ePrescribing: Implementation reflections

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3 Reflections

- ePrescribing is:
  - Simple, complicated, non-existent, the future, the past.
- Aspirational
- Will this ever end?

How will I reflect

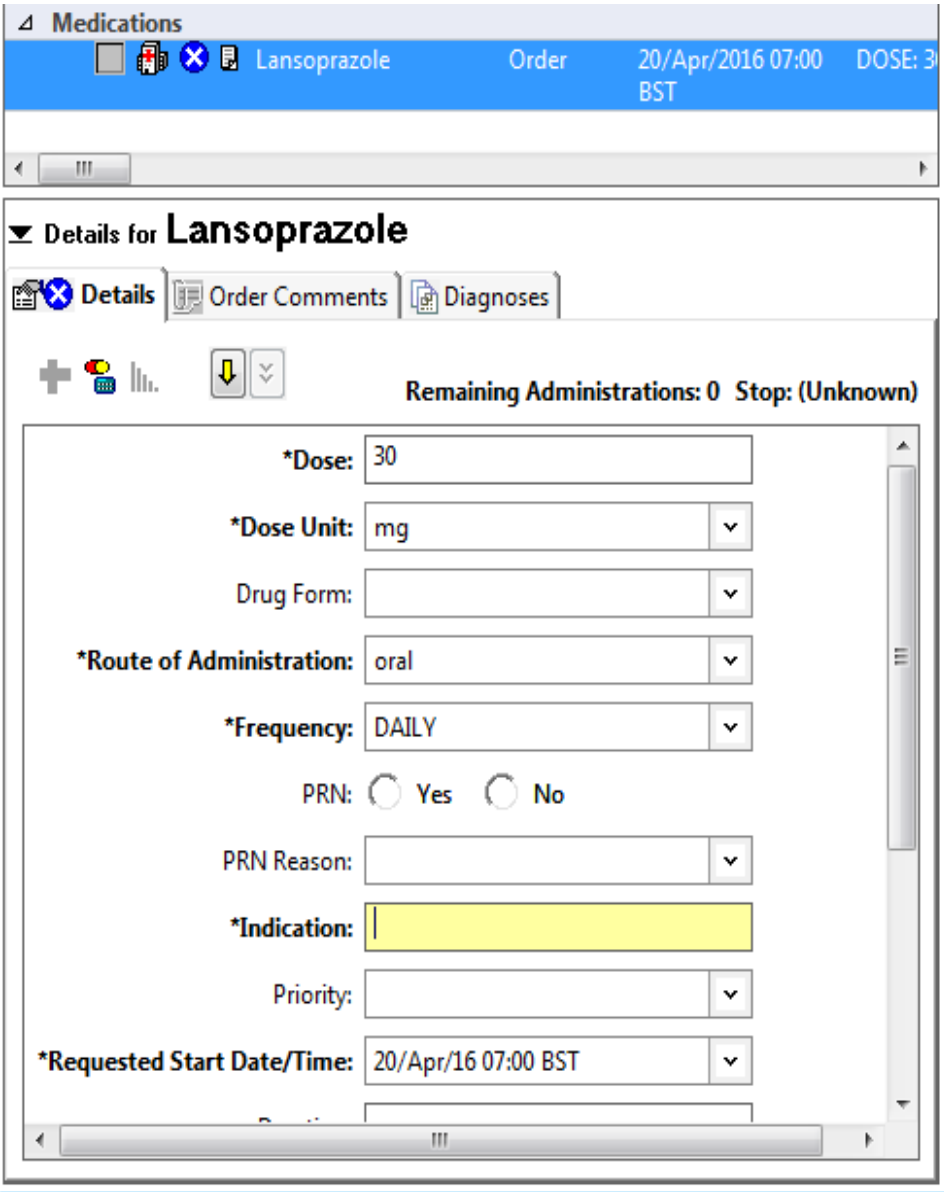
- A series of statements that . . .
  - I fundamentally believe in
  - Have no evidence for
  - Are probably largely false
  - Would be different if I did this next week.

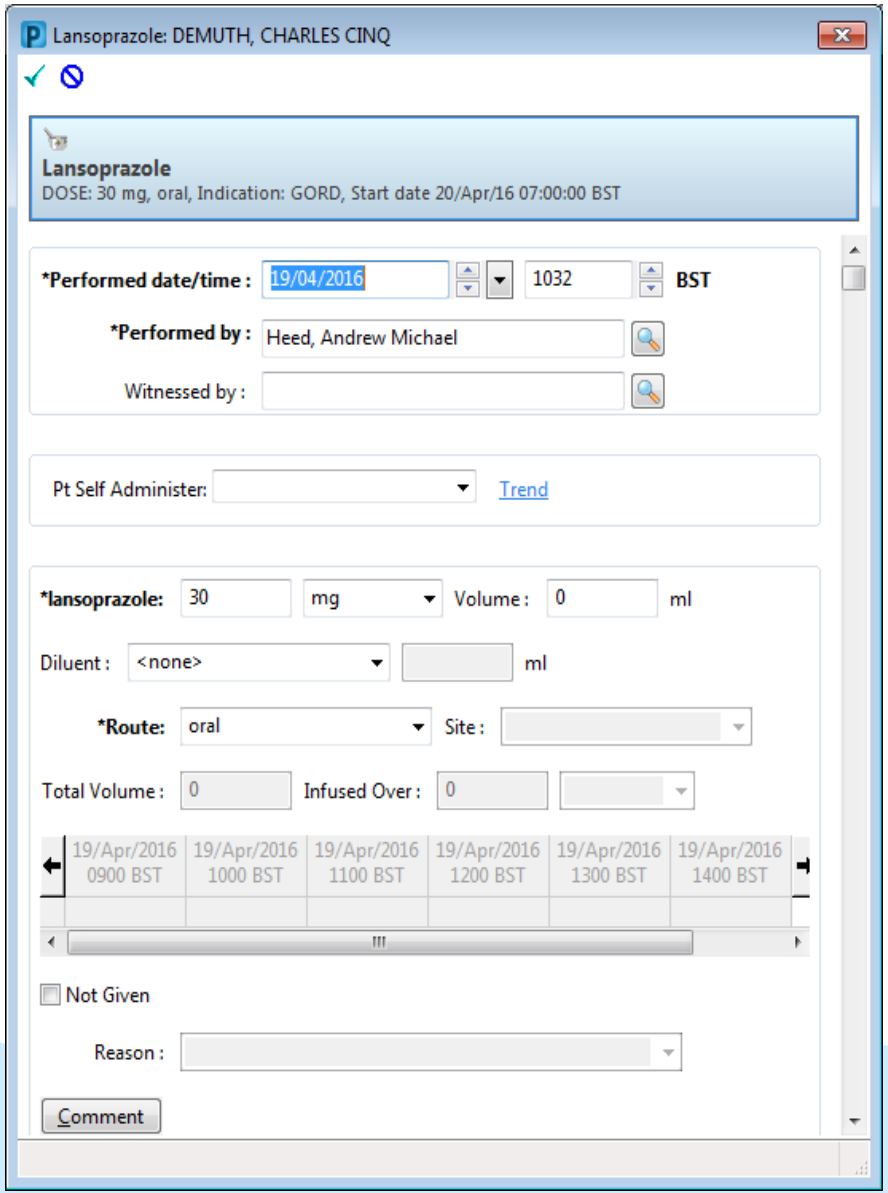
  - That is the nature of change

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 ePx

- 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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Will this ever end?

- Never mind the BAU:
  - Maintenance.
  - Incident investigation.
  - Report writing.
  - 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

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

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