Benefit Measures for ePMA.

The benefits listed below are those that will be collected by the project team, some throughout the project and some at the end of full role out. The table shows the benefit to be measured and maps into the HSCIC submission as either a primary or secondary metric. The primary metrics are those which NHS Digital have accepted for the purpose of calculate the VfM. The secondary metrics are those which will be used if the primary metrics fail to meet the VfM.

Benefit Theme	Metric	Reason	Target	Primary/Secondary (link to NHS Digital metric)	Collection technique	Responsibility
Efficiency	**MDT views and opinions on multiple aspects of ePMA**	Gauge already held beliefs and anxieties about the system and then to see if those fears held true post implementation	N/A	N/A	Pre/post survey monkey	AY
Safety	**Number of medication incidents within NTW**	To see if incidents decrease with ePMA.	50% reduction in IR2s related to prescribing & administration	Secondary (NTW 10)	Safer Medication Practice Group report	MH to send to AY
Safety	**Number of un-coded omissions in a month preceding go 'live' and then 3 months post go live**	To see if ePMA reduces un-coded omissions on medicines charts	0% (baseline 53%)	Primary (NTW 1)	RiO report (Reported as % number of charts per ward containing an un-coded omission)	Project team
Safety	**Number of charts with a missing allergy status**	To see if ePMA improves compliance with allergy recording	2% (baseline 4.5%)	Primary (NTW 4)	RiO report (Reported as % number of charts per ward not	Project team

					containing an allergy status)	
Efficiency	**Average time to complete the morning medication round (mins) + faxes and phonecalls etc**	To ascertain if ePMA decreases the amount of time required for medication based tasks (band 5 nurse)	Time in minutes per ward per month	Primary (NTW 9)	Pre/post implementation time in motion over two weeks Average time to fax/scan a kardex X average number per week/ward. Extrapolate as wards go live.	Project team
Clinical	**Number of antibiotic doses administered over the prescribed duration (using standard course lengths (IPC PGN 15) unless specified)**	Antibiotic stewardship	Number of doses	Secondary (NTW 12)	Pre/post implementation check	Clinical Pharmacy Team
Clinical	**Number of patients prescribed HDAT**	POMH/RCPSych guidance. Also investigation of impact of sticker removal and active checking	Number of patients	Secondary (NTW 15)	Pre/post implementation check	Clinical Pharmacy Team
Safety	**Accuracy of discharge letters post go 'live'**	Previous systems have shown a large degree of error.	0% of letters containing an error (baseline 67%)	Primary (NTW 2)	Post implementation check	Clinical Pharmacy Team
Safety	**Transcription error rates on rewriting kardexs**	Rewriting kardexs will not be required anymore once	Zero rewrites will give a cost saving due to reduction in	Secondary (NTW 13)	Prior to roll out	Project team

		Trustwide rollout has been achieved	ADRs (£1000 per reaction saved). Based on number of patients in hospital for over 3 months x error rate x 100. Error rate used is 7.8% (EQUIP, Protect, Lewis et al)			
Efficiency	**Doctor transcription time saved**	Rewriting kardexs will not be required anymore once Trustwide rollout has been achieved	Zero rewrites will give a time saving. Based on number of patients in hospital over 3 months x avge number of items per kardex x average time to rewrite per item of 2 minutes	Secondary (NTW 14)	Prior to roll out	Project team
Safety	**Number of prescribed items not meeting NTW prescribing standards**	ePMA will improve the quality of prescribing	100% of prescriptions meet NTW standards	Primary (NTW 3)	Pre/post full Take 5 audit on each ward	Clinical Pharmacy Team
Financial	**Number of non - formulary medicines requested (non-continuation)**	The ePMA system will prompt users to use formulary medicines only	A 50% reduction in requests (baseline of 14)	Primary (NTW 7)	Quarterly report	Governance team

Efficiency	**Variety of codes used on medicine charts (omission/stop)**	A pull down list will make selection more diverse	Numbers of each of the codes used	Trust only	Pre/post audit	Project team.
Financial	**Trust medication spend**	The ePMA system will improve the efficiency of medication processes	5% decrease in annual medication spend	Primary (NTW 5)	Quarterly report	Business admin team
Financial	**Paper based charts cost**	ePMA will eradicate the need for the majority of paper medication charts	£36k pa reduction in spend. (Baseline £40k pa)	Primary (NTW 6)	Quarterly report	Business admin team
Financial/Efficiency	**Dispensary transactions (all sites)**	The ePMA system will improve the efficiency of medication processes	5% reduction in costs. (Baseline £10 per item)	Primary (NTW 8)	Quarterly report	Deputy Chief Pharmacist – Operational Services
Safety	**Use of the allergy link within the system**	To ensure the workaround in place of SNOMED is a workable solution	Number of clicks as a % of the number of prescriptions and administrations	Trust only	Post pilot review	ePMA project team