

CASE STUDY

St Ethelred's Hospital

known locally as the unready

St Ethelred's is doing ePrescribing

- On the rebound from an eternally delayed EHR implementation
- The Trust is newly converted to a 'clinical first' policy for information systems and believes that eP is the perfect choice to pioneer this policy.
- They have fast tracked a packaged EP solution.
- Initial planning has gone well.
- The team is (we think) all on board.
- Two pilot wards are working tolerably well using parallel running
 - some teething problems, but plenty of extra support.
- A decision on cross Trust go live/ roll out is approaching...

But stuff keeps on happening.....

10 incidents or problems

- You need to decide what to do, or what the options are:
- Identify lessons that need to be learned or passed on to others.

1. Training can pose problems....

- Training has all been on the version 4.0. as used initially on the pilot wards. These have now moved to v4.5 and major roll-out will be on version 5.0.
- People are beginning to complain about the confusion and support staff find it hard to give reliable advice.
- Others have noted that their training looks to be at least 6 months ahead of actually getting a system in their area.

2. Is risk averse always best?

- How long to keep the pilot wards going before committing to roll-out?
- Should the parallel running be a part of roll out?
- How fast to make the roll out, how much extra resource (what resource) is needed to ensure appropriate cover?

3. Taking technology for granted....

The wireless network is going down increasingly as roll out occurs.. becoming a crisis of confidence... may demand a return to paper or a period of suspension of implementation

4. Better data can be a mixed blessing....

Recorded administration errors (recorded systematically for the first time) look alarming and are being used by some senior staff to denigrate the system.

5. Alert fatigue

- Complaints emerge about too many alerts; system figures show that 95% are clicked straight through.
- This has been placed on the Trust's risk register by the internal auditor.
- Senior staff have to decide if alerts should be reduced or extra pressure or sanctions be put on staff to take alerts seriously including monitoring peoples' 'click through' behaviour.

6. Stuff happens....

- A JCB cuts through the main data cables on site and eP is non-operational for 20 hours.
- Fall back procedures are invoked, and some wards are working ‘blind’ for up to two hours.
- A major emergency is declared and all available staff are called in to support the system.
- Local paper is unimpressed: “Danger JCB!”

7. Everybody, we mean everybody...

- It becomes apparent that some HCP including dieticians and physiotherapists are getting far less information about patients' medicines
- They do not have easy access to the online system.
- Facilities at ward level are stretched and there is no budget (or space) for more COWs, tablets etc.

8. Success has its own trials....

- Nursing staff, after a period of doubt and complaint, start lobbying for a faster rollout and more integration to allow test results and access to a full formulary to be available for use during drug rounds.
- They also suggest a ‘loan’ facility to allow sharing of medicines between wards during night shifts and emergencies.

9. Changes will occur....

- A severe safety incident occurs and is reported in the local papers.
- It is tracked back to the lower level of patient contact by pharmacists who seem to do more and more work from their offices and less on wards.
- Headline in local paper 'Dangerous Computers lead to Unnecessary Deaths '

10. Its the end of the beginning....

- St Ethelred's is to merge with a neighbour
- The merger team propose that eP be discontinued pending a major strategic plan for integrated technology.
- They favour a 'PAS up' approach and promise clinicians fabulous functionalities built on the new platform.
- eP is in phase 5 of the plan