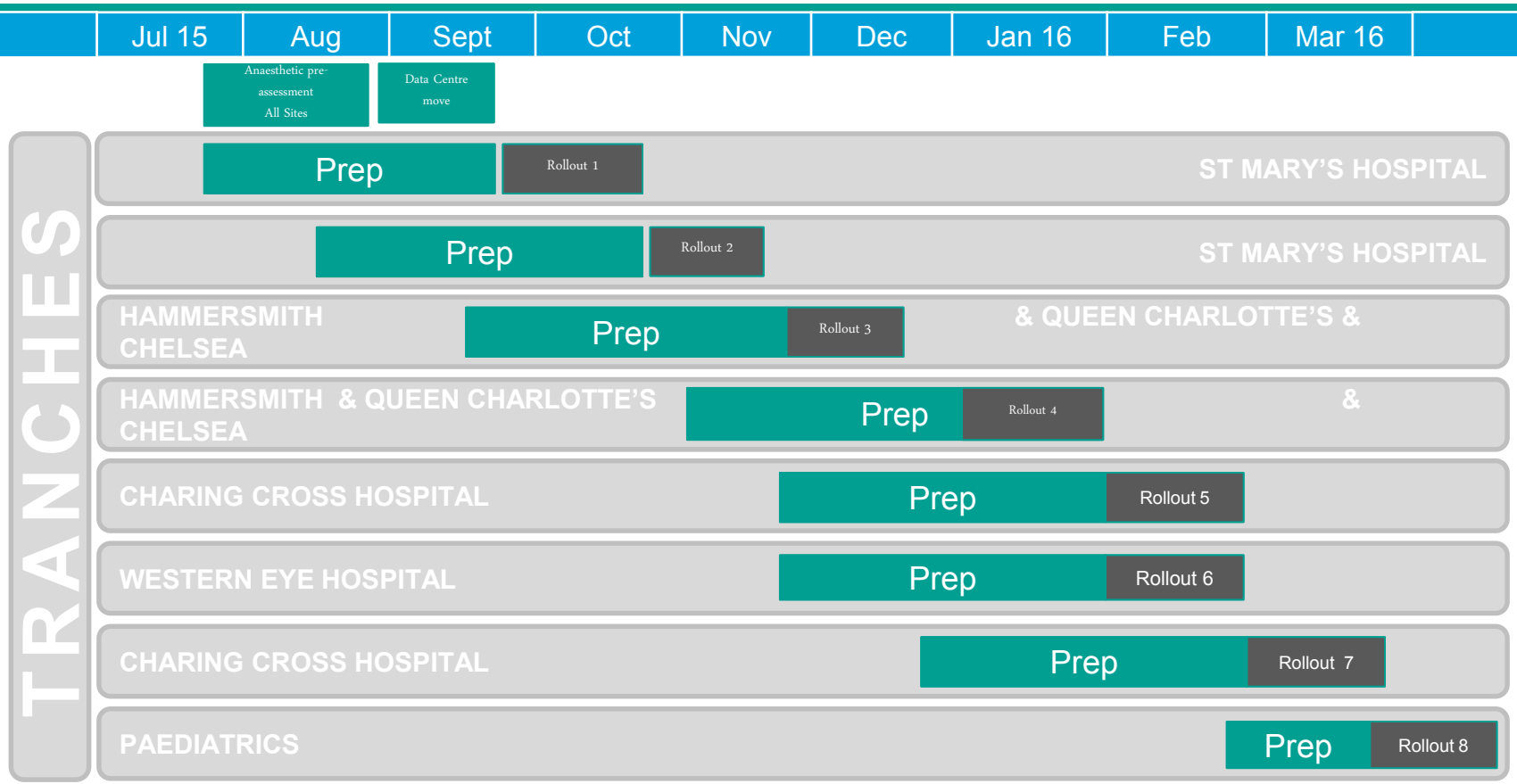

Project approach

PREPARATION

Weeks 1 - 2	Preparation Packs
Weeks 2 - 7	Infrastructure
Weeks 3 - 8	Smartcards
Weeks 3 – 9+	Preparation Packs
Weeks 6 - 8	Training
Weeks 7 - 9	Business Continuity
End Week 8	IP Clinical Documentation Cutover

