

ePMA

electronic Prescribing and Medicines Administration

ePMA Update

April 2014



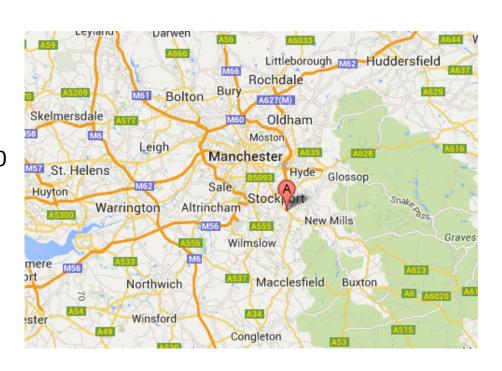






About Us

- 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





Go-Live Progress

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

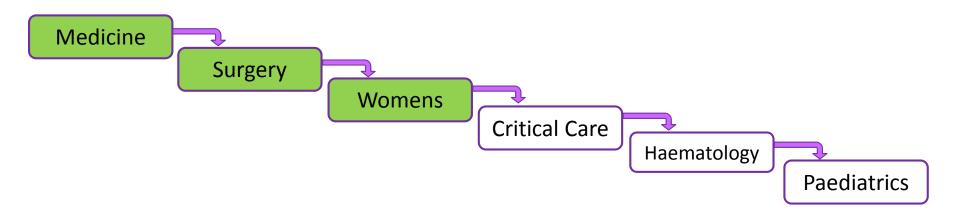
To date (30.04.2014)

- 4.2 MILLION doses have been recorded
- 825,000 pharmacy reviews completed
- **10,500** clinical reviews completed
- **30,000** allergy statuses recorded

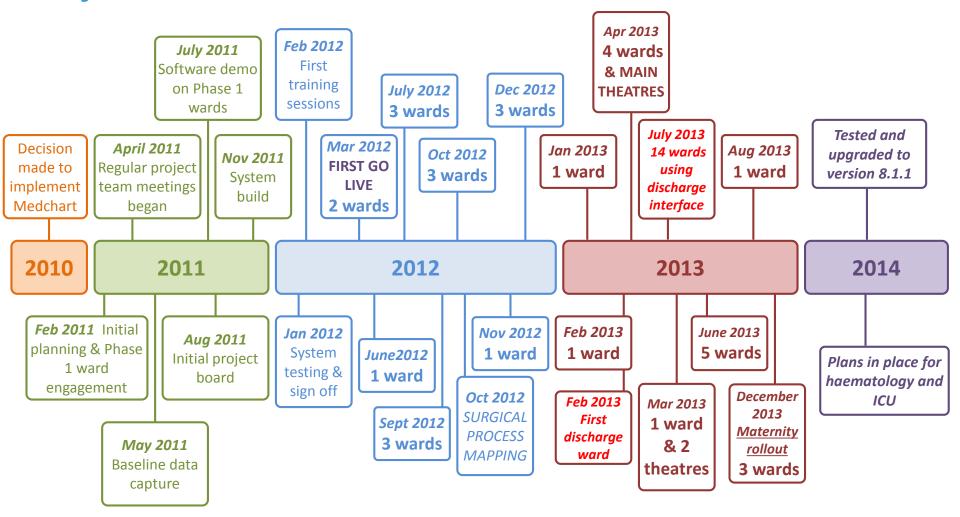


Roll Out

- Next phases
 - Critical Care
 - Laurel Suite
 - Paediatrics
 - Bluebell



Project Timeline (2010 to 2014)





Planning & Preparation

Investment in Software & Hardware

Clinical Engagement

What has gone well?

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



Communication



Face to face

Team Brief

Presence on ward

Posters

Emails

Newsletters

Intranet news

Meetings Microsite



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



Downtime

Discharge interface

– nearly there

What hasn't gone so well?

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