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Lessons

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Pharmacy

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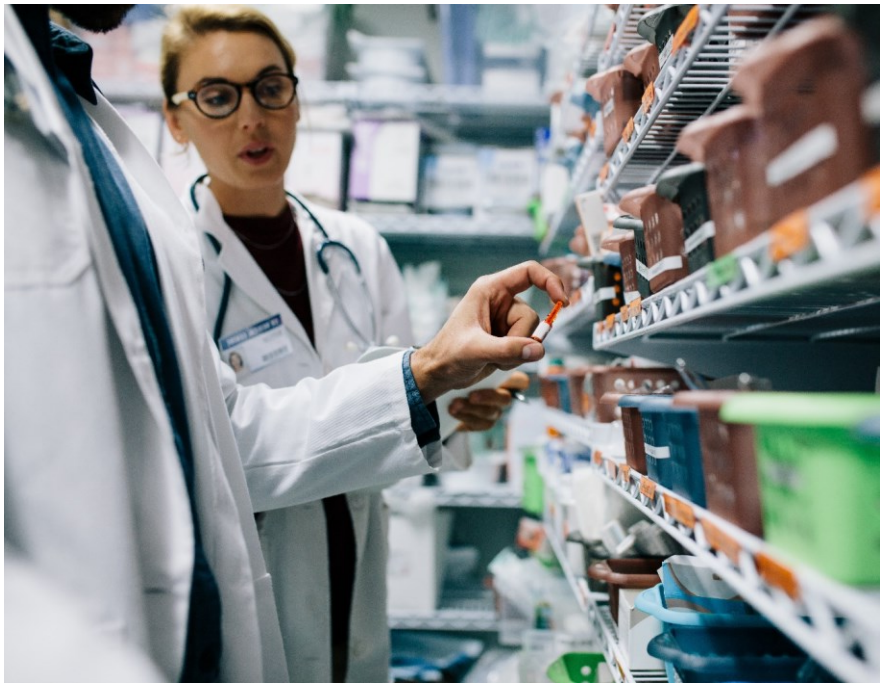
"The hardest part of the implementation of the ePMA system was the **transcription of medication charts**. It required accuracy and consequently **took a very long time**."

ePMA Pharmacy Lead
Imperial College Healthcare NHS Trust



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ICT Services

Planning

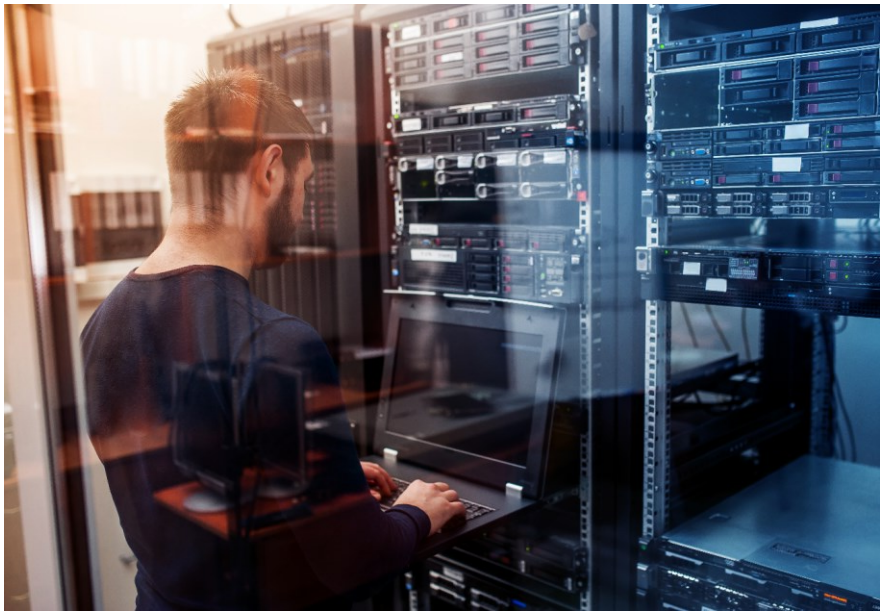
Infrastructure and hardware planning was affected by the *limited physical size of some rooms* and infection prevention regulations.

Coding

Medication coding was challenging. By default, medications were coded by their *pharmacological name* and not by their branded name, which caused confusion for clinical staff when searching for medicines.

Stabilisation

During the stabilisation phase, the main issues that arose centred around *smart cards* and *system access.*



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ICT Services

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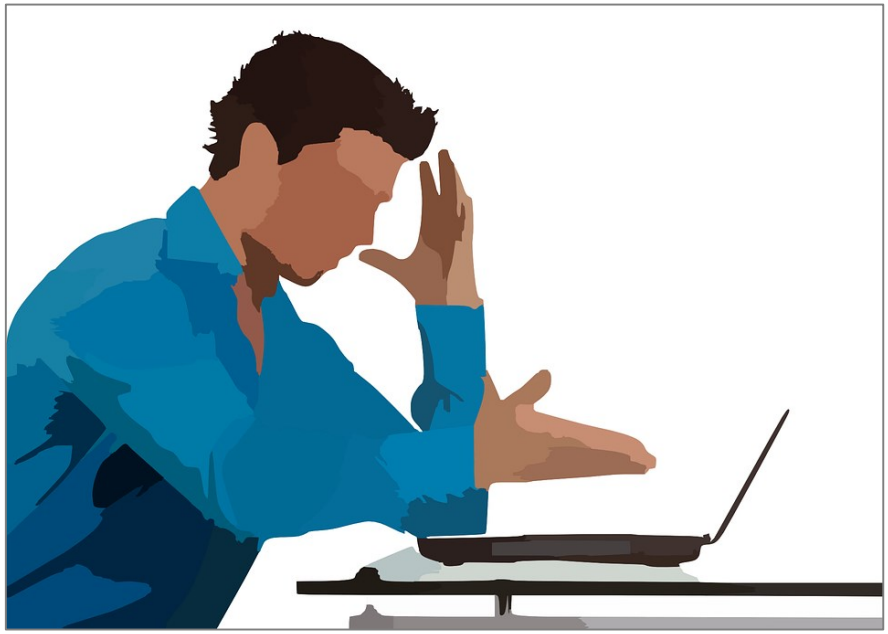
"Initial complaints were mostly around computers being slow etc. things that could be resolved easily. The queries containing the real issues with ePMA use were not received until two or three weeks down the line."

ICT Project Lead
Imperial College Healthcare NHS Trust



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Infrastructure

Ensuring that *cables of the right length* are available for carts and that there is adequate *power socket availability* via an infrastructure assessment.

Hardware

Powered PCs are the recommended hardware of choice over the use of laptops.

Understanding Technical Requirements

To best understand the technical requirements of a ward, the *Technical Support Team* should be *involved* in the initial *needs assessment*.

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Key Success Factors

- Providing floor-walkers with *sufficient training*, supported with resources at pre-implementation.
- Meticulously *planning the floor-walker rota* o that all hospital shifts would be covered by at least one floor-walker.
- Planning for *additional floor-walker support at 'go-live'*. This is when extra support is most required.
- *Assigning each floor-walker to an ICT Project Lead* to whom they would escalate issues beyond their remit.

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Change Team

Pre-implementation consultations were held with all *relevant stakeholders* to *understand clinical workflows*, and the *impact* that the implementation of the ePMA system would have on them.

'Kick off' meetings with each department were held in a single room with *all potential users* to show the *benefits* of ePMA and its implementation process.

Those who were **most positive towards ePMA** were identified and encouraged to act as *'champions'* for the ePMA system.

Key information of the *new processes and workflows* was communicated to users by way of *posters* placed at the wards.

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Physician

The Clinical Lead was seen as a ‘***super user***’ of the ePMA system, able to ***hand-hold*** the ward through the implementation process, providing ***support to ward staff*** whenever needed.

Alongside their role of supporting ward staff, they were also pivotal in ***convincing consultants*** of the benefits of the ePMA system, ***securing their ‘buy in’.***

“The biggest challenge I faced was getting the buy-in from the medical staff.”

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Key Messages

Undertake a **comprehensive pre-implementation needs assessment** to identify key responsible individuals and the technical requirements of individual wards.

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Ensure **sufficient time is allocated for the transcription of medication charts**. It requires accuracy and consequently can take a significant amount of time.

ePMA implementation is a hospital-wide initiative. **Time is required to effectively communicate and attain the 'buy-in' of users**.

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Lessons by theme

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Piloting

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"The main strength of the pilots was the learning. By identifying as many problems as possible, *useful preparation packs* could be developed for the subsequent rollout, where questions related to issues experienced during the pilots were used to reduce the risk of reoccurrence."

ICT EPMA Project Manager
Imperial College Healthcare NHS Trust

- **Committed consultants must be chosen to lead the pilots.**
- **The necessary number of pilots should be conducted.**
- **Varied locations should be chosen to conduct the pilots.**
- **Enough time must be given to the pilots.**
- **It is important to understand the objectives of the pilots.**
- **Sufficient amount of time should be allotted to evaluate and extract key lessons.**

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Planning and Strategy

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"*Deciding the safest way of approaching implementation* was key: the senior team had to weigh up the risks of taking a 'big bang' (I.e. very rapid) versus a more gradual approach which would require the presence of a hybrid record."

Deputy CIO
Imperial College Healthcare NHS Trust

- **A proactive project manager actively engaging with departmental leads is key to the success of the project.**
- **A clear management structure for floor-walkers needs to be formulated.**
- **Sufficient time for preparation prior to roll-out must be provided**
- **It is important to have a clear protocol and to allocate enough time allocated for transcription.**
- **Implementation should occur in the downstream wards first.**

Training

"We wanted training to be *engaging* and *clinically relevant* rather than being focused on software-specific processes. Simply clicking through pages engages no part of the brain."

Consultant Geriatrician
Imperial College Healthcare NHS Trust

- **Having a multi-faceted training programme can be greatly beneficial. Not all clinical teams will respond to training provided in a particular way.**
- **Providing the Pharmacy Team with extensive training is key to the success of the project.**
- **When possible, training sessions should be led by Clinical Leads alongside the ICT leads.**
- **An internal Trust user manual can be extremely useful.**
- **Demos and 'test' patients that replicate real world scenarios can facilitate training.**

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Engagement and Communication

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"It's very difficult to speak to everybody, but *identifying individuals who will 'feed'* key messages to others can be incredibly helpful if you miss certain people."

Change Lead
Imperial College Healthcare NHS Trust

- **It is important to identify those who are most positive towards the adoption of the ePMA system.**
- **Engaging users at each ward, providing them with information about the benefits of ePMA and likely changes to workflow can facilitate a smooth implementation.**
- **A collaborative attitude and effective communication amongst ICT-Pharmacy-Clinical teams is essential for the success of the project.**
- **Cross-departmental meetings can promote information sharing and shared learning.**

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Resistance

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"It can be difficult to approach clinicians when they do not want to adopt a new system. *They are reluctant, they don't want change, they are happy doing things as they have always been done*."

Chief Nursing Information Officer
Imperial College Healthcare NHS Trust

- **It can be difficult to convince users to learn and adopt a system alongside their everyday work.**
- **Resistance is particularly strong among senior clinicians.**
- **Older generation of clinicians may resist change due to limited computer literacy.**
- **Engaged Leads can help attain buy-in and combat resistance.**

NHS

Ongoing Support

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"*Even after a ward went live, the team would still walk back to that ward twice a day,* proactively asking doctors and nurses whether they were ok, or if they required any further help."

Lead ePMA Pharmacist
Imperial College Healthcare NHS Trust

- **Sufficient ongoing support for senior clinicians in the early stage of implementation is key.**
- **Out-of-hours technical support for hardware/software issues or queries can be greatly beneficial.**
- **Feedback channels and issue escalation mechanisms to support future concerns facilitate smooth implementation.**

Infrastructure & Equipment

"*A lot more infrastructure and hardware was needed than originally anticipated*. In addition, maintaining a large number of computers on trolleys had the unintended consequence of requiring premature equipment replacement."

Deputy CIO
Imperial College Healthcare NHS Trust

- **Sufficient infrastructure planning to accurately understand requirements is key.**
- **A possible small 'reserve' fund to meet higher than expected demand for: power carts, printers, scanners and desktops can prove to be extremely useful.**

NHS

About this resource

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Health Innovation Network South London

This case study was developed from lessons taken from a series of semi-structured interviews with staff involved in the implementation of ePMA at Imperial College Healthcare NHS Trust by the Health Innovation Network (HIN) in Autumn 2018. The aim of this work is to support other NHS organisations that may be considering adopting a similar solution.

VIEW FULL CASE STUDY AT

WWW.HEALTHINNOVATIONNETWORK.COM/E-PRESCRIBING

This work was undertaken by the Technology Team at the HIN and links into the broader e-prescribing toolkit developed through Professor Aziz Sheikh.

http://www.eprescribingtoolkit.com/

THE UNIVERSITY of EDINBURGH

NHS

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We connect academics, NHS commissioners and providers, local authorities, patients and patient groups, and industry.

We work to accelerate the spread and adoption of evidence-based innovations and best practice across South London and beyond.

Acting as catalysts of improvement across the local health and care system, our work supports better health outcomes & economic growth.

Health Innovation Network South London

Summary and Next Steps

Followed by Q&A

Next Masterclass, 13th March 2019

Agenda

1pm	***Introduction*** Ann Slee, NHS England
1.05pm	***Using Snomed to support allergy checking*** Anthony Young, Northumberland, Tyne and Wear Trust
1.35pm	***What is happening with the ePrescribing Toolkit?*** Lucy McCloughan, Margaret Callaghan, University of Edinburgh
1.55pm	***Summary, next steps and close*** Ann Slee

All presentations are on the toolkit – www.eprescribingtoolkit.com